

Integrating Family-Based Music Therapy Sessions with Individuals
Diagnosed with Intellectual and Developmental Disabilities:
A Program Model

by Heather J. Johnson, MT-BC

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Abstract

Parents who have a child with intellectual and/or developmental disabilities seek expert advice to aid in alleviating obstacles that their child faces. Often parents find themselves feeling isolated and inadequately prepared to integrate success into their child's daily life within the community. Many parents do not participate in opportunities that could help them through the journey with their child because they have focused their attention and energy into what the child needs and many resources are predominantly focused on the child and not creating a support system for the parents and family members. There are currently no models in the United States on how person-centered, psychoeducational, family-based music therapy sessions can be implemented to support the family members of children with intellectual and developmental disabilities. This project was developed to provide music therapists who work with children with special needs, an integrative model that offers family supports through the use of person-centered, psychoeducational, and family-based music therapy sessions. This three-tiered program allows families to receive professional education to gain a better understanding of their loved one's diagnosis and how to positively interact with them in their home.

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Introduction

Parents seek the best possible opportunities for their children; parents of children who have intellectual and developmental disabilities are no different. Parents who have a child with intellectual disabilities and/or developmental disabilities seek expert advice to address the wide variety of obstacles that the child faces. While searching for opportunities for the child to succeed, parents often overlook the benefits of engaging in these activities alongside the child (Oldfield, 2011). When creating a family-based music therapy program to support the parents and families of a child with intellectual disabilities and/or developmental disabilities, it is important for music therapists to address what obstacles exist in the family dynamic, the family culture, and ethical concerns of having family-based music therapy.

There are two philosophies of therapy that come together to present a style of family-based music therapy that supports the individuals and the family unit as a whole. Bowen's family systems theory views the family as a single unit with each person being a component in the unit and when something impacts one person it affects everyone in the family (Kerr, 2000). Bowen developed this family theory to encompass eight concepts or systems. These concepts are: Triangles, Differentiation of Self, Nuclear Family Emotional Process, Family Projection Process, Multigenerational Transmission Process, Emotional Cutoff, Sibling Position, and Societal Emotional Process ("Eight concepts," 2019). Through these concepts Bowen looks at the different emotional and relational aspects in a person's life and how they contribute to the family dynamic as a whole. In order to map out and see the family's relationships and help the individuals move from an individualistic viewpoint to a more relational viewpoint that crosses generational lines, Bowen created the "Family Diagram" to take the puzzle pieces of the family's past to create a paradigm shift for the family in the present ("Family diagram," 2019). The theory

also states that it is innate for family members to be acutely connected through their emotions (Kerr, 2000).

Along with looking at how the individual relates to the family as a whole unit, it is important to address each individual. Through Rogers' client-centered theory of therapy, its foundation is to remember to "envision the human being as a person" (Wedding & Corsini, 2014, p. 95). This means that the person is "self-determining and self-realizing" (Wedding & Corsini, 2014, p. 95) which is demonstrated through a person acting of free will and is able to achieve intended desires in order to reach their potential. This philosophical standpoint creates an atmosphere of trust, authenticity, unconditional positive regard, and empathy from the therapist to allow the client to heal through the process of collaboration with the therapist (Wedding & Corsini, 2014). Through the use of Rogers' client-centered theory in conjunction with Bowen's family systems theory, the relations between individuals and the family unit can be strengthened and ultimately support the entire family of those that include a child with special needs.

Definitions

For the purpose of this project there are several terms that need to be defined in order to set the framework of family-based music therapy sessions. These are as follows:

- Child: anyone from infancy to the age of 13, in which the age of adolescence typically begins based on when physical characteristics of puberty are seen ("Adolescence," 2019; "Child," n.d.).
- Adolescence: Typically starts at the age of 13 when physical characteristics of puberty begin and lasts until age 19 ("Adolescence," 2019).

- Family-Based Music Therapy: a collaborative effort that is in place between the family, therapist, and child to support the family's and the child's needs through the modality of music therapy (Thompson, 2012).
- Individual Session: "Individual counseling is a process through which clients work one-on-one with a trained mental health clinician in a safe, caring, and confidential environment to explore their feelings, beliefs, and behaviors, work through challenging or influential memories, identify aspects of their lives that they would like to change, better understand themselves and others, set personal goals, and work toward desired change." (California State University Channel Islands, n.d.,para. 2).
- Music Therapy: "Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program." ("American Music Therapy Association", 2019).
- Music Therapist: a person who is trained musically, has completed an AMTA approved music therapy program, has completed at least 1200 hours of clinical training, is credentialed as a MT-BC through CBMT, obtains licensure in the state where state law requires it, and provides services utilizing the medium of music within a therapeutic relationship (Johnson, 2020).
- Family-Based Therapy: The family is a single system that is impacted by the individual members and the style of therapy addresses how each member effects the other members (Kerr, 2000; Wedding & Corsini, 2014).

- Special Needs: “any of various difficulties (such as a physical, emotional, behavioral, or learning disability or impairment) that causes an individual to require additional or specialized services or accommodations” (“Special Needs,” n.d.).
- Intellectual Disabilities: “is a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18” (American Association on Intellectual and Developmental Disabilities, 2019).
- Developmental Disabilities: “are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime” (Centers for Disease Control and Prevention, 2019).
- Person-centered session: defined by the author as sessions that allow for treatment of the individuals involved through client led interventions and work with the person as a whole.
- Psychoeducational session: defined by the author as sessions that allow for families to receive professional education to gain a better understanding of their loved one’s diagnosis and how to positively interact with them.

Purpose Statement

The purpose of this project is to provide music therapists who work with children with special needs an integrative model that offers family supports through the use of person-centered, psychoeducational, and family-based music therapy sessions. These sessions are developed from Rogers' client-centered theory and Bowen's Family Systems theory.

Literature Review

A review of literature was conducted to ascertain what has been studied about the use of music therapy as a support for parents and family members who have children diagnosed with intellectual and/or developmental disabilities. Family-based music therapy, parental involvement in individual music therapy sessions, and the use of music therapy in early intervention groups, community group settings, and multi-family group settings were also examined in the context of ethical and cultural concerns.

