

## Music Therapy at ChildVision: the National Education Centre for Blind Children

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*"Almost all children respond to music. Music is an open-sesame, and if you can use it carefully and appropriately, you can reach into that child's potential for development"* (Clive Robbins).

In 2010 a clinical music therapy service was established at ChildVision: the National Education Centre for Blind Children, Dublin, to work with children and young adults with visual impairment and a range of complex needs. The core service is with St. Joseph's Primary School for the Visually Impaired, providing individual and group therapy to students. There is also a service available for the secondary unit and the vocational training centre on the campus. The music therapist worked collaboratively with the music educator, teachers and allied health professional and supervises students on clinical placement from the Masters program in music therapy at the University of Limerick.

#### **Music Therapy**

Each person is uniquely responsive to music despite illness; impairment or disability and music therapy is a health profession that develops this response. It is one of four accredited creative arts therapies in Ireland (Music, Art, Drama, and Dance Movement). Any individual, regardless of age, disability or illness, can engage in music therapy and previous experience or skill not necessary in order to participate and benefit. Music therapy engages people in a variety of musical experiences in order to restore, maintain or improve functioning and quality of life. It can focus on cognitive, physical, psychological, emotional and social needs and uses evidence-based interventions to meet clinical goals in these domains. At the centre of music therapy is the therapeutic bond that develops between the client and the therapist. Music's nonverbal, creative, structural, and emotional qualities are used in the therapeutic relationship to facilitate contact, interaction, self-awareness, learning, self-expression, communication, and personal development (Canadian Association of Music Therapy, 1994).

Music therapy and music education are complementary yet distinct disciplines. They both aim to facilitate the growth and development of the clients involved, however the specific goals targeted by each discipline are different. 'Music educators specialise in the acquisition of musical knowledge, skills, and appreciation while music therapists use music primarily to achieve non-music goals' (Davieson & Edwards, 1998). To use music as therapy and not education or leisure, it is necessary to have a music therapist who has adequate training in therapeutic processes and is able to establish a professional therapeutic alliance with the client' (Pelletteri, 2000, p. 382). Music therapists graduate with a Masters qualification, which includes clinical placements with different populations and personal therapy. They undertake regular continuing professional development and receive on-going clinical supervision in their professional practice.

#### **What Happens in a Session?**

Music therapy involves a spontaneous musical exchange between therapist and client, building a relationship through the shared use of sound. The therapist responds to any form of communication from the child or young person (e.g. the use of instruments, voice, movement or facial expression) and starts to build a musical relationship through these interactions. The therapist may use an instrument or his/her voice to acknowledge and support the client's music. Music therapy offers a supportive yet motivating environment, where the music is a

vehicle for emotional self-expression, interaction and change. The aim being to facilitate positive changes in behaviour, emotional well-being and communication. The session often starts with a “Hello” song, which serves as a ‘transitional function’ from previous classroom activities (Pelletteri, 2000, p. 382). The rest of the session will consist of the music therapy interventions, which are experiences the therapist facilitates to target the client’s non-musical goals and objectives. Session content varies depending on the needs of the individual or group and can include singing or vocalising, playing or improvising on various percussion and melodic instruments, movement to music, song writing or listening to music. Although some children with profound needs receive receptive music therapy (e.g. passive engagement or listening to music), they are more often actively engaged in making music at their own level, facilitated by the therapist. The session ends with a “Good Bye” song, which gives a sense of closure to the session.

### **Music Therapy Supporting Children with MDVI**

The ‘interdisciplinary nature of music’ provides music therapy with a wide range of applications (Boxill, 1985, p. 16). Music therapy crosses multiple modalities and thus can simultaneously address needs in different domains such as sensory/motor, communication, cognition, socialisation and emotional. Because it works primarily with sound, it is an ideal way of meeting these needs in children with a visual impairment and multiple disabilities (Gourgey, 1998). Goals and objectives are developed in response to the needs of the individual focusing on their abilities and resources (Davison & Edwards, 1998).

Central goals identified for children with multiple disabilities include:

- Fulfilling the child’s basic needs by creating a trustworthy and responsive environment;
- Developing the child’s sense of self where the child builds relationships with musical instruments, music and the therapist;
- Establishing or re-establishing interpersonal relationships (Stephenson, 2006).

Music therapy with young children with multiple disabilities and visual impairment aims to strengthen the child’s potential for responding and initiating contact and communication. The music therapist fulfils the basic needs of the child by meeting the child musically. An accepting and responsive environment is created which builds trust and fosters interaction. The therapist works on developing the child’s awareness, their sense of self and sense of other by encouraging creative exploration and interaction through music.

