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The Use of Music Therapy towards Social Development in Children with Disabilities: A Rapid Review

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THE USE OF MUSIC THERAPY TOWARDS SOCIAL DEVELOPMENT
IN CHILDREN WITH DISABILITIES: A RAPID REVIEW

by

Yuanyuan Bai

A thesis submitted to the Graduate College
in partial fulfillment of the requirements
for the degree of Master of Music
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Yuanyuan Bai

THE USE OF MUSIC THERAPY TOWARDS SOCIAL DEVELOPMENT IN CHILDREN WITH DISABILITIES: A RAPID REVIEW

Yuanyuan Bai, M.M.

Western Michigan University, 2019

Across the world, many music therapists serve children with disabilities in private practice and school settings. Although some clinical research for music therapy as a validated approach to facilitate social deficits is available, it is still limited. This study is focused on a rapid review of using music therapy towards social development in children with disabilities. Also explored is the researcher's self-awareness of what was learned from the study and how these lessons may be transferred to future clinical work. The study's findings may also help music therapy professionals better understand (a) what aspects of social behavior music therapists tend to target in music therapy treatment, and (b) what types of interventions and instruments music therapists tend to use when targeting social behavior.

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CHAPTER I

INTRODUCTION

Early childhood intervention and special education has made remarkable progress over the past 20 years (Heward, 2003). Music therapy services have also been utilized as one of the related services for young children in special education (Stanley & Hughes, 1996). Several research articles have shown that many interventions have been used for training social skills in children with disabilities such as: social stories (Delano & Snell, 2006), peer-mediated strategies (Laushey & Heflin, 2000), video modeling (Paterson & Arco, 2007), cognitive-behavioral training (Bock, 2007), pivotal response training (Jones & Feeley, 2007), and theory of mind (Chin & Bernard-Opitz, 2007).

Music therapy interventions have been shown to be highly effective with children. The successful use of music therapy interventions to address social skill deficits has been well documented in music therapy literature (Humpal, 1991; Hughes & Stanley, 1996; Joke, Louisa, Stefan & Thomas, 2017). The use of music therapy is attractive, cost-effective, easy to use, non-invasive, safe, and has minimal side effects (Seyyed et al.,

2015). The high effectiveness of music therapy when used to address social skill deficits in children with disabilities (Humpal, 1991; Hughes & Stanley, 1996; Joke, Louisa, Stefan & Thomas, 2017), is causing more people from countries around the world to be open to utilizing music therapy sessions to increase social skills in children with disabilities (Seyyed et al., 2015).

Researchers believe in the importance of developing appropriate social skills in childhood education (Craig-Unkefer, Kaiser, McClelland & Morrison, 2002, Humpal, 1991). Constantly learning clinical skills and improving clinical experiences are very important for each music therapist. Researching the use of music therapy to facilitate the development of social functioning can not only support and improve the effectiveness of music therapy in the social skills area, but also shows music therapists' perception of music therapy as an effective approach for increasing social skills, which theoretical frameworks music therapists use when addressing social skills, what are music therapists' ideas about using music therapy to facilitate the development of social functioning and what are the actual interventions applied by music therapists.

Rationale for Research

Across the world, many music therapists serve children with disabilities in private practice and school settings. According to the 2018 American Music Therapist Association Survey and Workforce Analysis, a total of 190 music therapists work in early childhood and school age populations. Of the survey respondents, 13% reported working in specific children's facilities or schools. These included: children's day care, preschool, early intervention program, and K-12 schools. Although clinical research validates music therapy as an effective approach for treating children with social deficits, the research remains limited and tends to focus on populations whose primary diagnostic characteristic is disturbed social functioning. Music therapy requires greater depth and breadth in related research literature so as to enrich knowledge and incorporate reported techniques into clinical work for improved results. This study attempts to explore music therapists' perspective of (a) what aspects of social behavior do music therapists tend to address in music therapy treatment, and (b) what types of interventions and instruments music therapists tend to use when addressing social behavior. Discovering an effective

framework for using music therapy to facilitate social skills may provide useful reference for music therapy professionals looking to advance their clinical music therapy skills in this area.

Purpose and Research Questions

The proposed study will examine music therapists' perceptions regarding the effectiveness of music therapy for developing social functioning across multiple diagnoses.

The research questions are classified as three sections, they are:

1. Music therapy and social deficits in children with disabilities.
 - a. What children's diagnoses have social deficits?
 - b. What are the common social deficit behaviors which appear in children with disabilities?
 - c. What aspects of social behavior do music therapists tend to target in music therapy treatment?
2. Music therapy social interventions.

- a. What types of interventions do music therapists tend to use when addressing social behavior?
- b. What instruments do music therapists tend to use?

Summary

The research related to music therapy and social development does not appear often nor is it broadly applied. Although the literature of music therapy to increase social skills appears often, not a lot of it focuses on music therapist's perspective on specific social behaviors. Instead, the research tends to target social intervention design or evaluation of clinical effectiveness. Music therapy requires greater literature to better enrich music therapists' knowledge and clinical skills. This study will focus on a rapid review of using music therapy towards social development in children with disabilities. The findings may help music therapy professionals gain benefits from understanding (a) what aspects of social behavior do music therapists tend to address in music therapy treatment, and (b) what types of interventions and instruments music therapists tend to use when addressing social behavior.

CHAPTER II

REVIEW OF LITERATURE

Social Skills in Children with Disabilities

Social skills are specific behaviors that individuals use for performing social tasks competently (Gresham, Sugai & Horner, 2001). This definition is to a great extent determined on the basis of the individual, context, and the people around the individual (DeMatteo, Arter, Sworen-Parise, Fasciana & Paulhamus, 2012). Examples of social skills include: effective communication, conflict resolution, active listening, empathy, relationship management and respect. According to this definition, social skills are those behaviors which are exhibited in specific situations and lead to social competency while social competency refers to individuals' perceptions about social behavior (Seyyed et al., 2015).

Gresham and Elliot (1984) describe social skills as those behaviors exhibited within a given situation, producing predictable and important social outcomes such as peer acceptance and other behavior known to correlate consistently with peer acceptance or

important social judgments (Goldstein, Kaczmarek, & English, 2001). Lack of social skills and interactions in childhood can have many negative consequences such as declines in employment, independence, life expectancy, and also exacerbation of mental health problems (e.g., depression, suicidal thoughts & anxiety) (Strain & Schwartz, 2001).