Family Therapy

It is important to understand the foundation of family therapy in order to then understand how those concepts are applied to the family-based music therapy sessions and the multi-family sessions. Family therapy developed in the 1950's and was used to look at individual situations in context to the client's family and the patterns that had developed within the family system (Moore, 1990; Wedding & Corsini, 2014). One of the most prominent theories of family therapy has been Bowen Family Systems Theory and has become the primary view of many marriage and family therapists (Miller, Anderson, Keala, 2004). According to Erdem and Safi (2018) Bowen's definition of family is the "relationship system and the emotional system whereby family members influence and are influenced by one another individually, dyadically, systemically, and intergenerationally" (p. 470). Since the family system is such an intricate web of relationships, it can be difficult for an individual to determine the appropriate roles, rules, and boundaries that are healthy as an individual person as well as within that family system especially if there are learned or unhealthy boundaries imparted within the family. It is important to remember that an individual's ability to interact with others in a social context, often begins in the home environment and often ends up being transferred to how one acts in the larger

community group. This is due to each individual learning how information spoken or unspoken is passed between family members and learning to infer what those cues mean (Wedding & Corsini, 2014). If these cues are not interpreted correctly, this can cause an ongoing pattern that is not healthy to the family process.

Along with differentiation of self, another important factors of the family system that Bowen states is an attribute to the family functioning process is chronic anxiety (Erdem & Safi, 2018). This chronic anxiety can come from a multitude of places. One is from having a conflict that does not fit with the family culture traditionally and the second is stress that a family faces in dealing with an event such as divorce, remarriage, and alternate lifestyles (Wedding & Corsini, 2014). While it is almost impossible to eliminate all anxiety that a person may face, it is crucial to be able to identify where the anxiety is coming from and be able to appropriately use coping mechanisms in order to maintain equilibrium within the family system.

A third concept that is discussed as being an important part of the Bowen Family System Theory is triangulation. This is explained as how an individual tries to cope with anxiety within the family system and can be either negative or positive depending on how it is implicated within the family system (Miller, Anderson, & Keala, 2004; Moore, 1990; Rootes, Jankowski, & Sandage, 2009). A person who is experiencing stress will turn toward a learned coping mechanism or behavior to lower the stress and bring everything back to normal. This can be done through using spiritual practices such as praying or turning toward a third-party person (Miller, Anderson, & Keala, 2004; Rootes, Jankowski, & Sandage, 2009). There are three different types of subsystems that can be impacted: spousal, parental, and siblings and when there is an imbalance in one of these levels, it can impact the other two (Wedding & Corsini). When there is an imbalance it is natural for an individual to want to lower the anxiety and stress that is caused

by turning to the learned behaviors. This can become dysfunctional when the person bringing in the third person is doing so to try to escape the conflict, does not want to take responsibility for what is happening, or they want to create a conflict between two other people (Rootes, Jankowski, & Sandage 2009). While reaching out to a third party to resolve conflicts is natural, it is important that it takes place in a way that will not create dysfunction in any of the main subsystems.

By looking at these three aspects of the family theory, it can be reasoned why this theory can be beneficial for families who have someone diagnosed with an intellectual and/or developmental disability. In many of these families, this creates a high level of anxiety and stress due to not facing anything like this before and not having clear direction passed down through the family. Family relationships are strained because roles, rules, and boundaries are changed due to the nature of disability which adds to the level of stress or anxiety that is felt. It is important to be able to provide families who are facing these unknowns a way to come together as a family with a third party, the therapist, who is looking through the construct of the family traditions and rituals in order to provide positive outcomes and to either prevent or resolve dysfunctions in the system as they are presented.

Family-Based Music Therapy

Research indicates that music therapy is beneficial for families in several settings: to aid in bonding between adoptive parents with children who have experienced trauma by using music therapy experiences such as storytelling, nonverbal music, and improvisation to facilitate trust to form by breaking down the maladaptive attachment behaviors that the children used to protect themselves (Drake 2011). Drake conducted five case studies exploring how music therapy helped in parent-child bonding after adoption. Music therapy decreased separation anxiety by using the

musical time and drum to lower anxiety and allowed for more opportunities to happen in safe exploration while the mother left for increasingly longer periods of time. Music also helped nurture the bond between mother and child after being rejected, and another case allowed a safe space to explore feelings that were not pleasant such as saying “goodbye” when the child associated goodbye with never seeing that person again. A fourth account of how music therapy aided in bonding was allowing the child to tell a story and used vocal, percussive, and piano music to accompany it. This allowed the child to have a safe place to tell her story of going in and out of foster homes and finally finding her adoptive home. The last case study of how music aided bonding between an adoptive parent and child was when a child wanted to always play hide and seek, but never gave the adoptive mother or therapist a chance to find her. She was afraid of not getting found. Slowly, through songs that cued time for hiding and time for being found, the child relaxed and was able to start follow the cues (Drake, 2011). These five clinical cases illustrate that the children who had been struggling to find safety in their new adoptive homes, were able to explore feeling safe in music therapy with their adoptive parents.

Awareness of bonds forming through music has also been seen with preterm babies and those who are in the Neonatal Intensive Care Units (NICU). Music therapy has been found to alleviate stress and facilitate positive bonds in the family unit whose baby is in the NICU through the use of lullabies (Standley & Walworth, 2010). Edwards (2011) also noted that the use of rhythmic and musical elements such as “chants, lullabies, songs, and rhymes” created a positive atmosphere “to promote and enhance the sensitivity and mutual co-regulation between infant and caregiver” (p. 190). Mothers singing during kangaroo care has shown that it aids in increasing oxygen saturation, stabilizing heartrates and breathing, improves weight gain, and improves feeding tolerance in preterm babies (Arnon et al., 2014). This study measured both the

mothers' and infants' heartrate, oxygen saturation and respiratory rates, the infants' behavioral states, and the mothers' anxiety levels. The results of this study showed that not only did the infants benefit from the mother's singing during kangaroo care, but the mothers experienced lowered anxiety as well (Arnon et al., 2014). While these studies were done to reflect how babies in the NICU respond to music, they also informed researchers that the parent or caregiver also received benefits from the presence of music therapy.

In 2013, Pasiali reviewed a clinical case study that showed how music therapy interventions repaired relationships between a mother and her young son and daughter. The relationships between these three family members were strained due to abuse in the family home. The family-based music therapy sessions and the therapist's support and coaching allowed the mother and children to overcome issues of trust and find feelings of safety and comfort, as well as develop a positive dynamic between the two siblings. The music therapy session served as a container for the exploration of trust, jealousy, and other emotions. Measurements for the results were collected via parent interviews that were recorded and transcribed, therapist notes, and a parent journal that reflected on the eight-week study (Pasiali, 2013). The results demonstrate that through the safe space experienced in music therapy, the family was able to work toward developing reciprocity, gain trust, feelings of safety, learning to seek comfort, and play with siblings. This case supported the rebuilding of relationships between the children and the mother. The mother was supported in additional ways through learning how to transfer ideas from the music therapy space and bring it into the family home to continue the relationship building process. It was reported that the mother "engaged in dancing and singing with her children, used pots and pans to create homemade drums to play" (Pasiali, 2013, p.261). The role that music therapy played as a support to the parent in family sessions allowed the mother to learn what was

happening in the family dynamics and was able to take the learned methods from the sessions space and implement it into the families everyday life creating an open and trusted space for the family members.

