

CONVERSATIONS WITH MUSIC THERAPISTS

Scott Snow, MT-BC
Editor

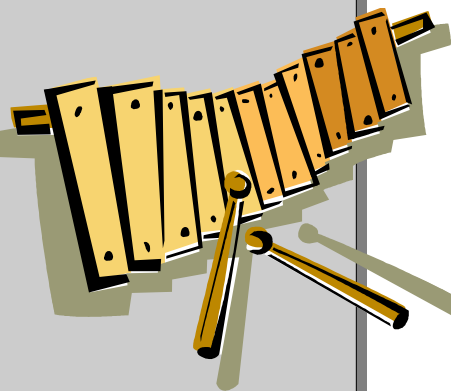
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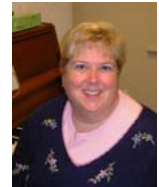
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EVE MONTAGUE, MT-BC Coordinator of Creative Arts, Massachusetts Hospital School Canton, MA



Ms. Montague has been practicing music therapy for over 20 years having worked with a wide range of individuals including those with mental retardation, mental illness, autism, dementia, and physical challenges. She is the Secretary of NER-AMTA and committee representative for the Association Internship Approval Committee. She is an appointed member of the Arts Advisory Committee with the Massachusetts Department of Education. Eve is currently working on her Masters of Science in Management through Emmanuel College. She is a soprano and sings with Opera By The Bay on the South Shore.

SS: What is your title and what are your responsibilities?

EM: I am employed as Coordinator of Creative Arts at the Massachusetts Hospital School, Canton. I provide music therapy services to our students both individually and in group settings. I carry a caseload. I supervise the music therapists, performing arts staff, and art staff. I oversee the use and function of the auditorium and all the equipment therein. Any groups that want to use the auditorium need to go through me as well. I serve on the administrative team as one of the senior staff who meets with the Principal, Assistant Principal, and Program Supervisor. Also, I'm responsible for ensuring that our department works with the teaching staff to incorporate the arts into their curriculum. *(continued on page 2)*

JENNIFER SOKIRA, MMT, LCAT, MT-BC Music Therapist, Private Practice Southwestern CT



Jennifer M. Sokira, MMT, LCAT, MT-BC is in private practice in southwestern Connecticut and she recently founded Connecticut Music Therapy Services. She has worked with children and adults with developmental disabilities, autism, learning disabilities, Rett Syndrome, and other neurological disorders in school, community and home settings since 2002. Jennifer received her Bachelor of Science in Music Therapy from Duquesne University's Mary Pappart School of Music and she is currently completing her Master of Music Therapy (MMT) from Temple University. Jennifer uses a client-centered approach to music therapy, allowing the client's needs to determine the interventions, techniques and theoretical framework of her work.

SS: Would you tell me about your private practice Connecticut Music Therapy Services, LLC?

JS: Connecticut Music Therapy Services, LLC is a full-time private practice that I opened in August, 2005. I'm currently working with children and adults in home-based, school and community settings. My clients have a variety of special needs, including autism spectrum disorders, Rett Syndrome, Down's Syndrome, multiple disabilities, and sensory integration difficulties. I work in individual and group sessions, co-treatment, and as a consultant to public schools. *(continued on page 4)*

SS: So, it's called as a hospital but it's really like a school?

EM: It is a Department of Public Health facility. The children are institutionalized and live here. They are automatically eligible for SPED services through the Department of Education and that is both state and federal regulation. I work for a private vendor who contracts directly with the Department of Education. The hospital is set up with medical and educational sides. We are run like a typical school. We have 180 days, MCAS testing, address the curriculum frameworks, and use I.E.P.'s.

SS: How many music therapists are employed by the school?

EM: Currently, there are four full-time music therapists including myself. My hours are split. I'm also responsible for community outreach, grant writing, and program development. We are a national internship roster site for music therapy and I am the internship director. We take practicum students from Berklee and Anna Maria College.

SS: What is important to your clients?