The potential impact of limited social skills during childhood development is even more pronounced for children with disabilities. Social skill deficits in young children with disabilities include: learning how to make friends, getting along with others, working in groups, managing frustration, and resolving conflict (Goldstein, Kaczmarek, & English, 2001). Some researchers have investigated the significance of deficits in social skills for children with specific learning disabilities including children who frequently exhibit substantial deficits in social competence, interpersonal relationships with other children, their parents, and their teachers (Barkley, 1990; Guevremont, 1990; Landau & Moore, 1991).

Social skills are a complex set of skills used by an individual to navigate social environments. These include: “communication, problem-solving and decision making,

assertion, peer and group interaction, and self-management” (Kolb & Hanley-Maxwell, 2003). The development of social skills impacts academic success, peer and family relationships, employment, and extracurricular/leisure activities as children develop (Gooding, 2011). “Social interaction skills are vital to successful social, emotional and cognitive development. Most importantly, social skill deficits impede the ability to establish meaningful social relationships, which often leads to withdrawal and a life of social isolation” (The National Autistic Society, 2010). Many researchers have shown that the development of social skills should be a primary goal for early childhood educational programs (Craig-Unkefer & Kaiser, 2002; Humpal, 1991; McConnel 1992; McClelland, 2002; McEvoy 1992; Mollison, 2002; Odom, 1992).

Music Therapy for Children with Disabilities

Music therapy treatment is a highly effective way to increase social skills. It uses music as a therapeutic means to address developmental, adaptive, and rehabilitative goals in the areas of psychosocial, cognitive, and sensory motor behavior of individuals with disabilities (Hurt-Thaut, 2008). This therapy has brought about many useful changes in

the behavior of children (Bunt, 2006). In 1985, McCloskey pointed out that music therapy has been widely used to promote socialization. Today, for the purposes of training social skills in children with disabilities, many different intervention types are used. These interventions include: social stories (Delano & Snell, 2006), peer-mediated strategies (Laushey & Heflin, 2000), video modeling (Paterson & Arco, 2007), cognitive-behavioral training (Bock, 2007), pivotal response training (Jones & Feeley, 2007), and theory of mind (Chin & Bernard-Opitz, 2003).

In 1985, McCloskey showed music therapy had been widely used to promote socialization. In 2010, Caltabiano studied the effect of music therapy on enhancing three specific social skills in children with autism: joint attention, imitation, and turn-taking. After seven weeks of music therapy social interventions, results showed that inclusive experience became easier to handle for the children with autism and led to enhanced social behaviors. In 2013, Srinivasan and Bhat showed that music-based interventions are effective therapeutic means for autistic children because these interventions harness the musical talents of these individuals while reducing the impairments of these children.

Srinivasan and Bhat also gave three reasons why they believe music therapy interventions are specifically attractive for children with autism. Firstly, musical training may help in directing various core autism impairments in joint attention, social reciprocity, nonverbal and verbal communication, as well as typical multisensory perception comorbidities, poor motor performance, and behavioral problems. Secondly, children with autism find musical activities enjoyable that might be due to their enhanced musical understanding (Heaton, 2003). Thirdly, music-based activities can be nonintimidating experiences wherein a child with autism spontaneously explores various musical instruments with the trainer joining in and copying the child's actions (Caltabiano, 2010).

Music therapy services in the school setting emphasize the functional use of music to achieve the academic, social, motor, or language goals of students with disabilities (Alley, 1979). Music therapy goals addressing skills in the social and emotional domains should be the primary focus of early childhood special education (Humpal, 1990). Some social aspects of the music making process include, but are not limited to: (a) cooperation, (b) communication; both verbal and non-verbal, (c) positive peer interactions, (d) peer

collaboration, (e) attention, (f) dependability, (g) responsibility, (h) impulse control, (i) delayed gratification, and (j) accepting consequences (Hargreaves, Marshall & North, 2003; McClung, 2000).

Some studies have investigated the most effective types of interventions used to increase social skills in children with disabilities. Vaughn et al. (2001) concluded that the most effective social skills interventions were: (a) modeling: normally developed children and teachers demonstrate specific desired social behavior to the children with disabilities; (b) play-related activities: specific play activities assist to develop children's cognition, language, and social function skills; (c) prompting: children with disabilities are prompted to display target behaviors; (d) rehearsal and practice: children with disabilities practice the target behavior.

Instruments in Music Therapy Social Interventions

There are several research articles which state what music therapists might consider when selecting music instruments for use in sessions addressing social skills in children with disabilities. Orth and Verburt (1998) reported working with refugee clients using

instruments from their native countries as well as what they called "universal instruments such as guitar and piano." Chase (2003) referred to the piano and guitar as more Western-European instruments and suggested using rhythm and accompanying instruments from other countries such as cabasas, maracas, and guiros. In a later report of their work, Orth and Verburgt (2004) discussed the additional use of drums, xylophones, harps tuned to a pentatonic scale, rainmakers, ocean drums, small rhythm instruments, and rhythm eggs. These instruments have become common in most music therapy sessions in the United States (Behrens, 2012). Williams and Abad (2008) used indigenous instruments that were supplied by the organizations with whom they worked. Pavlicevic (2002) wrote about using any instrument or sound surface that was available such as tables, glasses, or the floor. Lang and Mcinerney (2002) discussed using drums, piano, and xylophones with children. Bruscia (1998) reported percussion being used within each of four following music therapy methods: (a) Auxiliary, the use of music in therapy in a non-therapeutic manner, yet its purpose is still relevant in therapy situation. (b) Augmentative, the use of music in a manner that supports other therapy modalities. (c) Intensive, music as the

central therapy modality. (d) Primary, music serves as the only method of therapy at this level. Percussion-based improvisational approaches have been used to facilitate communication in clients, to promote behavioral support, expression, and social awareness in clients with emotional and behavior disorders (Sausser & Waller, 2006), and to facilitate social cohesion and expression of traumatic memories in post-traumatic stress disorder (Bensimon, Amir & Wolf, 2008). Cassity's (2007) survey reported clinician ranked use of percussion instruments, specifically rhythm instruments and drums, as two of the top five instruments used in clinical practice. In Hiller's survey (2009), clinicians noted percussion as the most commonly used instrumentation in clinical improvisation.