Parents supported through music therapy sessions. Music therapy sessions tend to focus solely on the client with disabilities, however, there are some studies that include parents feel supported when engaged in sessions. Williams et al. (2012) created a 10-week study that implementing music therapy interventions to facilitate relationships between a mother and the child with special needs. The results not only revealed that the bond became stronger, but the use of music therapy also decreased parents' mental health symptoms. Van Puyvelde et al. (2014) found that mothers who participated in a postpartum study had improved trust and self-efficacy after participating in a multi-family mother-infant group. Thompson, McFerran, and Gold (2013) and Nemesh (2017) explored how integrating both family-based therapy and music therapy together can increase interpersonal relation skills through the use of improvisation. Nemesh (2017), like the family systems theory, looks at the family as a single unit and bases the interventions and interactions in family-based music therapy to the unique way each family is structured through communication, relationships, and behaviors. The purpose of this model was not to take away from the individual therapy setting, but to be an additional family support (Nemesh, 2017). During family-based sessions that included families and children who were on the autism spectrum, the parents' perceptions changed about the abilities that their child had as well as changed the parents' own perceptions of themselves (Allgood, 2005). A study on how community-based music therapy and how it impacts parents' self-efficacy was done through an eight-week study that looked at families and how they interact (Teggelove, Thompson, & Tamplin, 2019). While the observer of the study noticed an increase of play, praise, and

consistency from the parents, the parents felt more competent in their parenting skills. Gottfried (2016) found through the use of 13 semi-structured interviews that by including the parents in the sessions allowed the parents to feel as though they had a new tool for working with their children in the home environment. Through these studies it has been discovered that when members of the family are involved in the music therapy sessions, all members attained benefits.

Early intervention groups. There is evidence that music during early intervention groups create positive outcomes. During a research study that looked at attention behaviors of preschoolers, Robb discovered that children who were visually impaired had better attending behaviors in music-based sessions than when participated in play-based sessions (Robb, 2003). Through the use of music in structured group activities it was found that children with visual impairments did better with attention, following directions, remaining in seats, oriented to the speaker, and object manipulation (Robb, 2003). Vaiouli, Grimmet, and Ruich (2013) recognized that a small group of kindergartners who were identified as having autism engaged in joint attention actions such as eye contact, and responding to and initiating joint engagement through music therapy interventions that were carried over into other settings and other instructors. An early intervention program that was formed in Malaysia for those diagnosed with Down Syndrome proved that early intervention provides a way for children to develop skills at a better rate than if they did not have the services available to them (Kunagaratnam & Loh, 2010). The use of music during early childhood has also been found to aid in the development of reading, writing, and language skills (Register, 2001; Standley & Hughes, 1997). Overall, by offering early interventions through music therapy groups, social skills were able to be taught earlier and were found to transfer to other settings without issue as to who was the leader or instructor.

Standley and Hughes (1997) found that after implementing 30-minute lessons for a total of 15 weeks using proven researched academic activities, as well as following the national standards for the pre-kindergarten enhanced writing skills and prereading skills. Standley and Hughes (1996) also identify the importance of the use of developmentally appropriate activities integrated with appropriate interactions from the teacher. Standley and Hughes stated, “Developmentally appropriate teaching techniques emphasize positive teacher involvement incorporating suggestion, guidance, and encouragement with redirection rather than punishment of inappropriate behavior” (Standley & Hughes, 1996, p.89). After researching early childhood educational practices and the Education for the Handicapped Act, Humpal (1990) felt that the use of music therapy could contribute in early intervention programs. These areas that can be addressed are individualization within a group, meaningful communication, social interactions (Standley & Hughes 1996). Humpal (1990) stated that “Music therapy can significantly influence attainment of goals within these domains and across interdisciplinary lines” and “it allows children to experience their environment through a variety of senses and to learn through play” (p. 34). Humpal (1990) also stated “music therapy may provide supportive services to families of handicapped infants and preschoolers” (p. 33). Through interacting with their child and the music therapist, parents and family members can create a positive atmosphere with their child. The families learn to interact with their disabled child in a healthier way by being a part of the process of developing goals (Humpal, 1990). According to Witt and Steele (1989) having parents actively participate in and work on implementing goals can alleviate symptoms of depression and helplessness (as cited in Humpal, 1990). These findings show that not only do early intervention groups benefit the children, but also create a better positive atmosphere to achieve goals by including the parents, and teaches parents proper techniques and appropriate

materials to be used for the children that can transfer to the family home. As a product of these measures it was found that parents felt that they were more a part of their child's routine and development as well as gained benefits themselves with less depression and feelings of vulnerability.

Chandler, Christie, Newson, and Prevezer (2002) created a study that looked at communication of children who were between the ages of 2-3 and who were diagnosed with autism. Interventions that focused on expressive communication, receptive communication, and reciprocal play through the integration of individual sessions, home sessions, and a music specialist every 8 weeks, significant improvements in communication were observed (Chandler et al., 2002). Chandler et. al used video recordings, parents' written observations, and the clinical observation notes to track the individualized programs and analyze the data for the results (2002). The study was 18 months in length, and it is important to note that by 6 months into the program parents were observing benefits as well. Parents involved in the study stated that they appreciated the clear instructions that were developed for their own child, appreciated learning how to work with the child and behaviors that would occur, have more enjoyment with their child, gained confidence in parenting a child with autism, gained necessary knowledge of what the diagnosis means, and have appreciated having the support because it gave them ways to cope with what was going on with their child (Chandler et al., 2002). The use of a clearly written individual plan allowed parents to know what to do, also gain the benefit of understanding what their child was communicating as well provided the parents the ability to have more quality time and enjoyment with their child.