EM: The most important thing for our folks is quality of life. They want to get a quality education and have as many opportunities as possible. They are pretty limited in their access because of their physical challenges. All my kids are pretty significantly disabled with progressive neuromuscular diseases thus making quality of life very important to them.

SS: What are the students working on in regards to therapeutic goals?

EM: Communication is one of the biggest – whether expressive or receptive. For social skills, we work on taking turns, working as part of team, and learning how to share. Goals are very individualized for each child. Since we are in a school setting, we also reinforce academic goals. We work on motor skills and reinforce motor skills that are happening in physical therapy exercises.

SS: How is music therapy used with other treatment modalities at the school?

EM: We have great relationships with our physical, occupational, and speech therapists. Two years ago we created a joint session with a physical therapist for some of our youngest clients. They got out of their chairs and onto mats for 45 minutes. It started with us following the physical therapists but we're pretty seamless now. We are a bunch of therapists who meet the students where they are in that moment. We have a lot of technology at our school. Each child at our school has his own computer and at least half of our kids use computers for communication. Kids use picture symbols, picture boards, and books. We have pretty elaborate assistive communication devices but also use simple devices like Step-by-steps.

SS: Would you tell me about the Headbangers and Switch-in-time?

EM: Jon Adams is a Berklee Graduate and a composer/arranger. He blended his love for music with his passion for computers. He made it work for our kids. His prime goal is to assist the kids to access music as independently as possible. With the touch of a switch, the kids can participate in individual or ensemble playing. We use it in all our classes. A student's toe, hand, or even head can activate buttons. The button triggers a pre-recorded sound. It could be a folk tune, an improvised melody, vocal music, or a combination.

SS: What interventions and songs work best for your style of music therapy?

EM: I'm sort of a big and loud music therapist. (laughs) I have a lot of energy and that's what my kids need. I find that music with a good driving beat works very well. Although, I have kids who prefer slower music so I need to adapt. In order for music therapy to be effective, I have to meet the children's needs, so while my style may be one thing, I often have to use many other things.

SS: How do you utilize sensory experiences?

EM: We incorporate a lot of different sensory stimulation. There is an occupational therapist trained in sensory integration on staff and we pick her brain a lot. We use a multi-modal approach and use many different textures. For example, we use a lot of scarves and parachutes. We have kids experience these materials across their bodies. We use soft and rough materials. Color is very stimulating to our kids. We like having interventions that address multiple senses because our kids have varying levels of impairment. Sometimes, when we use scarves, we may involve directions and following like up/down, big/small, left/right, and pass it along. Using pre-recorded music frees us up to use our hands but we try not to use pre-recorded too much if it's not crucial. We have the luxury of co-leading since there are four of us and an intern. We improvise songs on guitar, keyboard, flute, or bassoon. We do a lot of hands-on in our sessions. We incorporate the range of motion the child needs into the music. We might position a drum so a student needs to reach for it in a way that will easily transfer to operating a joystick to control a wheelchair more independently. Many of our kids cannot move independently. The child may not be able to scratch his own nose due to muscular dystrophy and other progressive diseases.

SS: What are some crucial things for an entry level MT to know when working with a person having developmental disabilities?

EM: First and foremost, an entry-level music therapist should have a high level of musical skill to the point where their musicianship is second nature. You can't focus on a client if you are fumbling to find chords. You don't need to be a virtuoso but you do need to be able to play basic chords on guitar and keyboard. You need to be comfortable with one's voice. Music is our tool and we need to be able to play our instruments so it is therapeutic for the clients. You need to know where your client is and meet him there. You can't expect the client to meet you. Once you meet the client where he is you can go anywhere with him – or her. There is such power in music. Sometimes we forget that fact.

SS: What is your outlook for the next ten years of the music therapy profession?