In 2012, Behrens wrote that building relationships with the music, the music therapist, and the other group members could potentially prove to be difficult for the student however, using traditional instruments to accompany familiar music may assist in the development of relationships while also promoting a safe environment. A relationship with the music therapist can be accomplished by fostering positive experiences for the

student (Magee et al., 2011). This relationship may lend support to social skill acquisition and perhaps cognitive growth.

Researching in Music Therapy

Based on Gresham and Eliot (1993), social skills training involves: observational learning, operant learning and classical learning. Using appropriate music therapy programs to increase social skills is very important. Early research focused on the use of music therapy interventions to improve social skills and noted increased interpersonal skills for individuals involved in music therapy (Cavallin & Cavallin, 1968). Later research pointed to the effectiveness of music therapy in promoting interpersonal behavior and increasing appropriate interactions (Edison, 1998, Humpal, 1991). Recently, research indicates that music therapy-based interventions are effective in (a) improving attention, motivation and reducing hostility (Montello & Coons, 1998), (b) increasing responsiveness to social cues and socially appropriate behaviors (Rickson & Watkins, 2003), (c) in reducing restlessness and impulsivity (Rickson, 2006), (d) increasing sustained attention towards peers (Sussman, 2009), and (e) increasing positive social

behaviors for both premature and full term infants less than two years of age (Walworth, 2009).

Research-based music therapy social skills training programs have proven to be an effective approach for remediating social skill deficits. Through music therapy social skills training programs, a variety of students have been positively impacted including children and adolescents with problem behaviors and psychopathologies, emotional and behavioral disorders, conduct problems, including those from racially and ethnically diverse backgrounds, and with Autism Spectrum Disorders (Augimeri, et al., 2008; Beidel, 2007; DeRosier & Mercer, 2009; Rao, 2007).

Extensive research articles have been presented in the context of using music therapy to increase social skills in children with disabilities. The combined knowledge revealed in the review of literature indicates that music therapy is an effective approach. For every music therapist, learning new clinical skills, gaining valuable experience, and increasing intervention effectiveness, are of paramount importance. This is especially true considering the necessity of continued refinement and modernization of music therapy

practices. This study seeks to contribute to these goals by helping music therapy professionals better understand (a) what aspects of social behavior music therapists tend to address in music therapy treatment, and (b) what types of interventions and instruments music therapists tend to use when addressing social behavior.

Toward that end, I provide the following methodological approach to better understand the perspectives of music therapists in both the U.S. and my home country of China. This methodological approach may be considered for future music therapy research surveys. The suggested survey questions in Appendix A may also be used in future music therapy research surveys.

CHAPTER III

METHOD

Participants

The research design will be a survey design. For the purposes of this study, 50 participants will be recruited. They will consist of board-certified music therapists (MT-BC) who have been employed for at least one year as a clinical music therapist.

Participants in the U.S. will be recruited via the Certification Board for Music Therapists (CBMT) and Chinese music therapists will be recruited via the Chinese Music Therapy Association (CMTA). The researcher will obtain their names and email addresses through an online process to purchase names as indicated on the CBMT website and Chinese Music Therapy group facilitated via an online app (WeChat). Other potential sources for music therapists practicing in China will be explored. All available participants will be given 30 days to complete the online survey. The researcher will send the survey questions and invitation emails to 50 appropriate participants over the course of one week.

All participants will be given 30 days to complete the online survey, and the researcher will collect a minimum of 15 effective surveys for analysis.

Instrumentation

A survey will be created (See Appendix A) and posted using the online platform SurveyMonkey.com. Survey questions will consist of four sections: (a) Demographic Information (e.g., Simple personal information, such as work setting, years worked in setting, years as MT-BC, highest level of education in Music Therapy.); (b) Social behaviors and associated goals addressed by music therapists; (c) Music Therapy Social Interventions (e.g., Therapeutic Music Experiences used by music therapists to develop functional social behaviors); and (d) Assessment and Evaluation (e.g., How do music therapists measure or evaluate the effectiveness of music therapy interventions for social deficits). The survey will include multiple choice and open-ended questions.

Procedure

For this study, applying for an approval from the Western Michigan University Institutional Review Board (IRB) is the first step, and ensuring that the survey can be

shared with other music therapists who meet the eligibility criteria included in the application. The second step is to obtain a list of names and email addresses of music therapists who currently work with the early childhood population. According to a 2018 member survey published by American Music Therapy Association, 190 music therapists are identified as meeting the selection criteria. The survey question will also be posted in the Chinese Music Therapy Association (CMTA) group via Wechat (which is the only internet CMTA group for sharing music therapy information). The number of participants who meet criteria is uncertain due to no official website existing which indicates how many music therapists there are in China. The researcher will update this information once the survey is finished. The third step is creating survey questions and sending these questions along with an introduction of the study to each music therapist describing the purpose of the study, a statement regarding consent, and the survey questions via email. All of the participants invited to the survey will understand that completion of the survey will be considered consent to participate in the study. The fourth step is making the survey available for two weeks for the participants, while sending email reminders once

every four days. The survey answers will be dated with information being collected through SurveyMonkey.com. The final step is downloading of all survey resources to the researcher's personal computer and then analyzing the data.

Results and Analysis

The data from the survey responses will be tabulated and graphed by the online survey company SurveyMonkey.com. The descriptive responses (e.g., open-ended questions, interventions, instruments, techniques, scales & music activities) will use tables (frequency distribution table), and figures (Pie chart, column bar chart, and grouped bar chart) to compare the survey answers. Descriptive Statistics (percentage rank) will be used to analyze the survey results.

The results will be divided into three sections for analysis: (a) participant perspectives on what aspects of social behavior music therapists tend to address in music therapy treatment, (b) participant perspectives on what types of interventions and instruments music therapists tend to use when addressing social behavior and (c)

participant perspectives on how music therapists measure or evaluate the effectiveness of music therapy interventions for children with social deficits.

Assumptions and Delimitations

There are three assumptions for the study: first, music therapists who indicate they work with children have sufficient experience to determine the needs of children with social deficits. Second, the effectiveness of music therapy interventions to facilitate the development of social functioning and third, the importance of measuring and/or evaluating the effectiveness of music therapy interventions for children with social deficits.

The delimitations for the study are: a limited number of music therapists who are members of the American Music Therapy Association who also work with children, and the fact that the music therapy major in China is still early developmental stage and so, except through WeChat, no official website or journal indicates Chinese Music Therapy Association member information, which makes it difficult for the researcher to find appropriate participants.