Community music therapy groups. Another type of music therapy that is beneficial to research when creating this type of tiered music therapy program can be seen in the way music

therapy is used in community groups. Pavlicevic (2006) found that music it is important for music therapists to recognize that developing music skills in group settings can be appropriate due to the social relationships and social health that it nurtures. Rolvsjord explains this is because there is value in music within most cultures and it is used to cultivate access to social situations that may not usually be present (as cited in Pavlicevic, 2006). Winter (2015) traveled to Malawi, Africa to determine if a music therapy program would be suitable for the community and their culture. A community music therapy program is defined by Bruscia as a “natural community, group, or context that already exists, with an already established or defined membership of individuals who live and work within it” (as cited in Winter, 2015). It is then the music therapist’s role as a community music therapist to create experiences and opportunities in the communities to play music (Winter, 2015). In the context of a community music therapist, it is also important to focus on the needs of the individual as well as how they view the role of the community (Winter 2015). Short (2017) created a community music therapy rap group for young adults in order to create a support group that was based around a preferred musical genre that they could relate to. The group was primarily focused on creative writing of rap songs either free-style, alone outside of the group, or in a collaborative effort with the group (Short, 2017). It is through this type of music therapy use that Short (2017) shared a case study where a client states that the community group gave him an outlet for his negative feelings and emotions instead of acting on them, recreational drug use was decreased, and was able to start socializing with his friends and families again. Vaillancourt (2012) wrote that through the use of community music therapy collaborative creations for those in marginalized groups can learn how to advocate and promote social justice and bring awareness to the surrounding communities. It is in this collective effort between the music therapist, clients, the families, and the community to bridge

the clients' advocacy for true self and the communities learning to become inclusive (Vaillancourt, 2012). Soshensky (2011) also wrote how community music therapy used within the context of the clients music therapists typical serve and how healing can be more than just with the individual with the disabilities but also aid in healing the social perceived impairments that societal norms place on those who have disabilities. Through the use of songwriting, performances, music recordings, and videos, an atmosphere that is recognized by most cultures to be an important industry is created and the messages that are conveyed through the clients work breaks through the audiences preconceived perceptions of those who have a disability (Soshensky 2011).

Several aspects of family-based music therapy sessions have been researched and studied outside of the United States. One such study was conducted by Williams, Berthelsen, Nicholson, Walker, and Abad (2012) who looked at the program "Sing & Grow" and how to incorporate it as an early learning intervention to aid in the growth of development, incorporate a positive parental experience with the child, and increase networking possibilities for the families. Another article surrounding the "Sing & Grow" program in Queensland, Australia was focused on how the use of this program can strengthen the family through a family centered music therapy approach. Abad and Edwards' (2004) study looked at how this model can be used as a preventative tool to lessen the learning and developmental gaps between those with disabilities as it works with the children at an early age before the arise of delay's are observed. A third example of family-based music therapy model is the use of music therapy with mother-infant dyads for five weeks to work through postnatal depression while increasing the bond between mother and infant which was conducted in Brussels, Belgium (Van Puyvelde et al., 2014). Teggelove, Thompson, and Tamplin (2018) focused on the parental outcomes from the "Sing &

Grow” program as a way to measure how early intervention music therapy with other families can aid in warding off parental stressors instead of only offering treatment after a problem arises. Thompson (2012), also from Australia, focused her study to look at how incorporating family-centered music therapy allowed for family members to become more aware of their own child’s abilities, they felt more supported when included in the services, and it was reported as one of the few times the entire family could enjoy an activity together.

While a majority of studies centering on family-based music therapy have been conducted outside of the United States, there have been studies conducted in the United States on the impacts of music therapy and bonding. Edwards (2011) conducted a study on attachment that identified that early social development is important for future social endeavors for the child. Another study conducted by Pasiali (2013), discussed a case-study on how family music therapy practices aided the victims of domestic abuse in working through each individuals’ issues to repair the broken relationships and helped create a stronger relationship between all family members. Allgood (2005) focused on parents of who have children who have a diagnosis of autism spectrum disorder and what views they had after group family-based therapy sessions. This study showed how parents felt isolated due to not being able to interact with their community in a regular way due to their child’s disabilities. The parents became members of a group who all experienced isolation and all witnessed their children’s transition to function in a group setting (Allgood, 2005). Even though there are studies that show that the use of family-based music therapy sessions can benefit different types of groups, there is very little information on how to implement the use of family-based music therapy sessions as a component of support for the family as a nurturing, holistic, and educational tool.

Multi-family music therapy. An early music educational program that works with groups of parents and their children birth through three years of age was looked at through a music therapy lens in Australia by Abad & Edwards (2004). This program, which is similar to “Kindermusik”, “Grow Together”, and “Sprouting Melodies” in the United States, was found to work with the family unit to increase reciprocity between children and parents as well as increase developmental development. “Sing and Grow” used cultural song choices and put them together with movement and parent-child bonding activities. In its use in music therapy, this program was used as a preventative measure against delays instead of treatment that has been the norm. This again refers to those who may be disadvantaged in being able to start early intervention programs due to falling into an at-risk or hard-to-reach group.

Dewalt, Greenberg, and Mailick (2018) created a model that provided psychoeducation and support for families who had children on the autism spectrum disorder and were starting to transition into adulthood. The process consisted of family sessions, parent group sessions, as well as teen sessions. Goals were set for both the parental group and for the teen group that allowed for learning to take place and to work on developing skills respectively. The data collected showed that the parents felt happier and had lower rates of depression symptoms and the teens showed an increase in social engagement.

Cultural concerns. The demographics of the United States is varied and can create limitations to access of care depending on location of services to the populations that would benefit from those services. Williams, Teggelove and Day (2014) explores a variety of cultures that create a “hard-to-reach” demographic. According to Doherty, Hall, and Kinder, these are families who are “underrepresented, overlooked, or resistant to support services (as cited in Williams, Teggelove, & Day, 2014). She expands on the idea that with these cultures it is

important to allow the family time to transition to the idea of being in therapy together through the simple idea of starting with therapy in the home. This allows the family to be in a familiar setting which allows them to be more relaxed. Williams, Teggelove, and Day (2014) state that “hard-to-reach families in Australia include “young parents, homeless or itinerant families, refugees or recent migrants, and families with child protection issues” (p. 152). Amongst other criteria listed were jobless, mental health, cultural and language barriers, drug abuse, poor education, etc. (Williams, Teggelove, & Day, 2014). While these are just the beginnings of what can be considered “hard-to-reach” families, these same areas of cultural differences can be accounted for in the United States and when working with populations of differing cultures, it is important to consider and address their cultural concerns.

Boer and Fischer (2010) identified music listening as a way to cross the multicultural barrier in therapy and listed seven ways it could be used in sessions. The music could be used as background music, memory recall, diversion, emotions, self-regulation, self-reflective, and social bonding. This study discovered that across the cultures, personal use of music was used for self-regulation, in social settings it was used for bonding, and the expression of cultural identity was found to be important for the differing cultures as well (Boer & Fischer, 2010). The study continues by mentioning that it is equally important for the therapist to understand if the culture that the family is identifying with is an individualistic culture or identifies with collectivistic culture (Boer & Fischer, 2010). It would be detrimental to the family and to any progress that could be made in the family-based music therapy setting if these cultural considerations are not heeded.

The importance of treating not just the individual child’s symptoms but also incorporating the family aspects were brought up by Nadeau et al., (2018) study in children’s mental health.

