



Preface and Opening Notes to the First Edition

As a music therapy practitioner who, for the past 10 years, has specialized in the treatment of persons with developmental disabilities and as a professor of music therapy at a large university, I have been keenly aware of the necessity for a text that is not only instructional but also serves as a reference and resource for the practice of music therapy with clients so identified. Therefore, at the urging of colleagues, students, and administrators of agencies for individuals with developmental disabilities, I set about assembling much of the material contained in this volume. The catalyst for bringing it to fruition, however, was Mr. R. Curtis Whitesel, the late Editorial Director of Rehabilitation of Aspen Systems Corporation. His invitation to write this book was expressed in these perceptive words: "With growing interest in mental retardation and, more particularly, music therapy, we feel that a solid practitioner's reference/handbook would be a most important contribution to your field."

Music Therapy for Developmental Disabilities presents an innovative approach to music therapy for persons in the five categories of developmental disabilities—mental retardation, autism, cerebral palsy, epilepsy, and other neurological impairments—with the main concentration on subcategories of mental retardation. The term *developmental disability* denotes a severe chronic disability, the onset of which is usually at birth, that is attributable to a mental or physical impairment or a combination of both resulting in substantial limitations in self-care, receptive and expressive language, learning, mobility, self-direction, and capacity for independent living and reflecting the person's need for a combination of generic care, interdisciplinary treatment, or other services of lifelong duration.

The primary audience of this book is the music therapist and the student training for a career in music therapy. It will also be useful to a broader audience—namely, special educators, music therapy faculties, music educators, administrators of mental health and health facilities, allied professionals, and, not least, parents.



The context of my approach to treatment is a *Continuum of Awareness*, the creative process of using music functionally as a tool of consciousness to awaken, heighten, and expand awareness of self, others, and the environment as a pathway to intrinsic learning and ultimately to active participation. This context evolved organically from my direct experience of the basic need of persons with developmental disabilities to develop a positive sense of self to function on higher levels. Rooted in humanistic psychology, the approach affirms the dignity and worth of the human being and embraces the fundamental assumption that an individual's potentialities form a unique pattern for that particular person. The overall aim of the book is, therefore, to provide the music therapist with a foundation for the practice of music therapy and resources and methods through which to empower clients to develop a self and realize their humanness as fully as possible, regardless of existing disabilities.

Although the subject matter of this book is the treatment of persons with developmental disabilities, the context of a Continuum of Awareness is applicable to the full spectrum of clients encompassed in the field of music therapy. This has been borne out by my experience and that of therapists I have trained in this approach. A context of this kind gives the therapist a solid foundation for treatment and broad scope within which to work. I conceive of this context as providing a heuristic way of practicing therapy that can inspire in the therapist *an empathic humanness as a coexperiencer in the continuum of life*. Music therapy colleagues who have examined the manuscript for this book while it was in preparation or have been introduced to this context through my training, lectures, and presentations, recognize its universality as a framework for treatment.

Chapter 1 is an overview of the field of music therapy that includes an account of its historical beginnings as a profession and the academic and clinical training required for degree completion from an American Music Therapy Association approved program and board certification through the Certification Board for Music Therapists. It defines music therapy and lists the many kinds of settings in which it is practiced and the client populations served. The diversity of client populations served by the profession is highlighted in four vignettes of treatment.

The rationale for using music therapy as a primary treatment modality for persons with developmental disabilities is given in Chapter 2. It is predicated on the nature and power of music as it is used therapeutically and the reasons for its special significance for this population.



The subject of Chapter 3 is music therapy assessment and treatment planning based on a holistic picture of the client. The practitioner is supplied with information needed to design a comprehensive assessment form geared to this client population: current issues in music therapy assessment, guidelines for music therapy assessment, tests most commonly administered to determine the existence and extent of problematic health needs and symptomatology, the various approaches to assessment presently used in this specialized area of the field, normal and abnormal development, and musical characteristics of persons with developmental disabilities. Two model music therapy assessment forms with guidelines for administration and an individualized treatment plan are appended to the chapter.

In Chapter 4, the context of my approach to music therapy—a Continuum of Awareness—and the theoretical bases of the approach are delineated. Explanations of three main music therapy strategies devised to stimulate and develop awareness are interwoven with experiential illustrations of their application.

The nature of treatment as process within the context of a Continuum of Awareness is the topic of Chapter 5. The client-therapist relationship, group and individual process, treatment strategies and techniques, music therapy methodology, and therapeutic uses of the components of music are explicated.

Chapter 6 comprises process-oriented descriptions of treatment that demonstrate how growth and development are brought about through the application of specific music therapy strategies and techniques. It gives instructive pointers on the how's, what's, and why's of actual practice with a cross-section of the clients encountered in this population. Each account is preceded by an outline that serves as a guide to the overall treatment program. Music is provided for a number of these descriptions.

Chapter 7 offers resources that will assist the music therapist in carrying out the process of therapy. It consists of designs for therapeutic music activities that are built on music found particularly suitable for this population.

Because music therapists are often responsible for establishing a music therapy program as an integral component of the overall treatment program of an institution, Chapter 8 is devoted to this aspect of our work. Because of the increasing importance of transdisciplinary approaches to treatment, especially with individuals with severe and profound mental retardation and multiple disabilities, a brief overview of this approach is



provided that includes a look at how music therapy reinforces other disciplines by direct, hands-on cotherapy with speech therapists, special educators, physical therapists, occupational therapists, and other creative arts therapists (dance, art, and drama).

Music therapy is applicable to persons with developmental disabilities of all ages, from the lowest to the highest functioning. Yet there are many common misconceptions about its nature and practice. Inasmuch as an important aspect of our responsibilities as music therapists is to impart information about this therapy to a variety of professionals and lay persons, I should like to dispel some of these common misconceptions.