CHAPTER IV

SELF-AWARENESS

In this paper, I attempted to obtain music therapists' perspective of (a) what aspects of social behavior do music therapists tend to address in music therapy treatment, and (b) what types of interventions and instruments do music therapists tend to use when addressing social behavior.

While researching what aspects of social behavior music therapists tend to address in music therapy treatment, I divided the question into two parts and first asked: what kind of children with disabilities have social deficits? I researched and summarized the most common diagnoses which may cause children to have social deficits. These include: Autism Spectrum Disorder, Development Disability, Speech or Language impairment, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, multiple disabilities, Behavioral/Emotional Disorder, Cerebral Palsy, learning disability, specific development delay, Physical disability, Visual Impairment, Hearing Impairment, and Bipolar Disorder. In my opinion, a clear definition and understanding of clients'

symptoms is of great importance in clinical work, in order to find suitable treatments for each clients' needs.

The second part is: what are the common social deficit behaviors that children with disabilities exhibit and what social behavior do music therapists tend to target in music therapy treatment? Upon studying the relevant research, I summarized the common social deficit behaviors which appear in children with disabilities to include: listening ability, following directions, eye contact, physical stillness, social anxiety, sharing abilities, joining activities, asking for permission, waiting turns, asking for help, apologizing to others, accepting blame for problems. The social behaviors music therapists tend to address in music therapy treatment include: learning how to make friends, getting along with others, working in groups, managing frustration, resolving conflict, communicating, problem-solving and decision making, assertion, peer and group interaction, and self-management.

The knowledge I acquired from these research papers will greatly inform and benefit my future clinical work. Above all, the knowledge I gained from studying common social

deficit behaviors that appear in children with disabilities helps reduce professional anxiety that comes with accepting new clients and discovering how to best help them. When I can more easily identify social problems, I can refer to similar symptoms and see whether there are any references and/or examples to learn from, and accordingly set out treatment that suits the ages and symptoms of new clients according to their particular clinical situation. These researchers also gave me many new ideas for designing my own music therapy interventions and ensuring that there will be nothing wrong in my own clinical work, which may make the clients more willing to accept treatment and improve the overall effect of the therapy.

First, it is important to determine what types of interventions music therapists tend to use when targeting social behavior. The research paper from Vaughn et al. (2003) concluded that the most effective social skills interventions were: (a) modeling: normally developed children and teachers demonstrate specific desired social behavior for children with disabilities; (b) play-related activities: specific play activities assist to develop children's cognition, language, and social function skills; (c) prompting: children with

disabilities are prompted to display target behaviors; and (d) rehearsal and practice:

children with disabilities practice the target behavior. Lately, for the purposes of training social skills for children with disabilities, many different intervention types are used such as: social stories, peer-mediated strategies, video modeling, cognitive-behavioral training, pivotal response training, theory of mind, joint attention, imitation, and turn-taking. After studying the research, I cannot help but consider how I can integrate these ideas into full and complete interventions during my own music therapy sessions. This begs the question: in conjunction with these clinical skills, what instruments should be used in these interventions and what instruments do music therapists tend to use?

Orth and Verbing's (1998) research paper reported that music therapists tend to use "universal instruments such as guitar and piano". In 2002, Pavlicevic described using any instrument or sound surface that was available such as tables, glasses, or the floor. In 2003 Chase suggested using rhythm and accompanying instruments, such as cabasas, maracas, and guiros. In 2004 Orth and Verburgt discussed using drums, xylophones, harps tuned to a pentatonic scale, rainmakers, ocean drums, small rhythm instruments,

and rhythm eggs in interventions. These instruments have become common in most music therapy sessions in the United States (Behrens, 2012). It is worthwhile to mention that in Hiller's survey (2009), clinicians noted percussion as the most commonly used instrumentation in clinical improvisation.

The above research results indicate the choice of instruments for music therapy has diversified from guitar and piano at the very beginning to various enjoyable instruments.

Early research focused on the use of music therapy interventions to improve social skill for individuals receiving music therapy, while later research pointed to the effectiveness of music therapy in promoting interpersonal behavior and increasing appropriate interactions. It is not difficult to find that music therapy has evolved to target particular client symptoms more and more specifically. After studying the second question, I think I have a greater understanding of how to best design interventions. In my opinion, good intervention should clearly identify the purpose of the treatment, determine objective(s) and goal(s), while trying to best identify clients' needs and desires. Additionally, one must choose appropriate music to support activities, and then support

each clients' behavioral outcome. During the intervention, it is important to observe clients' clinical outcome and make sure to collect the data after the treatment and then evaluate the data. The analyzed clinical results will also help the music therapist adjust interventions as needed so as to better help clients.

During the whole research process, I have learned a lot. I have summarized the following important three points to inform my future work and research:

More Responsibility

During initial-contact with a client, it is important to clearly identify the client's symptoms and understand the cause. If the cause is unknown, begin necessary study and research of the symptoms immediately by referring to research literature, web-based searches, or seeking expert opinions from supervisors or coworkers when the symptoms are not fully understood. As I mentioned before, there will be a specific direction after finding out the reason for the symptoms. After which point treatment can be designed that is appropriate for the client making special reference to symptoms and considering present circumstances. After studying the research, I have a clearer understanding of

social problems caused by different symptoms and common social appearances, which will help provide me a clearer understanding of client situations in my future clinical work. I will not be anxious when seeing these types of symptoms, and will more calmly design treatment schemes based on the actual situation to better fit client needs.

More Accurately Design Clinical Interventions

Designing an intervention is always a step of great importance. After researching social interventions, I have learned many new concepts and ideas such as: what kind of intervention the clients would like and would be willing to accept, what kind of treatment method, activities or instruments might the clients be more willing to try and think more about what benefits clients might gain from my music therapy treatment. Additionally, I learned about what are the clients' best music therapy session from their perspective and how can I make that vision become suitable and real? After having concluded this research, I have gained many new precious ideas that I have not tried or even thought of, I learned about the Social stories technique for example and in my future interventions, I think I will sing a story which teach a lot of social skills points to my clients. This will

help them acquire important social skills from the music story and help them implement these social skills into their daily lives. I also gained a greater understanding of cognitive-behavioral training. Previously I was always focused on increasing client cognitive skills, but never thought of increasing cognitive behavior. This concept is very significant because for young children, it is not only important to help them increase cognitive skills, but also important to help them learn good behavior, such as positive attitudes or good habits, which may help them actively learn more, and sustaining this behavior throughout their lives. I will definitely consider incorporating the interventions I researched into my own future interventions. I think adding this inspiration to my music therapy sessions will make my interventions more attractive to the clients and help them actively accept treatment, which will consequently bring about better treatment results.

