

CONVERSATIONS WITH MUSIC THERAPISTS

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Editor

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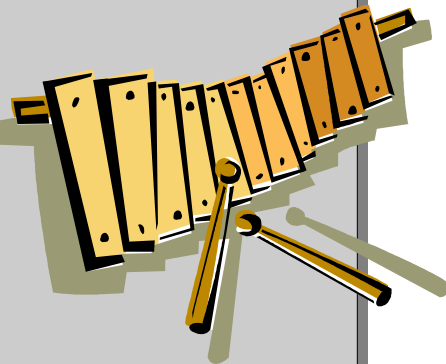
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Conversations with Music Therapists is published three times annually.

- September
- January
- May

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MICHELLE LAZAR, MA, MT-BC, Autism Specialist Founder, Coast Music Therapy San Diego, CA

Michelle Lazar, MA, MT-BC, Autism Specialist, founded Coast Music Therapy in January 2000 in order to expand opportunities available to San Diego County children and adolescents requiring creative approaches to learning and development. Currently, Coast Music Therapy provides services to 17 Southern California school districts, and after-school programs at their 3 clinic locations. She holds a baccalaureate degree in Music Therapy from Western Michigan University, with additional training in Neurologic Music Therapy, and a masters degree in special education and autism from San Diego State University with a specialization in Applied Behavior Analysis. Michelle is also the co-founder of Tuned in to Learning, a publishing company specializing in music and multi-media resources for special education. Her publications include a chapter in Models of Music Therapy Interventions in School Settings, 2002 edition by Brian L. Wilson.



SS: What are the joys and challenges of operating a private practice?

ML: Starting your own private practice allows you the freedom to develop and implement services based on your core values and philosophy. It also provides you the opportunity to work with diverse client groups and populations based on your previous training and strengths. In terms of disadvantages, time management can be an issue for all of us, but particularly as a business owner. You are juggling many positions such as organizational, financial, and marketing while also maintaining the integrity and quality of your therapy services. Overall, having a private

practice allows you to strive for that 110% that you want to provide your clients.

SS: Did you have resources and support in accounting?

ML: We used all the resources available to us. When you are just starting a private practice, you may not need all those contacts and supports but as you grow it is very important to remain efficient and organized. We are a corporation with employees, which does require that we utilize an accountant and bookkeeper. Having a graphic designer is very important if you intend to grow nationally and have a long term vision that includes publications. As your company grows, your support system needs to grow with you.

SS: Why has the number of people diagnosed with Autism increased so dramatically in the past ten years?

ML: That is a good question and it is something I am often asked. I am currently completing my Masters Degree in Special Education with an Autism

Specialization from San Diego State University. Based on the research currently available, there isn't a clear-cut answer. Researchers that are in the field hesitate to provide any one cause. There is strong evidence to support that genetics does play a part in the cause of autism, but there appear to be other unknown factors as well. The CDC does not support any clear links at this time to theories such as vaccines being a lead cause of autism. Because physicians are more aware of Autism, more accurate diagnosis or over-diagnosis could also contribute to the increasing numbers. All of these factors can play a part but much more research is needed to pinpoint the causes of autism.

SS: What are some crucial things for an entry level music therapist to know when working with a person having Autism?

ML: Many music therapy interns that have come through our program have not had significant experience with autism, nor training in the evidence-based techniques that work in teaching children on the spectrum. Therefore, it is critical for an entry level music therapist to go through autism-related trainings outside the realm of music therapy. I recommend attending a training or doing further study in the area of Applied Behavioral Analysis (ABA), as this is the leading comprehensive treatment that has strong research backing to increase functioning in a variety of areas. Specific techniques within ABA that are important to be aware of include discrete trial teaching, prompt-fading procedures, the use of scripts, programming for generalization, pivotal response training, and the use of PECS. These are all ABA approaches. There is a big misconception that ABA equals discrete trial teaching. It creates a lot of confusion and, as a result, people avoid those types of trainings. Some assume it may not relate to music therapy, whereas, it really gives you a therapeutic foundation so you can both teach new skills and respond appropriately to behavioral challenges. If you do not have a solid foundation and knowledge base in Autism, you may be reinforcing maladaptive behaviors within the music therapy setting.

SS: Would you describe the process of fading music out of sessions to assist clients to generalize skills and how do you know when clients have truly generalized skills?