EM: In talking with people and reading the research, it feels like it's moving ahead. Schools concern me just because of the lack of funding. Medical facilities are buying into music therapy more and more nowadays because they are seeing results in their patients. As our population ages, more people are looking for music therapy for their parents. There is an explosion of people on the Autism spectrum. People are looking for different paths of learning. We are heading in the right direction and we're training very good people to be music therapists. 🎵



SS: Would you tell me more about your co-treatment?

JS: I currently work closely with both speech and occupational therapists. I think it is an effective way for clients to integrate their skills and it is great for me and my colleagues because we can make sure we are consistent with what we were addressing in our separate sessions. Being part of the team is really important when working with the special needs population. Music therapy can make a difference in the other therapies- and other therapies can inform what you do in music therapy.

SS: What does LLC stand for and why did you choose to open your business as an LLC, as opposed to, sole proprietorship, partnership, or s-corporation?

JS: LLC stands for Limited Liability Company. I selected LLC for a few reasons. First, I wanted to have more separation between my business and personal finances than a sole proprietorship would allow me. In a LLC, you get a tax identification number and your own assets are separate from your business. Because of this, I have a separate bank account for it and my expenses go through that account. Second, the management style required for an LLC is more flexible, whereas a C or S Corporations require a specific management structure that is presented to the state. A limited liability company is managed more like a sole proprietorship. Another thing to note is that in some states, you are required to have at least two people to open a LLC. In Connecticut, however, you can open a "single member LLC" which was convenient since I was going into business by myself.

SS: Did you have to hire a lawyer?

JS: Yes. When I knew which business model I was using, I immediately hired a small business lawyer and he helped me through the process. We set up the LLC and sent the forms to the state. It was money well spent. Next, I hired an accountant who helped me with my taxes and bookkeeping. Working with an accountant has been invaluable to me too.

SS: I understand you have written a qualitative study on clients having Rett Syndrome.

JS: I've been very fortunate to have several clients on my caseload who have Rett Syndrome and I've really enjoyed working with them, as well as been touched by their unique personalities and musicality. I wanted to do research that was based on my clinical work so this was my starting point. My study was focused on how I interpret the communicative behaviors of clients with Rett Syndrome. Since they are non-verbal and have a lot of problems using their hands, I use a lot of interpretations when I work with these girls. I wanted to learn more about my process of interpreting and the topic was well suited for qualitative research, specifically self-inquiry which is similar to heuristic research.

SS: Is it true that Rett Syndrome occurs mostly in females?

JS: Yes, it occurs only rarely in males.

SS: Is it true that most people with Rett Syndrome are non-verbal and have severe movement difficulties?

JS: There are many variants of Rett Syndrome including ones where some verbal language is preserved, but in the classic presentation the individuals lose their verbal abilities. Rett Syndrome also severely affects motor skills, which leads to a loss in ambulation as well as fine motor skills. It is common for these clients to wring or clasp their hands at midline.

SS: What are ways music therapy treatment can help a person with Rett Syndrome?

JS: Music therapists work a lot on helping clients use their hands functionally, ambulate and communicate. This may involve using music to motivate the client to separate their hands and use them functionally to activate a switch, select a song symbol, or play an instrument. Many of the girls have been motivated to work on their academic skills or participate in less motivating physical tasks when music is added to the mix. I think music therapy is also a great avenue to help clients maintain these skills.

SS: Would you tell me the types of interventions you utilize to treat people with sensory integration challenges?

JS: Many of my clients on the autism spectrum have sensory integration needs. I feel it is important to collaborate with the child's occupational therapist to get as much information possible about the child's sensory needs because each child is different. A client might be struggling in areas of awareness of their body in space, motor planning, tactile defensiveness, auditory sensitivities, or visual tracking, for example. The interventions that I use are then individualized to the client's needs and abilities. One example is assisting a client to play an instrument in various positions in space, requiring them to visually track the instrument and to coordinate their reach to the instrument. This might occur while we are vocally improvising or singing a pre-composed song. Sensory needs can be nicely addressed in MT if we are able to assess these as the area of need as compared to a behavior. What's wonderful is that we have this great structure of music to assist us and make this a motivating, and predictable experience for the client, and in doing this we are really meeting our client's basic needs. The same task might be much more difficult for the student in a less motivating environment. I've learned a lot about this from colleagues, attending conferences, CMTE's, institutes, and reading the literature.