Building Good Relationships

The development of social skills impacts academic success, peer and family relationships, employment, and extracurricular/leisure activities as children develop (Gooding, 2011). Social skill deficits impede the ability to establish meaningful social

relationships, which often leads to withdrawal and a life of social isolation (Caltabiano, 2010). I strongly agreed with these comments when I first read them. As far as I am concerned, it is important to help the clients build relationships such as better family connections and peer relationships. These relationships could make the clients feel more comfortable living in the society, study more confidently and also make them further communicate with people and better integrate into society eventually. For me as a music therapist, building-up the relationship between music therapist and client is also very important. From my clinical experiences, good relationships make the treatment process more harmonious and further strengthens the treatment effect. Learning how to foster good relations with my clients is something I will certainly continue to focus on in the future.

Conclusion

In 1985, McCloskey pointed out that music therapy has been widely used to promote socialization. Today, for the purposes of training social skills in children with disabilities, many different intervention types are used. Many in the music therapy field have been

studying new and useful knowledge for music therapists to equip themselves with to better serve this field. As a music therapist, I will keep on studying hard and equip myself with more knowledge to better design targeted treatment schemes and make greater contributions to the field of music therapy.

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Appendix A

Suggested Survey Questions

Please take 15 minutes to complete the following questions. Thank you!

Section I: Demographic information

1. Please indicate the country where you work: _____

2. How many years of clinical music therapy experiences facilitating the development of social functioning in children with disabilities do you have? _____

3. Please indicate your primary work setting as a music therapist:
 - a. Special Learning center for Children
 - b. Children's Hospital or units
 - c. School Settings
 - d. Early interventions centers/programs
 - e. Private Practice
 - f. Other _____

4. Considering the primary work setting that you indicated above, please select the age groups (up to 3) with whom you most often worked with:
 - a. 0–1 years old

- b. 1-3 years old
- c. 4-6 years old
- d. 7-9 years old
- e. 10-11 years old

Section II: Social Behaviors and Associated Goals

5. Please select the most common diagnoses found in the children with disabilities that you have worked with (select up to 5):

- a. Autism
- b. Cerebral Palsy
- c. Speech or Language disorders
- d. Behavioral Disorder
- e. Emotionally Disabled
- f. Hearing/ Visually impaired
- g. Learning Disabilities
- h. Physically Disabled
- i. Specific developmental delay
- j. Not yet diagnosed
- k. Non- Disabled
- l. Other _____

6. Please indicate in which of the following social behaviors, disabled children you work with most commonly have deficits (select up to 5):

- a. Listening ability
- b. Following directions
- c. Eye contact
- d. Physical stillness
- e. Social anxiety
- a. Sharing abilities
- b. Joining activities
- c. Asking for permission
- d. Waiting turns
- e. Asking for help
- f. Apologizing to others
- g. Accepting blame for problems
- h. Other_____

7. What are the most common aspects of social behaviors you tend to target in music therapy goals (select up to 5):

<u>GOALS</u>	<i>INDIVIDUAL</i>	<i>GROUP</i>
Following class rules and routines		
Waiting for cues		
Respecting teachers, peers and others		
Understanding one's role as part of group		
Taking turns, participating appropriately in an activity		
Willing to try something new		
Sitting appropriately		
Playing cooperatively		
Making friends		
Sharing		
Participating appropriately		
Being patient		
Listening		
Helping others		
Positive communication and interaction		
Other		

Section III: Music Therapy Social Interventions

8. Please select what the average frequency of music therapy sessions for your client(s) per week is:

<u>SESSION TIMES</u>	<i>Individual</i>	<i>Group</i>
1		
2		
3		
4		
5		
Other		

9. Please select what the average length of music therapy sessions for client(s) per week are:

<u>SESSION LENGTH</u>	<i>Individual</i>	<i>Group</i>
10-20 minutes		
20-30 minutes		
30-40 minutes		
40-50 minutes		
50-60 minutes		
Other		

10. Please select activities/ techniques/ games (up to 5) that you most frequently use in interventions for increasing social skills in children with disabilities:

- a. Playing different instruments
- b. Moving with music
- c. Greeting/name games
- d. Sharing ideas after client(s) experience(s)
- e. Mirroring each other
- f. Finger/hand games
- g. Carrying toys in a circle with the rhythm
- h. Listening to each other's creative solutions
- i. Developing a core idea from beginning to end
- j. Finding a musical motive
- k. Letting individuals express musical ideas related to their feelings
- l. Body percussion
- m. Dance circle
- n. Drum circle
- o. Rhythm games
- p. Singing activities
- q. Creative Movement and Dance
- r. Other (If any, please fill in question 11, if not, skip to question 12).

11. Please list (if any) activities/ techniques/ games (up to 5) that you most frequently use in interventions for increasing social skills in children with disabilities:

12. Please circle one or more instruments (up to 5) that you most frequently use for music therapy sessions to increase social skills:

<u>INSTRUMENT</u>	<i>Individual</i>	<i>Group</i>
Piano		
Keyboard		
Guitar		
Drums		
Shaker		
Tone chime		
Tambourine		
Maracas		
Rhythm sticks		
Bells		

Xylophone		
Recorder		
Other		

13. Approximately, what percentage of the music you use in your INDIVIDUAL/GROUP music therapy sessions for children with social deficits are LIVE MUSIC and RECORDED MUSIC respectively?

<u>LIVE</u> <u>MUSIC</u>	<i>INDIVID</i> <i>UAL</i>	<i>GRO</i> <i>UP</i>	<u>RECORDED</u> <u>MUSIC</u>	<i>INDIVID</i> <i>UAL</i>	<i>GROUP</i>
0-25%			0-25%		
25-50%			25-50%		
50-75%			50-75%		
75-100%			75-100%		

14. Approximately, what percentage of the music you use in your INDIVIDUAL/GROUP music therapy sessions for children with social deficits are NEW SONGS and FAMILIAR SONGS respectively?