ML: Generalization is tricky. As we know, students with Autism and developmental disabilities have a profile where generalization is difficult. The child may learn something in speech therapy and have trouble bringing it into the classroom or he may have difficulty transferring something learned in school to the home setting. Music therapists should use the same techniques as speech therapists, educators, and behavioral therapists when assisting a student to generalize. One fading technique is to pair a song with a visual support so you can eventually fade the music but continue to use the visual support. This is a far more functional real-life tool they can bring with them. You might not encourage a 14-year old boy to sing in a store but if he learned a communication script to remember how to purchase something, you can bring the visual aid into the store with him and use it as a memory trigger and cue to recall that sequence of language he learned in the song. Another technique is to utilize your song in a way that allows you to transfer it to a variety of different skills. For example, if you were teaching the concept of action verbs, you may start with a song that has six action verbs. However, you need to make sure you use that same song with many different action verbs and flash cards rather than continuing to have the student rote learn the initial 6 verbs. You may attempt both a chanting and singing implementation or try it with both live or recorded music so you are already programming for the student to use the skill in a variety of contexts. Next, you would fade the music and transfer it. There is nothing wrong with a music therapist taking part of the session to work on non-music skill acquisition. After you teach the action verb concept through the song, review the flash cards afterwards without the music. This is often a missing link. We often pull children out of their classrooms and work individually with music but we may never see if the student is actually generalizing it. We may assume we taught it through the song and we're going to see the generalization in the classroom but it doesn't always happen. This allows you to see if the student is automatically transferring or if they need a lot more support to transfer that skill.

SS: That's a great point because I catch myself thinking if there isn't music happening every moment of the session, perhaps I am wasting time.

ML: The best teaching technique for students with Autism is one that is consistent across all settings. If you are only focusing on the music aspect, you are not offering that consistency so that the student is able to carry skills over into other settings without the music. Another thing that works really well is to share whatever phrasing you are using in a song with the student's teachers or parents. If the student is working on the skill to look at someone and say, 'Hi,' you can share how you phrase it with the student's parent and classroom to increase chances for generalization.

SS: Has your additional training in Neurologic Music Therapy (N.M.T.) helped you in your clinical approach to students with Autism?

ML: In the discipline of autism, I feel it is important to first look at the foundations of autism research, and then investigate how NMT may support or relate to that underlying knowledge. I view N.M.T. as a core philosophy that assures that you will always operate within a research-validated framework when selecting music therapy interventions for your clients. Because many NMT interventions are based from a clinical or rehabilitative framework, it is important to view whether these same interventions are relevant in an educational setting. Music mnemonics, for example, is an NMT-based intervention that is highly applicable for use in a school environment. RAS, a rhythm-based gait training intervention, on the other hand would not be an appropriate school-based intervention, as gait training is viewed as a medical or clinical technique from the perspective of the school district. Thus, when seeking funding for music therapy via the IEP, it is critical to know what types of therapeutic applications are appropriate for this environment.

SS: I noticed a variety of research references on your web site. How do stay informed of new research and how does that knowledge filter into your clinical work and advocacy?

ML: It is very important for music therapists to keep up on the current research. If you are working with a specific population like geriatrics, medical, or autism you should consider joining an email listserv or newsgroup. Attending conferences is important, as is conducting periodic searches on different research databases like PubMed or PsychInfo. This can give you a framework even if you just view the abstracts. For example, you can run a search on “autism and music” and see if there have been any new articles published in the last few months. This is a good start outside of subscribing to the music therapy journals. It’s also necessary to stay up to date on the music perception literature where you can learn more about how an individual with disabilities processes music or how they may respond emotionally to it. Even though it may not be clinical music therapy, it is the foundation of what we do.

SS: You’ve had your private practice since 1998. Do you still need to do a lot of education and advocating for music therapy?

ML: If you have a solid foundation for how you are using music therapy in your setting and really tune in to the underlying philosophy and goals of the facility or agency you work with, over time you can easily integrate without having to re-explain. When I started in 1998, there were only a handful of students funded to receive music therapy via the IEP in the San Diego area. To date, we have had over 375 students funded for individual music therapy assessment, consultation, or direct service via the IEP including 15 school districts that previously had not provided any music therapy services. In undertaking this challenge, core aspects to consider were how special education law related to music therapy, what educational standards and curriculum were applicable to the districts we were working in, and what were the underlying needs of both the families and the school districts. You don’t want to come into a school district with a whole new approach that doesn’t apply to an I.E.P. and educational setting. For example, if you are considering making a recommendation for services via the IEP at the level of 2 hours per week, it would first be relevant to consider what was typical for speech therapy and occupational therapy service frequencies. If you find that 30 minutes per week is the norm, you may really be receiving resistance against music therapy based on your recommendation, rather than the district’s perception of the service. Even small details such as the type of reports you provide are helpful to consider. Coming in with an 18-page assessment report when the district is used to 2 page assessments from their other service providers may again lend to the perception that music therapy is not a typical educational service. Another strong recommendation I have is to be cautious when making recommendations for students you are seeing in the private setting. If you have not observed the student in his or her educational setting or assessed their educational need, it would not be highly appropriate to make specific recommendations for music therapy via the IEP within the context of private music therapy. However, you may recommend as a private music therapist that the student should receive a music therapy eligibility assessment in the educational setting. Overall, we need to know the norm and make best possible efforts to integrate with that paradigm. There are rare instances when the norm is not what is appropriate for the student, in which case the family may need much more support or advocacy than the music therapist can single-handedly offer.