They looked at concerns regarding youth receiving mental health services and the roles that immigration, and family environment function in the treatment of mental health. This study took place in Montreal and looked at the parent-child dyad of 140 children who were recipients of mental health services. This study used the Family Environment Scale and SDQ to measure the social environment of the family and the emotional and behavior of the child respectively. The conclusion of this studied showed an importance that those children who live near or in poverty and those who have family conflicts in the environment needed more behavior and emotional support and suggested that clinicians should treat the individual and their symptoms and work on the family dynamics that may have an impact on the child (Nadeau, Lecompte, Johnson-Lafleur, Pontbriand, & Rousseau, 2018). As a therapist, it is important to take into consideration the environment that the families are coming from and be mindful of the culture as well as any biases that may come with it.

When working within the context of family and multi -family music therapy sessions, it is imperative to consider the clients cultural background in order to use the correct assessment tools. Bradt (1997) states that this is seen not only through verbal expression but also through non-verbal behaviors; “Different cultural values can not only lead to misdiagnosis, but also have an immense impact on the entire therapeutic process” (p. 137). Assessments used must consider the clients’ cultural influence of how mental illness, emotional issues, expression of emotions, and attitudes toward authority figures are perceived in order to create the appropriate setting for treatment (Bradt, 1997). Whitehead-Pleaux, and Tan (2017) discussed the importance of cultural competence and the impact that having that worldview can make. It is about looking past the stereotypes and providing a space filled with respect, understanding and acceptance of the person (Whitehead-Pleaux & Tan, 2017). The authors also identify several types of cultural identities

that a person could relate to and that music therapists should examine to determine in which ways. These categories of identities are heritage, religion, gender, identity, orientation, socioeconomic, generational, location, survivor, disability, and identification (Whitehead-Pleaux, & Tan, 2017).

Ethical concerns. An important ethical consideration for any music therapist, is that one must consult with the American Music therapy Association Scope of Music Therapy Practice (AMTA) document. This document outlines what is necessary for the music therapist to consider as a practitioner to ensure the highest quality of services are being provided in a safe and ethical manner (American Music Therapy Association, 2015). The AMTA Scope of Music Therapy Practice states the importance of only providing services that correspond with the music therapist's level of training and competence (American Music Therapy Association, 2015). It is important when a therapist is considering offering family-based music therapy sessions to follow ethical protocols and research, receive supervision, and be aware of the benefits and potential harm that could happen.

Hines and Hare-Mustin (1978) explored the ethical implications that may happen under the family therapy setting. These concerns can include family members being present when they do not want to be in the setting, raising dysfunction in the family setting outside of the therapy sessions, and distinguishing confidentiality boundaries for each of the individuals in the family therapy setting. Following the AMTA Code of Ethics section 1.6 (American Music Therapy Association, 2019), the therapist should respect and protect the members confidentiality at all times and will follow institutional and legal regulations.

During multi-family music therapy sessions, the music therapist is to inform the clients of all the limitations of confidentiality prior to treatment (American Music Therapy Association,

2019). It is also important for the therapist to discuss with the group that group members, while they cannot be held to the same legal standards as the therapist, it is in their best interest to maintain confidentiality and what effects can happen if there is a disregard to it (Corey, 2016). Lastly, it is imperative that the therapist outlines when the therapist has a right to break confidentiality such as someone disclosing an intent for self-harm, harm to others, abuse, legal concerns, or if parental consent must be obtained for a minor (Yalom & Leszcz, 2005).

Problem Statement

Parents of children with intellectual and developmental disabilities have found themselves feeling isolated and feel there are a lack of supports for parents to adequately work towards efficacy in their child's daily life. There are currently no models in the United States on how that show an integration of person-centered, psychoeducational, family-based music therapy sessions can be implemented together to support the family members who have children with intellectual and developmental disabilities. The purpose of this project will be to provide music therapists who work with children with special needs an integrative model that offers family supports through the use of person-centered, psychoeducational, and family-based music therapy sessions. These sessions are developed from Rogers' client-centered theory and Bowen's Family Systems theory. Person-centered sessions are defined by the author as sessions that allow for treatment of the individuals involved through client led interventions and work with the person as a whole. Family-based music therapy sessions are defined as a collaborative effort that is in place between the family, therapist, and child to support the family's and the child's needs through the modality of music therapy (Thompson, 2012). Psychoeducational sessions are defined by the author as sessions that allow for families to receive professional education to gain a better understanding of their loved one's diagnosis and how to positively interact with them.

Development

Design

This project is a manual intended for music therapists who work with children with intellectual and developmental disabilities whose families are looking for additional supports. This manual utilizes an integrative model that offers family supports through the use of person-centered, psychoeducational, and family-based music therapy sessions. It is developed into three unique sections where each section functions as a support.

Section 1 is a psychoeducational component that consists of multi-family group sessions and is used to educate the families on the seven domains: motor/physical, cognitive/academic, religious/spiritual, communication, social/psychosocial, emotional, and sensory. These are sessions that occur approximately once a month and aid the families to learn, reflect, and observe how these domains are seen in their individual circumstances. These sessions also allow for processing and engagement with other families who are experiencing similar things and help to decrease a family's feelings of isolation.

Section 2 is the family – based music therapy sessions that bring the family together in a single-family music therapy session design that enables the family to incorporate work that was done from the multi-family sessions together into the home setting and including the family member who has intellectual and/or developmental disabilities. During this session time the music therapist incorporates both the domains that were addressed in the multi-family session with the specific goal areas being addressed in the individual's one-on-one sessions. This aids the family in incorporating the understandings gained into everyday life.

Section 3 is the individual music therapy sessions that are sessions that are solely provided to the individual who has intellectual and/or developmental disabilities and are

addressing the specific goals relating to the domains covered in both the multi-family group sessions and the family-based music therapy sessions. Examples of consent forms, outlines and samples of group sessions, worksheets, and self-reflection tools will be included throughout the manual in the specific sections that they relate to.

Procedures

When creating this manual, the first thing that was done was a review of the literature examining what has been found previously in family-based music therapy sessions, early intervention sessions, community sessions, multi-family group settings, as well as the cultural and ethical implications that could occur. Next, was the creation of the seven multi-family group psychoeducational session outlines that identified with the seven domains that music therapists use in categorizing their goals and objectives. Appropriate music therapy interventions were identified for each domain that would be used to aid in facilitating the educational components of each session. Worksheets for self-reflections and for continued individual growth are included, as well as consent forms, and feedback forms. A session planning example and template for use in the family-based music therapy sessions were created. This is to help the therapist bring concepts that were used in the educational sessions to be modified and use more music experiences to work through those domains in a more meaningful way for the family and focusing less on the educational component. This allows for the family members to start implementing what they learned from the multi-family psychoeducational group into sessions with the therapist. The next step in the completion of this manual was to take the music therapy interventions from the two larger group settings and scale it down to work one-on-one in order to keep continuity in the sessions and allow for the child who has special needs to see the transference of the experiences into daily life.