<u>NEW</u> <u>SONGS</u>	<i>INDI</i> <i>VIDUAL</i>	<i>GRO</i> <i>UP</i>	<u>FAMILIAR</u> <u>SONGS</u>	<i>INDIVIDU</i> <i>AL</i>	<i>GRO</i> <i>UP</i>
0-25%			0-25%		
25-50%			25-50%		
50-75%			50-75%		
75-100%			75-100%		

Section IV: Measure and Evaluate

15. What are your clients' typical responses to your music therapy sessions?

- a. Very Excited
- b. Somewhat Excited
- c. Neutral response
- d. Sad
- e. Very sad

16. How often do music therapy interventions achieve the objectives and goals set for the sessions?

- a. Always
- b. Usually

- c. Sometimes
- d. Rarely
- e. None

17. What percent of your clients have achieved their music therapy social treatment goals?

- a. 0-25%
- b. 25-50%
- c. 50-75%
- d. 75-100%

18. Please list (up to 5) of the most common measurement/evaluation formats that you use to scale the clinical social results (such as Nordoff-Robbins Musical Communicativeness Scale, 5 Likert scale, etc.)

If you have any additional comments, please include them below:

Appendix B

Presentation PowerPoint

The Use of Music Therapy Towards Social Development in Children with Disabilities: A Rapid Review

Western Michigan University
Yuanyuan Bai

Contents

I. INTRODUCTION

- ◆ Statement of the Problem
- ◆ Rationale for Research
- ◆ Purpose and Research Questions
- ◆ Summary

II. REVIEW OF LITERATURE

- ◆ Social Skills in Children with Disabilities
- ◆ Music Therapy for Children with Disabilities
- ◆ Instruments in Music Therapy Social Interventions
- ◆ Researching in Music Therapy for Social Skills

III. METHOD

- ◆ Participants
- ◆ Instrumentation
- ◆ Procedure
- ◆ Results and Analysis
- ◆ Assumptions and Delimitations

IV. SELF-AWARENESS



INTRODUCTION

- ◆ Statement of the Problem
- ◆ Rationale for Research
- ◆ Purpose and Research Questions
- ◆ Summary



INTRODUCTION

◆ Statement of the Problem

- Music therapy services are utilized for young children in special education. Music therapy interventions have been shown to be highly effective in treating children with disabilities. In particular, music therapy's effectiveness in addressing social skill deficits has been well documented in music therapy literature. At the same time, more and more people around the world are becoming more open to utilizing music therapy sessions to increase social skills in children with disabilities.
- These changing circumstances call for music therapists to gain a deeper understanding of social skills in children with disabilities, and increase their clinical experiences. Learning to develop appropriate social skills in childhood education while constantly learn clinical skills and improving clinical experiences are very important for every music therapist.
- The research will focus on explaining music therapists' perception of music therapy as an effective approach for increasing social skills in children with disabilities. The research results may help music therapy professionals increase their knowledge and improve the effectiveness of their music therapy clinical results with disabled children with social deficits.

INTRODUCTION

◆ Rationale for Research

According to the 2018 American Music Therapist Association Survey and Workforce Analysis, a total of 190 music therapists work in early childhood and school age populations

- Music therapists require greater depth and breadth in related research literature so as to enrich their knowledge and incorporate reported techniques into their own clinical work for improved results.
- Discovering an effective framework for using music therapy to facilitate social skills
- Provide a useful reference for music therapy professionals looking to advance their clinical work
- A limited amount of research focuses on children with social skill deficiencies.

INTRODUCTION

◆ Purpose and Research Questions

➤ Purpose

The proposed review will explain perceptions of music therapists regarding the effectiveness of music therapy towards developing social functioning in children across multiple diagnoses.

➤ Research Questions

1. Music therapy and social deficits in children with disabilities.
 - What kind of disabled children have social deficits?
 - What are the common social deficit behaviors which appear in children with disabilities?
 - What aspects of social behavior do music therapists tend to target in music therapy treatment?
2. Music therapy social interventions.
 - What types of interventions do music therapists tend to use when targeting social behavior in children with disabilities?
 - What instruments do music therapists tend to use in their music therapy sessions ?

INTRODUCTION

◆ Summary

- Focused on a rapid review of using music therapy towards social development in children with disabilities.
- Explore music therapists' perspective on the specific social behaviors music therapy treatment tends to target in disabled children.
- Explore music therapists' perspective on effective music therapy social intervention designs for children with disabilities.
- The findings may help music therapy professionals gain benefits from understanding:
 - (a) what aspects of social behavior do music therapists tend to address in music therapy treatment.
 - (b) what types of interventions and instruments music therapists tend to use when addressing social behavior. .

REVIEW OF LITERATURE

- ◆ Social Skills in Children with Disabilities
- ◆ Music Therapy for Children with Disabilities
- ◆ Instruments in Music Therapy Social Intervention
- ◆ Researching in Music Therapy for Social Skills

REVIEW OF LITERATURE

◆ Social Skills in Children with Disabilities

- Social skills are the specific behaviors that individuals use for performing social tasks competently (Gresham, Sugai & Horner, 2001). Social skills are a complex set of skills used by an individual to navigate social environments. These skills include: communication, problem-solving and decision making, assertion, peer and group interaction, and self-management (Kolb & Hanley-Maxwell, 2003).
- Many researchers have shown that the development of social skills are important in children with disabilities:
 - Should be a primary goal for early childhood educational programs. (Craig-Unkefer et al., 1991-2002).
 - Vital to successful social, emotional and cognitive development (Caltabiano, 2010).
 - Impacts academic success, peer and family relationships, employment, and sports/leisure activities (Gooding, 2011).

REVIEW OF LITERATURE

- Difficulties faced by young children with social skill deficits as expressed in clinical settings include:
 - learning how to make friends, getting along with others, working in groups, managing frustration, resolving conflict (Goldstein, Kaczmarek, & English, 2001), social competence, interpersonal relationships with other children, their parents, and their teachers (Landau & Moore, 1991; Barkley & Guevremont, 1990).
- The potential impact of limited social skills during childhood development is even more pronounced for children with disabilities (Goldstein, Kaczmarek, & English, 2001). A lack of social skills and interactions in childhood can have many negative consequences, such as:
 - Declines in employment, independence, life expectancy, and also an exacerbation of mental health problems (like depression, suicidal thoughts & anxiety) (Strain & Schwartz, 2001).
 - Impediment of the ability to establish meaningful social relationships, which often leads to withdrawal and a life of social isolation (The National Autistic Society, 2010).