SS: Assuming a qualified music therapist is leading the session, when is an adapted music lesson “music therapy” and when is it not?

ML: We do not always utilize a music therapist to provide adapted music lessons, because we view our after-school programs as enrichment based when compared to our IEP-based services in the schools. As long as you are clear to the families who their instructor is, and what the goals of the lesson are, music educators can also be well-qualified for this type of position. Many of our students in the schools in fact, take private music lessons from a typical instructor. The benefit of having a music therapist conduct the lesson for the student is that they are able to add additional focus on facilitating communication, social skills, and motor development within the framework of the lesson. Additionally, they can communicate to the parent from a therapy perspective, which is often very important for families that are seeking both emotional support and reassurance.

SS: How active a role should the parent of a child with autism play in sessions?

ML: It’s helpful in this case to look at other service models such as speech therapy. If the child’s acquisition of speech and language is negatively impacted by having a parent in the session, the speech therapist will ask the parent to sit outside the room or observe through a one-way mirror. The parent could just come in for a training/consultation component and not necessarily for the session. It’s the same for music therapy. If the skills you are targeting are hindered by having the parent there, you would coach the parent on how to best meet the child’s needs which may include giving the child more freedom to be independent. One solution may be having the parent join you in the session once a month with a coaching/training focus and in the other sessions you would build foundational skills that the child can practice with the parents in a more generalized setting. It can be difficult to have a parent present for the entire session unless your primary focus is a parent-child relationship. Even then, I believe the therapist needs individual time with the child on some instances, such as assessment and baseline testing.

SS: Do you treat a wide range of Autism?

ML: We not only treat the full spectrum of autism (Autism, Asperger syndrome, PDD-NOS), but additionally provide services for individuals with Cerebral Palsy, Williams Syndrome, Down Syndrome, and a variety of other developmental disabilities. In the school systems, our students vary in age from 3-22, whereas in our after-school programs, clients range in age from 2-30. We vary our approaches based on the age and functioning level. For example, some of our higher

functioning students with Asperger syndrome may have an emphasis on music technology and music recording, compared with a newly diagnosed 3-year old with autism who would be focusing on basic communication and socialization via music-based intervention.

SS: Would you describe the structure of your Music & ABA Social Skills Groups and how are you able to have parent training be a core element of the program?

ML: This group is a collaborative program between our agency and an Autism agency specializing in Applied Behavior Analysis. It is a very small social skills group containing only 3-6 children. The group is facilitated by a music therapist so all the skills being taught are through the context of songs, role play, rhythm, and instruments. The ABA supervisor is present to help coach the group and provide prompting for the students. In addition, the ABA supervisor and music therapist meet with parents after each session to give them input and feedback pertinent to the home setting. Data is collected each session, so that we can provide the family with a report of the child's progress and more specific recommendations, relating to behavior.

SS: The Tuned in to Learning products listed on your web site sound wonderful. Would you describe them?

ML: Tuned in to Learning grew out of our consultation programs provided in our school-based services. We saw a need for teachers and therapists to have resources and strategies they could utilize throughout the week, rather than the limited times we were there on site to work with the student. We accomplished this by designing individualized music recordings which aligned directly with the student's IEP goals. This way, you still have the specialization from the music therapist in knowing how to accommodate for the student's preferences and learning style within a song format. This provides a much more viable and practical use of music to achieve IEP goals when compared with typical resources available to teachers, such as Barney or Raffi. While these recordings may be entertaining and interactive, they may be too abstract, fast-paced, or irrelevant for a student with cognitive delays or limited language. We essentially were able to provide staff with a comprehensive curriculum, including not only the music recordings, but visual supports and workbooks that the student could use in conjunction with the song. It's been so popular that we've continued to have teachers who don't have any students for music therapy asking where they can get these individualized CD's and workbooks. We then took the top ten songs we had been using as part of these individualized programs and put them into a commercially available curriculum called Tuned in to Learning. Music therapists, speech therapists, and teachers nationwide can now access the curriculum to carry out in their classrooms. Volume 1, which focuses on social skills and pragmatic language contains a CD, full color book, DVD, CD-ROM and sheet music. It is not intended to be in exchange for or instead of a music therapist being in the classroom. In fact, we made a specific point not to refer to the program as a "music therapy" program to avoid any confusion.

SS: Are you going to continue to expand your products?

ML: We have a large and growing bank of songs that we've recorded over the past years which makes it easy to continue and provide additional resources for both individual students and for the professionals who work in special education. We look forward to expanding what we have to offer in the next few years and hope that this model can help continue to provide in-roads to other music therapists wishing to integrate their services with an educational framework.

SS: Thank you for speaking with me Michelle.

ML: You're welcome. 🎵

Please visit www.coastmusictherapy.com and www.tunedintolearning.com