This project was developed with the objective that the psychoeducational sessions would take place one time every three weeks. This is due to ensure that all of the seven trainings can be accessible for the families that want to pursue them yet does not cause an added scheduling strain that having them closer together would create since families who have children with intellectual and/or developmental disabilities tend to have higher amounts of therapies and doctor appointments that need to be scheduled. Each family would then have family sessions at least once every three sessions per the scheduling of the therapist. Since many therapists who work with this clientele have standing weekly appointments, this would allow for the use of the already standing appointment and would create less conflict in scheduling while also allowing adequate time for individual session work to take place.

Evaluation

This project was evaluated by a professional music therapist who is experienced in working with individuals who are diagnosed with intellectual and developmental disabilities and their families. The evaluator was asked to review the manual and return feedback regarding its organizational structure, quality of interventions used, and the practicality of the program. The feedback was received, and the evaluator acknowledged that this manual is inclusive, comprehensive, practical, and offers families a support system that they may not find anywhere else. The evaluator suggested to make a change to make the calendar with the coordinating session plan easier to identify and coordinate.

Integrating Family-Based Music Therapy Sessions with Individuals
Diagnosed with Intellectual and Developmental Disabilities:
A Program Model

By Heather J. Johnson, MT-BC

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Introduction

Parents seek the best possible opportunities for their children; parents of children who have intellectual and/or developmental disabilities are no different. Parents who have a child with intellectual and/or developmental disabilities seek expert advice to address the wide variety of obstacles that the child may face. While searching for all opportunities and possibilities for the child to succeed, parents often overlook the benefits of participating in these opportunities themselves (Oldfield, 2011). When creating a family-based music therapy program to support the parents and families of a child with intellectual and/or developmental disabilities, it is important to address what obstacles are faced in the family dynamic, the family culture, and ethical concerns of having family-based music therapy.

As I was working with my clients and attending their quarterly meetings, I noticed reoccurring themes being brought up in discussions. No matter which phase and stage of life these families were currently facing, themes of feeling inadequate with addressing their child's needs with communication or physical limitations, the theme of not knowing what resources were available to them in the community for social connection and possible opportunities when their child became a young adult and no longer had school, the theme of feeling lonely and not having other parental figures who were dealing with similar issues were being presented.

This is when the question came to me on how music therapy could address these issues for the parents and become a resource for the community. For *my* community. I already knew and heard how the sessions were affecting my clients and aiding in their abilities. The parents expressed appreciation for the work and wondered what they could do during the week in-between sessions in order to continue seeing the results. I began to think about what I could add to the individual sessions to aid the parents. I knew that I wanted to continue to address the

clients' goals and stay with the seven domains that we currently work with. I also knew that I wanted the experience to be holistic and humanistic. As I researched, I came across the Bowen Theory and loved how it incorporates the idea that everything that is affecting the family affects each of the individuals. Not only did I want to incorporate the individual who is receiving music therapy sessions, and the individual's family, I felt that it was important to the families to also incorporate a community group where the families could learn and have an opportunity to have social connection with other parents. This would open up opportunities in the community that would safely allow the parents to explore what they could do for their child as they get older. Those parents who have navigated this area would be able to tell those who are just getting to that transition what their experiences was like, what they learned from it, and what they may or may not want to do again.

Purpose

The purpose of this manual is to provide board certified music therapists, who are working with families who have children with intellectual and/or developmental disabilities, a guide in setting up a multifaceted program to encourage and support the families. Extensive research studies and literature show how music therapy is widely used with individuals, communities, and in supportive roles and it is the role of this guide to combine these findings with music therapy techniques to provide an all-inclusive program. While each individual component is salient, it is important to have a program that integrates all three aspects in order to give the utmost support for the families. I understand that scheduling can be difficult for families, so the initial program is created to be one year long and rotates weekly on the type of session that it is. By maintaining the individual family sessions and client sessions at the same weekly time helps alleviate most scheduling issues.

For the purpose of this guide definitions have been provided in order to set the framework of family-based music therapy sessions. These are as follows:

- Child: anyone from infancy to the age of 13, in which the age of adolescence typically begins based on when physical characteristics of puberty are seen ("Adolescence," 2019).
- Adolescence: Typically starts at the age of 13 when physical characteristics of puberty begin and lasts until age 19 ("Adolescence," 2019).
- Family-Based Music Therapy: a collaborative effort that is in place between the family, therapist, and child to support the family's and the child's needs through the modality of music therapy (Thompson, 2012).
- Individual Session: "Individual counseling is a process through which clients work one-on-one with a trained mental health clinician in a safe, caring, and confidential environment to explore their feelings, beliefs, and behaviors, work through challenging or influential memories, identify aspects of their lives that they would like to change, better understand themselves and others, set personal goals, and work toward desired change." (California State University Channel Islands, n.d.,para. 2).
- Music Therapy: "Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program." (American Music Therapy Association, 2019).

- Music Therapist: Music Therapist: a person who is trained musically, has completed an AMTA approved music therapy program, has completed at least 1200 hours of clinical training, is credentialed as a MT-BC through CBMT, obtains licensure in the state where state law requires it, and provides services utilizing the medium of music within a therapeutic relationship (Johnson, 2020).
- Family-Based Therapy: The family is a single system that is impacted by the individual members and the style of therapy addresses how each member effects the other members (Kerr, 2000; Wedding & Corsini, 2014).
- Special Needs: “any of various difficulties (such as a physical, emotional, behavioral, or learning disability or impairment) that causes an individual to require additional or specialized services or accommodations” (“Special Needs,” 2019).
- Intellectual Disabilities: “is a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18” (American Association on Intellectual and Developmental Disabilities, 2019).
- Developmental Disabilities: “are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day

functioning, and usually last throughout a person's lifetime” (Centers for Disease Control and Prevention, 2019).

- Person-centered session: defined by the author as sessions that allow for treatment of the individuals involved through client led interventions and work with the person as a whole.
- Psychoeducational session: defined by the author as sessions that allow for families to receive professional education to gain a better understanding of their loved one’s diagnosis and how to positively interact with them.

Part I: Psychoeducational Multi-Family Sessions

Overview of Psychoeducational Components

The purpose of the multi-family group music therapy sessions is to help families navigate through the many different challenges presented to them. Many families try to navigate medical and therapeutic services and school networks for their child but often neglect seeking out supports for themselves (Oldfield, 2011). This can lead to feelings of inadequacy, loneliness, and isolation. Through the use of multi-family group music therapy, the parents and other family members can alleviate these feelings and find universality by being in a group with other families who understand the journey that they are on (Yalom & Leszcz, 2005). Since the parents who are coming together have children with different diagnoses and are at different stages in their journeys, the use of multi-family group music therapy can aid in altruism where support, suggestions, and reassurance from others can be beneficial (Yalom & Leszcz, 2005).