REVIEW OF LITERATURE

◆ Music Therapy for Children with Disabilities

- Music therapy uses music as a therapeutic means to address developmental, adaptive, and rehabilitative goals in the areas of psychosocial, cognitive, and sensory motor behavior of individuals with disabilities (Hurt-Thaut, 2008).
- In 1789, the earliest known reference to music therapy appeared.
- In the early 1800s:
 - writings on the therapeutic value of music appeared in two medical dissertations, (Edwin Atlee, 1804 and Samuel Mathews, 1806).
 - Dr. Benjamin Rush who was a strong proponent of using music to treat medical diseases.

REVIEW OF LITERATURE

- The first recorded music therapy intervention in an institutional setting (Blackwell's Island in New York).
- The first recorded systematic experiment in music therapy (Comings's use of music to alter dream states during psychotherapy).
- In the 1940s
 - Three key players in the development of music therapy as an organized clinical profession:
 - Ira Altshuler
 - Willem van de Wall
 - E. Thayer Gaston
 - Music therapy college training programs were created.
 - Michigan State University established the first academic program in music therapy (1944)



REVIEW OF LITERATURE

- In 1979, Alley pointed out music therapy services in the school setting emphasize the functional use of music to achieve the academic, social, motor, or language goals of students with disabilities.
- In 1985, McCloskey showed Music therapy had been widely used to promote socialization
- In 1990, Humpal explained music therapy's goals in addressing skills in the social and emotional domains should be the primary focus of early childhood special education.
- From 2000-2007, for the purposes of training social skills in children with disabilities, many different intervention types are used:
 - Peer-mediated strategies (Laushey & Heflin, 2000), theory of mind (Chin & Bernard-Opitz, 2003), social stories (Delano & Snell, 2006), video modeling (Paterson & Arco, 2007), cognitive-behavioral training (Bock, 2007), and pivotal response training (Jones & Feeley, 2007).
 - Some social aspects of the music making process intervention include, but are not limited to: cooperation, communication, both verbal and non-verbal, positive peer interactions, peer collaboration, attention, dependability, responsibility, impulse control, delayed gratification, and accepting consequences (McClung, 2000, Hargreaves, Marshall & North, 2003).

REVIEW OF LITERATURE

- In 2001, Vaughn et al. concluded that the most effective social skills interventions for children with disabilities were:
 - Modeling: normally developed children and teachers demonstrate specific desired social behavior to the children with disabilities.
 - Play-related activities: specific play activities assist to develop children's cognition, language, and social function skills.
 - Prompting: children with disabilities are prompted to display target behaviors.
 - Rehearsal and Practice: children with disabilities practice the target behavior.
- In 2006, Bunt concluded music therapy has brought about many useful changes in the behavior of children.
- In 2010, Caltabiano showed the effect of music therapy on enhancing three specific social skills in children with disabilities:
 - Joint attention, imitation, and turn-taking.

REVIEW OF LITERATURE

- In 2013, Srinivasan and Bhat showed that music-based interventions are effective therapeutic means for children with disabilities because, along with reducing the impairments of these children, these interventions harness the musical talents of these individuals.
- Three reasons why they believe music therapy interventions are specifically attractive for children with disabilities:
 - Firstly, musical training may help in directing various core disability impairments in joint attention, social reciprocity, nonverbal and verbal communication, as well as typical multisensory perception comorbidities, poor motor performance, and behavioral problems (Srinivasan and Bhat, 2013).
 - Secondly, musical activities are enjoyable to them possibly due to their enhanced musical understanding (Heaton, 2003).
 - Thirdly, music-based activities can be non-intimidating experiences wherein a child with disabilities spontaneously explores various musical instruments with the trainer joining in and copying the child's actions (Caltabiano, 2010).

REVIEW OF LITERATURE

◆ Instruments in Music Therapy Social Interventions

- In 1998
 - Using instruments from their native countries called "universal instruments" such as guitar and piano".(Orth and Verbingt)
 - Percussion utilized in music therapy methods. (Bruscia)
- In 2002
 - Using any instrument or sound surface that was available such as tables, glasses, or the floor . (Pavlicevic)
 - Lang and Mcinerney discussed using drums, piano, and xylophones for children with disabilities.



REVIEW OF LITERATURE

➤ In 2003-2004

- Piano and guitar as more Western-European instruments, suggested using rhythm and accompanying instruments from other countries: cabasas, maracas, and guiros. (Chase, 2003)
- Drums, xylophones, and harps tuned to a pentatonic scale, rainmakers, ocean drums, small rhythm instruments, and rhythm eggs have been used. (Orth & Verburgt, 2004)

➤ In 2006-2009

- Percussion-based improvisational approaches have been used. (Sausser & Waller, 2006)



REVIEW OF LITERATURE

- In 2007 Cassity's survey reported clinician ranked percussion instruments, specifically rhythm instruments and drums, as two of the top five commonly used instruments in clinical practice.
- In 2008, indigenous instruments were used. They were supplied by the organizations with whom they worked. (Williams and Abad)
- In 2009, Hiller's survey reported that clinicians noted percussion as the most commonly used instrumentation in clinical improvisation.



REVIEW OF LITERATURE

- In 2012, a variety of instruments have become common in most music therapy sessions in the United States, Behrens pointed.
- Using instruments to accompany music, may:
 - Assist in the development of relationships while also promoting a safe environment.
 - Help clients become more willing to actively receive treatment.
 - Help build relationships with the music, the music therapist, and the other group members (Behrens, 2012).

REVIEW OF LITERATURE

◆ Researching in Music Therapy for Social Skills

- Early music therapy research:
 - Focused on the use of music therapy interventions to improve social skills and noted increased interpersonal skills for individuals involved in music therapy (Cavallin & Cavallin, 1968).
 - Pointed to the effectiveness of music therapy in promoting interpersonal behavior and increasing appropriate interactions (Edison, 1998, Humpal, 1991).
 - Using appropriate music therapy programs to increase social skills is very important. (Gresham and Eliot, 1993)
 - Defined social skills training involves: observational learning, operant learning and classical learning. (Gresham and Eliot, 1993)

REVIEW OF LITERATURE

Recent music therapy research:

- Indicated music therapy-based interventions are effective in:
 - Improving attention, motivation and reducing hostility (Montello & Coons, 1998)
 - Increasing responsiveness to social cues and socially appropriate behaviors (Rickson & Watkins, 2003)
 - Reducing restlessness and impulsivity (Rickson, 2006)
 - Increasing sustained attention towards peers (Sussman, 2009)
- Research-based music therapy social skills training programs have proven to be an effective approach for remediating social skill deficits.
- Proved through music therapy social skills training programs, a variety of students have been positively affected including children and adolescents with problem behaviors and psychopathologies, emotional and behavioral disorders, conduct problems, including those from racially and ethnically diverse backgrounds (Payton, et al., 2008).