SS: I suppose if you didn't understand the sensory integration needs of a client, you may assume a client's actions are behavior-based when in fact they could be related to a sensory issue.

JS: Yes. Let's say a child is moving his head back and forth quickly. From a sensory standpoint one may look at that and say he needs more visual input or maybe he's giving himself something he needs. You can look at it from a clinical frame of reference instead of a behavioral one. Instead of telling the child to stop his behavior, you can incorporate an experience that will fulfill that need and help him move on.

SS: What is SEMTAP and how is it different than a special education assessment created by a music therapist in private practice?

JS: SEMTAP is an assessment process designed by Kathleen Coleman, MMT, MT-BC and Betsey King, MMT, MT-BC. They have a book available from Prelude Music which is helpful.

SEMTAP stands for Special Education Music Therapy Assessment Process. Rather than a standardized assessment that says you need to include specific interventions, SEMTAP outlines the process of a special education assessment. Music therapy services are provided differently in a public school setting than in a private homes or schools. In a public school, Music therapy can be brought in as an educational enrichment or as related service. In the latter, it must be proven that the student needs music therapy to benefit from a free and appropriate education. There may be specific objectives on the student's I.E.P. (Individualized Education Plan) for which reasonable progress is not being made. The music therapist is actually assessing whether or not the student is eligible for services, based upon whether MT interventions better assist the student in making progress on those designated objectives. If the student is having trouble with motor skills and that is why the music therapist is brought in, you will only be looking at motor skills. You will review the documentation, talk to key people, and observe the student outside music. Based on your observation and understanding of the non-musical interventions they are using to address that skill, you would prepare a specific intervention for that skill and then document its effectiveness, as compared to what they were doing in a non-musical setting. In contrast, when music therapists are working outside the school setting, we more comprehensively assess every aspect of the student's performance.

SS: What is involved when you are hired for consultation services?

JS: I consult with public schools on specific students who are assessed to be appropriate for this music therapy service. I'll observe the student with the professional in a non-musical environment. Next, I'll meet with the professional and discuss the therapist's goals, compare them with my observations, and we'll brainstorm ideas. I'll follow up with a report and another meeting with the professional where I assist him/her to develop some skills or teach a few songs for incorporating music to maximize their therapy services. An example may be working with a student who is having a hard time participating in structured academic learning because he isn't very motivated. I may create songs for each of the academic areas he/she is working on and use the music as a structure tool to help the student learn the beginning and end of an experience.

SS: So, obviously you're not teaching an occupational or speech therapist to be a music therapist in 30 minutes. You're sharing music therapy concepts that will enhance their own treatment modality.

JS: Exactly. It is an important distinction to make. One of the first things I do is explain the difference between doing music therapy and using a musically-adapted intervention for another profession. Although I help an educator, speech or occupational therapist maximize what they are doing, they still are not doing music therapy. The professionals I've worked with have been very clear and open to that. In the same way, their input in my work doesn't mean that I am suddenly a special educator, OT, etc. If a child is very motivated and doing awesome work in music therapy, I want the other therapists to build upon that success for the benefit of that child!

SS: What are some important things to consider when presenting an in-service?

JS: I start my in-services by putting myself in the shoes of who is listening then I explain what music therapy is from their frame of reference.

SS: Great point.

JS: I explain it differently to a group of educators, as compared to, parents or therapists. It's important to be very clear about the credentials and qualifications of a music therapist. It's important to clarify the difference between musical strategies and music therapy and to give a good definition of the field. That is the beginning of any talk that I do.

SS: So, music therapists don't have a monopoly on music. (laughs)

JS: Well, that is a tricky question. We don't have a monopoly, but at the same time, we have to make sure it is being used appropriately and it's our responsibility to step in if it is not! 🎵



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