Since scheduling can be difficult for families the initial program is created to be one year in duration and rotates weekly on the type of session that it is. By maintaining the individual family sessions and client sessions at the same weekly time helps alleviate most scheduling issues. The sample calendar shows an example of how this may be set up to incorporate the traditionally celebrated holidays.

Table 1

Sample One Year Calendar Schedule

Week	Date	Session Type	Domain Focus
Week 01	01/06-01/12	Introduction Multi-Family Group	
Week 02	01/13-01/19	Multi-Family Group	Communication I
Week 03	01/20-01/26	Family Session	
Week 04	01/27-02/02	Individual Group	
Week 05	02/03-02/09	Multi-Family Group	Social/psychosocial I
Week 06	02/10-02/16	Family Session	
Week 07	02/17-02/23	Individual Session	
Week 08	02/24-03/01	Multi-Family Group	Cognitive/Academic I
Week 09	03/02-03/08	Family Session	
Week 10	03/09-03/15	Individual Session	
Week 11	03/16-03/22	Multi-Family Group	Emotional I
Week 12	03/23-03/29	Family Session	
Week 13	03/30-04/05	Individual Session	
Week 14	04/06-04/12	No Session-Easter	
Week 15	04/13-04/19	Multi-Family Group	Motor/Physical I
Week 17	04/20-04/26	Family Session	
Week 18	04/27-05/03	Individual Session	
Week 19	05/04-05/10	Multi-Family Group	Sensory I
Week 20	05/11-05/17	Family Session	
Week 21	05/18-05/24	Individual Session	
Week 22	05/25-05/31	No Session – Memorial Day	
Week 23	06/01-06/07	Multi-Family Group	Religious/Spiritual I
Week 24	06/08-06/14	Family Session	
Week 25	06/15-06/21	Individual Session	
Week 26	06/22-06/28	Multi-Family Group	Communication II
Week 27	06/29-07/05	No Session-July 4 th	
Week 28	07/06-07/12	Family Session	
Week 29	07/13-07/19	Individual Session	
Week 30	07/20-07/26	Multi-Family Group	Social/Psychosocial II
Week 31	07/27-08/02	Family Session	
Week 32	08/03-08/09	Individual Session	
Week 33	08/10-08/16	No Session Week OFF	
Week 34	08/17-08/23	Multi-Family Group	Cognitive/Academic II
Week 35	08/24-08/30	Family Session	

(Table 1 continued)

Sample One Year Calendar Schedule

Week 36	08/31-09/06	Individual Session	
Week 37	09/07-09/13	No Session- Labor Day	
Week 38	09/14-09/20	Multi-Family Group	Emotional II
Week 39	09/21-09/27	Family Session	
Week 40	09/28-10/04	Individual Session	
Week 41	10/05-10/11	Multi-Family Group	Motor/Physical II
Week 42	10/12-10/18	Family Session	
Week 43	10/19-10/25	Individual Session	
Week 44	10/26-11/01	Multi-Family Group	Sensory II
Week 45	11/02-11/08	Family Session	
Week 46	11/09-11/15	Individual Session	
Week 47	11/16-11/22	Multi-Family Group	Religious/Spiritual II
Week 48	11/23-11/29	No Session- Thanksgiving	
Week 49	11/30-12/06	Family Session	
Week 50	12/07-12/13	Individual Session	
Week 51	12/14-12/20	Closing Multi-Family Group	
Week 52	12/21-12/27	No Session – Christmas	

* Session Sample Based on the 2020 calendar year and the popular holidays observed in the United States of America to show how to plan for holidays. It should be adjusted to the current calendar year and the holidays observed by the therapist and the group the therapist is addressing as different holidays are important to the different communities.

Confidentiality

One of the most important topics to cover in a multi-family group music therapy session is confidentiality and consent. This group is formed to help families with feeling supported and find resources in the community and in order to do this, it is imperative that it is known that what is shared in the group is shared out of desire to learn and grow through shared experiences. Sharing information in a group makes one vulnerable and it is important as the therapist to make this known to the entire group. This is why a confidentiality and consent form is reviewed and signed with each individual before group sessions start, as well as reviewed and discussed as needed in every multi-family music therapy group session. It is important to remind those in the group sessions that this program is created to help the family members find beneficial ways to connect with and work with their children, there are some instances where personal and private information is brought up to work through in the therapeutic moments. It is the therapist's duty to inform the participating session members realize what harm sharing private information can do and to create a space that maintains a trusting and confidential therapeutic space for everyone involved.

Along with confidentiality, these forms outline the expectations of the sessions and program in order to iterate the importance of regular attendance and that the program in order for the sessions to have the best outcomes. The session location, dates, times, and attendance policies are all in one location and signed by the family and the therapist to acknowledge that everything was reviewed and understood. It also should have information on how to contact the therapist in case of any questions, problems, or concerns that may come up outside of the therapy session that cannot wait until the next session. A third element that is provided in this form is the

risks and benefits that the sessions may have. It is not promising that these things will happen, but it is outlining possibilities that may impact the individual both positively and negatively.

**Informed Consent and Limits of Confidentiality for
Multi-Family Group Music Therapy Services**

Name: _____

Date: _____

**Please initial after reading each statement.*

_____ I understand that I have been invited to participate in the Multi-Family Group Music Therapy Program for parents and/or family members which was designed for those who have children with intellectual/developmental disabilities as one of the three components to the supplemental family-centered music therapy sessions.

_____ I understand that my participation and completion of the Multi-Family Group Music Therapy Program is used to prepare myself and family members for the individual family-centered music therapy sessions.

_____ I understand that there is potential for risk of injury if I participate in motor/physical activities. The level of participation is up to me and it is my responsibility to determine how much I am able to participate. By signing this agreement, I accept all responsibility for risk of injury if I participate in motor/physical activities.

_____ I understand that the Multi-Family Group Music Therapy Program requires the attendance of at least (#of weeks) weeks of group therapy beginning (Starting mm/dd/yy) until (Ending mm/dd/yy).

_____ I understand that the Multi-Family Group Music Therapy Program will be held at (Specific location site where session will be held) on (Specific day of the week) between (Starting time) a.m./p.m. and (Ending time) a.m./p.m. beginning (Starting Date) and ending on (Ending Date).

CONFIDENTIALITY

_____ I understand that all information disclosed within sessions is confidential and may not be revealed to anyone outside the group without my written permission.