METHOD

- ◆ Participants
- ◆ Instrumentation
- ◆ Procedure
- ◆ Results and Analysis
- ◆ Assumptions and Delimitations

METHOD

◆ Participants

- Survey design
- 50 participants
 - At least one year of experience as a clinical music therapist
 - Participants in the U.S. will be recruited via the Certification Board for Music Therapists (CBMT)
 - Participants in China will be recruited via the Chinese Music Therapy Association (CMTA)
- Obtain participant names and email addresses through an online process as indicated on the CBMT website and Chinese Music Therapy group facilitated via an online app (WeChat). Other potential sources for music therapists practicing in China will be explored.
- Survey questions and invitation emails will be sent to all appropriate participants
- All the available participants will be given 30 days to complete the online survey
- Collect a minimum of 15 effective surveys to analyze

METHOD

◆ Instrumentation

- A survey will be created and posted using the online platform SurveyMonkey.com
- Survey questions will consist of four sections:
 - I. Demographic Information. (Simple personal information, such as work area).
 - II. Social behaviors and associated goals addressed by music therapists.
 - III. Music Therapy Social Interventions. (Therapeutic Music Experiences used by music therapists to develop functional social behaviors).
 - IV. Assessment and Evaluation (How do music therapists measure or evaluate the effectiveness of music therapy interventions for social deficits). The survey will include multiple choice and open-ended questions.

METHOD

◆ Procedure

➤ First step

- Applying for an approval from the Western Michigan University Institutional Review Board (IRB) and ensuring that the survey can be shared with other music therapists who meet the eligibility criteria included in the application.

➤ Second step

- Obtain a list of names and email addresses of music therapists:
 - Currently work with the early childhood population
 - Participants in the U.S.

According to a 2018 member survey published by American Music Therapy Association, 190 music therapists are identified as meeting the selection criteria.

- Participants in China

The survey question will post in the Chinese Music Therapy Association (CMTA) group via Wechat. The number of criteria participants in this case is uncertain due to no official website existing which shows how many music therapists there are in China. The researcher will have to update this information once the survey is finished.

METHOD

◆ Results and Analysis

- The data from the survey responses (multiple choice, open-ended questions, interventions, instruments, techniques, scales & music activities) will be tabulated and graphed by the online survey company SurveyMonkey.com.
- The results will be divided into three sections for analysis:
 - 1, participants perspective on what aspects of social behavior do music therapists tend to target in music therapy treatment.
 - 2, participants perspective on what types of interventions and instruments do music therapists tend to use when targeting social behavior.
 - 3, participants perspective on how music therapists measure or evaluate the effectiveness of music therapy interventions for social deficits in children with disabilities.

METHOD

◆ Assumptions and Delimitations

- Three assumptions for the study:
 - 1, Music therapists who indicate they work with disabled children have sufficient experience to determine what are the needs of children with social deficits.
 - 2, The effectiveness of music therapy interventions to facilitate the development of social functioning.
 - 3, The importance of measuring and/or evaluating the effectiveness of music therapy interventions for social deficits in children with disabilities.
- The delimitations for the study are:
 - The limited number of music therapists who are members of American Music Therapy Association who also work in children's settings.
 - The fact that the music therapy major in China is still in an early development stage and so, except through WeChat, no official website or journal shows Chinese Music Therapy Association member information, which makes it difficult for the researcher to find appropriate subjects.

SELF-AWARENESS

SELF-AWARENESS

➤ Common Symptoms of disabled children with social deficits

Autism Spectrum Disorder.	Development Disability
Speech or Language impairment	Multiple disabilities
Attention Deficit	Hyperactivity Disorder
Oppositional Defiant Disorder	Multiple Disabilities
Behavioral/Emotional Disorder	Cerebral Palsy
Learning disability	Specific development delay
Physical disability	Visual Impairment
Hearing Impairment	Bipolar Disorder

➤ Common social deficit behaviors which appear in children with disabilities

Listening ability	Following directions
Eye contact	Physical stillness
Social anxiety	Sharing abilities
Joining activities	Asking for permission
Waiting turns	Asking for help
Apologizing to others	Accepting blame for problems

SELF-AWARENESS

➤ Common social behaviors music therapists tend to target in music therapy treatment

Learning how to make friends	Getting along with others
Working in groups	Managing frustration
Resolving conflict	Communication
Problem-solving	Decision making
Assertion	Peer and group interaction
Self-management	

➤ Common types of interventions do music therapists tend to use when targeting social behavior

Modeling	Play-related activities
Prompting	Rehearsal and Practice
Social stories	Peer-mediated strategies
Video modeling	Cognitive-behavioral training
Pivotal response training	Theory of mind
Joint attention	Imitation
Turn-taking	



SELF-AWARENESS




➤ More Responsibility

- Clearly identify the symptoms of the clients
- Understand what is causing the symptoms.
- Studying and researching during the whole treatment as a necessity.
- Design treatment schemes based on the actual clinical situation to better fit clients need.



SELF-AWARENESS



➤ More accurately design clinic interventions

- Designing an intervention is always a step of great importance
- Keep the following questions in mind:
 - What kind of interventions would the clients like?
 - What kind of interventions would the clients accept?
 - What kind of treatment method, activities or instruments might the clients be more willing to try?
 - What would be the best music therapy session from the clients' perspective?
 - How can I integrate client preferences into my interventions for positive results?



SELF-AWARENESS

➤ Building Good Relationships

“Social skill deficits impede the ability to establish meaningful social relationships, which often leads to withdrawal and a life of social isolation”

- Its important to help the clients build relationships, such as: better family connections & peer relationships.

These relationships could make the clients feel more comfortable living in society, study more confidently and also make them further communicate with people and better integrate themselves into society eventually.

- Importance of building-up the relationship between music therapist and clients.
- Continue to focus on learning how to foster good relations with my clients.



Thank You!