Music therapy provides stimulating sensory experiences through playing instruments and exploring their multisensory qualities. Within a music therapy session, these experiences can be offered in a structured framework by which many of the skills of social interaction can be developed through sound and touch. For children with visual impairments, the concepts of auditory location, tracking and selection can present challenges. Music therapists can work on the aim of exposing children to a rich variety of listening experiences to help them concentrate and focus for more sustained periods of time (Ockelford, 1996). Music therapy can focus on cognitive areas such as sustained, alternating and selective attention through the use of structured music activities involving different sound sources and musical and verbal cues. Important executive functioning skills such as initiation, planning, problem solving and decision-making and can also be addressed through song writing and composing activities (Thaut, 2014).

Gross and fine motor skills can be developed which enable the child to function with greater independence and can simultaneously lead to enhanced self-image and increase the students’

abilities to explore and interact more fully with their environment (Daveson & Edwards, 1998). Body awareness, motor planning and spatial awareness are frequently challenging for children with visual impairments and these can be addressed through structured and free movement and music activities. Upper body strength, hand eye coordination, crossing the midline and target movements can also be facilitated through structured instrument playing (Thaut, 2014). The rhythmic elements of music support students in the improvement of coordination, locomotion, agility, flexibility, balance, strength, laterality, and directionality in movement (Davis, 1992).

Music therapy provides children with an effective means for self-expression (Boxill, 1985). Self-expression is essential for all people regardless of age or level of ability and music can assist in establishing an environment in which vocalisations and speech production can be practised and encouraged (Daveson & Edwards, 1998). Children and young people with complex and severe disabilities can experience profoundly limited opportunities to communicate or share with others essential aspects of themselves and their identity i.e. their thoughts, ideas, feelings and emotions (Toolan & Coleman, 1995). Music therapy can provide a non-verbal channel of communication that bypasses the demands of speech-based communication. Therapists may interact vocally with young children, which mirror the responsive interactions between parent and child believed to support communication development (O'Kane & Goldbart, 1998). The potency of these interactions has become especially apparent to me when working with very young children with significant communication deficits and complex needs. 'Music is predictable, structured and success-oriented. This brings a sense of security, encouraging the individual to take risks and be more spontaneous in interactions with others' (Guy & Neve, 2005). Therapeutic singing can improve communication through addressing specific expressive and receptive language skills, including articulation, breath control, fluency, phonemic awareness and vocabulary. Music therapy is also particularly effective for children and young people who find it difficult to communicate verbally, for example, those with autistic spectrum conditions; have communication deficits or have mental health difficulties and find it difficult to talk about their feelings in words (Ahessy, 2013). Interpersonal skills such as waiting, joint attention, initiation, cooperating, sharing, taking turns, and interacting with others in a meaningful way can be developed and easily transferred to other areas of life (Davis, 1992, Daveson & Edwards, 1998).

### **Vignette**

John (pseudonym) is a 7-year-old boy from ChildVision who is blind and has Cerebral Palsy. John is wheelchair bound and has movement in one of his arms and his head. John is non-verbal but expresses himself through sounds. When John started to attend individual music therapy sessions the therapist used John's sounds as a starting point to improvise vocally with him. John started to gain greater self-awareness when the therapist echoed his sounds, supported by the guitar. The therapist also used a personalised hello song at the beginning of the session, singing "*Hello John*," then leaving a pause for him to vocalise. With time, John became more intentional in his vocalisation waiting for the cue in the music. He also started to express himself vocally with a greater variety of sounds and engaged in vocal improvisation and play with the therapist. His sense of self had grown and his drive to express himself vocally and interact with another. In later sessions the therapist introduced a melodica to John, placing it under his chin so he could press the notes with his chin by moving his head. When John made his first sound on the instrument he gave a hearty laugh and threw his head back with a smile. The therapist then responded by improvising a song "*John can play melodica*" leaving a pause for him to play. John started to engage with this song in the following weeks and responded by playing the instrument on cue. John also started to take the lead and play

first while the therapist supported his music with the guitar and voice, encouraging him and affirming his music. While John engages in music making with the therapist, his attention is focused; he initiates and exhibits heightened awareness. He often has a huge smile on his face and is motivated to interact through music. Music therapy has provided John with a non-verbal avenue for communication and an increased sense of self and other. Most importantly it provides him with opportunities for self-expression and meaningful interaction.

'Music therapy has a significant contribution to make to the education of students receiving special education services. There is a body of research and practice literature which highlights the extensive and unique applications of this therapy in special education' (Davison & Edwards, 1998, p. 457). It has been a truly rewarding experience to work as a music therapist in ChildVision over the last four years. Music's engaging flexible, adaptive and rewarding qualities, afford me opportunities to connect and interact meaningfully with many of the students at ChildVision and to observe their skills and abilities flourish everyday.

*For further information of music therapy visit*

The Irish Association of Creative Arts Therapies [www.iacat.ie](http://www.iacat.ie)

Voices: A world Forum for Music Therapy [www.voices.no/](http://www.voices.no/)

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