We often hear such questions as: Is musical aptitude a requisite for being a candidate for music therapy? Does a person who is musically talented derive more benefit from music therapy than one who is not musical? Is it necessary to be able to play a musical instrument to receive music therapy? Then there is the half-question/half-statement: You do have to like music to be in music therapy, don't you? None of these questions are pertinent. Neither musicality nor an interest in music is a *requisite* for receiving this treatment, for as the book demonstrates, the nature of this therapy is such that it benefits most people regardless of their mental, psychological, or physical health need. Unless there is clarification of the erroneous thinking implicit in these questions and other misconceptions, serious misunderstandings about the therapeutic purposes of the discipline and the kinds of benefits that it provides could prevent many persons who are in the greatest need of this treatment from receiving it. Additionally, referrals for treatment might not be made unless it is fully comprehended that the goals set for the individual by the interdisciplinary treatment team (of which the music therapist is a member) are worked on in the music therapy setting through the modality of music.

A prevalent misconception stems from the vernacular use of the term *therapeutic*. A remark such as "I was listening to music and it made me feel *so good—it was so therapeutic!*" can cause misunderstanding as to what service through music involves. To be sure, the "curative" nature of music is fundamental to our work, and music *can* lift a person's spirit. It is, however, essential to make a clear distinction between the *fortuitous* therapeutic effect of music and the *conscious* use of music as a treatment tool by a qualified music therapist trained to address the many health needs presented.

Then there is the confusion that exists between music therapy and music education. Although there may be some overlapping (teaching of the



playing of instruments, for example, may meet the needs and interests of a client), the differentiation lies in the nature of the goals: The goal of music education is the attainment of music skills, whereas that of music therapy is the attainment of living skills through the modality of music. Also, training for the two disciplines differs. As will be found in Chapter 1, board certification for the practice of music therapy requires rigorous multidisciplinary training in musicianship, psychology, behavioral sciences, music therapy methods, and clinical experience as an intern in an approved mental health institution or special education setting, as well as theoretical background in diverse schools of psychotherapy.

A most misleading conception is with regard to the distinction between music therapy and recreation therapy. Very often, the two disciplines are perceived as one and the same, or as interchangeable. This mistaken idea originates mainly from the fact that a number of state agencies throughout the United States have not yet established an autonomous career line for music therapy. Because music therapy is still, in these instances, under the umbrella of recreation therapy, the error is perpetuated in the minds of administrators and other professionals.

To misconstrue music therapy as “fun and games” is to miss a basic premise of the discipline: that music used as a therapeutic *tool* has the power to change a person’s manner of functioning. For example, a client whose attention span is described as minimal (two or three seconds at most) may sustain a rhythm instrument activity for five or more minutes as a result of the application of music therapy methods. When this kind of information is reported at a case conference, it is sometimes dismissed with the raise of an eyebrow that bespeaks skepticism or lack of understanding of the effect music can have on a person’s energy level, attention, and purposeful use of energy. It is then the responsibility of the music therapist to stress the fact that, because the nature of the treatment modality is inherently enjoyable and has properties that capture attention, the very enjoyment of the musical experience stimulates and nourishes motivation to participate.

As will become manifest throughout *Music Therapy for Developmental Disabilities*, the therapeutic tool—music—is a potent means of establishing contact, maintaining a relationship, and stimulating the motivation to learn.

Parallel with expanding concern for the betterment of and knowledge about persons with developmental disabilities, music therapy for this client population has also become increasingly visible. As a result, there are university and college music therapy programs that offer course work and



internships in this specialized area of the field. Since the inception of music therapy as a discipline in 1950, it has become recognized as a primary treatment modality for this client population.

There are still countless unknowns about what is possible for persons with mental retardation and other developmental disabilities to achieve. For this reason, it is most encouraging to find popularly accepted myths about ceiling mentalities and expectancies being dismissed as folklore by prominent authorities in the field of developmental disabilities. The quest continues for the realization of human potential—from its most minute to its most expanded forms. We must, therefore, look beyond the acquisition of specific skills in the conviction that more comprehensive gains and wider horizons can be reached when therapy lays the foundation for developing the person's self—a self that learns and desires to function on higher and higher levels.

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Preface to the Second Edition

It is with mixed emotions that I present this new edition, now titled *Music Therapy for Developmental Disabilities*. Although I am delighted that Professor Boxill's text has been updated for the new millennium, I am sad that she was never able to see the finished product. Professor Boxill and I worked closely on the revision up until her passing in October 2005; the changes and additions to this text were made under her ever-present guidance and approval.

In Chapter 1, I updated the information on the unification of the two former music therapy organizations to form the American Music Therapy Association (AMTA), as well as provided new educational curriculum and internship standards.

In addition to the new music therapy assessment, *Music Therapy Assessment for Developmental Disabilities* (Appendix 3.C), which includes guidelines (Appendix 3.D) and a data collection form (Appendix 3.E), I provided discussions on and summaries of new research on the music therapy assessment process.

Unfortunately, I was unable to update the Chapter 7 appendices before her passing. In that vein, I chose to keep those sections in their original form.

This new edition features an exciting addition—a compact disc recording that includes a compendium of music adapted from popular and folk sources as well as improvisations, all performed by music therapy clients assisted by Professor Boxill. Originally issued by Folkways Records and designed as a treatment aid, the recording is prized today as an early example of what ultimately came to be known as “outsider art.”

With a bit of guidance and assistance from Barbara Hesser in the final stages, I believe this revision maintains the book's original integrity as a seminal text for music therapy with persons with developmental disabilities.

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