_____ I also understand that (Name of therapist), MT-BC is required to comply with the legal and ethical rules of confidentiality and limits of confidentiality.

Limitations to confidentiality only apply in the following circumstances, where disclosure is required by law:

If a member discloses intent to harm oneself or others.

If a member discloses abuse, physically, sexually, or emotionally.

If involved in a legal matter, written permission will be required.

_____ I have read the above statement of confidentiality and have been given an opportunity to ask questions concerning it and understand the rules of confidentiality.

EMAIL AND COMMUNICATION

_____ I understand that e-mail is not always a confidential means of communication. I am encouraged to call the MT-BC at (Designated phone number) if I have an urgent need to speak to the therapist.

_____ I understand that it is my responsibility to call the MT-BC if I need to be absent from a group session. I agree to meet with the MT-BC at a scheduled time prior to the next group session in the event that I am unable to attend a session.

RISKS AND BENEFITS OF GROUP THERAPY

_____ I understand that there is a possibility of risks which may occur in therapy. The risk may include remember unpleasant events and may arouse strong emotional feelings. Therapy can impact relationships with significant others.

_____ I understand that by signing this agreement, I agree to maintain group members information confidential.

_____ If another member's information is disclosed outside of the group, the MT-BC is not legally responsible for any information which may be disclosed by members of the group that may occur outside of the group sessions.

_____ I understand the benefits from group therapy may improve my ability to relate with others: allow for a clearer understanding of communication and its relation to actions. By taking personal responsibility for working with these issues may lead to greater personal growth.

ELIGIBILITY, APPROPRIATENESS, AND REFERRALS

_____ I understand that my participation in this group requires that I attend all sessions, arrive on time and stay for the full session, and participate in verbal and non-verbal exercises designed for the group.

_____ I understand that it is important for members to feel safe in the group, therefore verbal or physical aggression will not be tolerated.

_____ I understand the group members will not be permitted to attend a group session if under the influence of an illegal substance.

_____ If it is decided that this is not the appropriate group to meet my needs, I understand that I will be given referrals to resources more appropriate to my needs and goals.

I HAVE HAD THE OPPORTUNITY TO DISCUSS ANY QUESTIONS I HAVE

ABOUT THE ABOVE INFORMATION:

Client's Signature: _____ Date: _____

I HAVE DISCUSSED THIS INFORMATION WITH THE CLIENT:

MT-BC Signature: _____ Date _____

Domains

Music therapists typically focus their goals and objectives on seven domains: communication, social/psychosocial, cognitive/academic, emotional, motor/physical, sensory, and spiritual/religious. Music can be implemented into a therapy session in four primary types of experiences: improvisation, composition, recreating, and listening (Bruscia, 2014). This chapter includes samples of multi-family group session outlines, created songs, intervention suggestions, and journaling exercises that will serve as the foundation for implementing the multi-family music therapy sessions. The foundations set in these sessions will then be continued into the family-based music therapy sessions that will be explored in Part II. Each session will have a check-in time where the members of the group can explore any handouts, sources, or materials the therapist brings to the sessions that may be beneficial for the group. This also allows the group members social time to get to know each other since one of the purposes of this model for the group is to create a social community for the families that can extend outside of their sessions. Each session contains a time for individuals to reflect on the topics that were presented, as well as an opportunity to write down their thoughts. In order to facilitate socialization amongst group members a break is offered in the middle of the session. At the end of each session, a closing circle is done where questions, comments, and announcements will be made as well as handing out journaling materials and questionnaires. There will be one final improvisational drumming exercise to allow for self-expression and then the session will come to a close.

Many of the music therapy exercises that are used in the multi-family group sessions are to allow the members to become aware of what is included in each of the seven domains as well as to bring an awareness to how they themselves experience these domains. These experiences are also used to bring about discussion. These discussion points are used to gather information

and understanding about how they experience things, how they are noticing the child within these domains, and how they may be able to start having more awareness of these topics in their homes. The overarching purpose of this group is to be an educational and support group for the parents as well as other family members.

Communication Domain

For psychoeducational purposes, music therapy can address communication in a variety of ways. After a music therapy intervention such as a listening exercise, improvisation, song-writing, or song discussion, verbalizations come from the experience and allows the music to work in the person who is participating (Bruscia, 1998). Using this type of therapy in a group setting allows for the individuals to bring something to the group that communicates a feeling and allows for exploration, universality, and altruism to manifest naturally in the group. The families can then take these multi-family group experiences and assess how these ways of communicating can be seen in the individual family homes. The family members would then have a journaling exercise to do throughout the week that seeks and brings awareness to how the family members communicate not only from their perspective, but also from the perspective of their child who has the intellectual and/or developmental disabilities.

Multi-Family Group: Session One Outline

Communication I

- I. Check – In
 1. Members can look and try different instruments that are set out around the space.
 2. The therapist will ask members to take a seat in the circle and to take 1 instrument with them.
- II. Group Members Introductions
 1. The therapist will ask members to start out with a rhythm to play and then state their name, why they are coming to the group, and a fun fact about themselves.
 2. After everyone has completed the introductions everyone will be asked to pass their instrument 1 person to the right.
- III. Improvisation Experience
 1. The clients all have an instrument that was passed to them from the previous exercise. Rules and care of the instruments will be reviewed.
 2. They will be asked to take a couple deep breathes in and release slowly and then to begin playing the instrument whenever they are ready to.
 3. After the improvisation has come to a close, ask members of the group to state a word and an action to describe how they felt during the exercise.
- IV. Confidentiality Rules and Group Rules

1. The therapist will ask if anyone has any questions or comments about confidentiality
 2. Group Rules are determined.
 3. The therapist will ask if anyone has any questions or comments about the group rules and remind members that these will be looked at every session and can be changed as needed.
 4. Statement of Goals for Session One
 - A. Inform that this is Session 1 of 14.
 - B. Focus will be on communication and identification of how they communicate to others.
- V. Emotions and feelings will be explored through a music therapy song creation intervention.
1. Introduce the intervention. Different ways of communicating emotions will be observed and discussed.
 2. After reviewing and sharing how they feel others communicate, ask the parents to then reflect on how the family member reacts to these same feelings and communicates it. Is it the same? Is it different? Do they do the same thing for all unpleasant feelings?
 3. Give 5-15 minutes to reflect and write these discoveries down.
- VI. Break Time
- VI. Discussion on the exploration of feelings and their actions and how those actions are considered communication.

1. Remind the members to keep a journal or log throughout the week of instances where communicating was difficult for them.
2. Reflect this week on a particularly difficult time between your child and yourself with communication. Outlining the circumstances and what/if an action/behavior their child was conveying was a form communication.

VIII. Closing Circle

1. Thank everyone for coming today and for their hard work.
2. The therapist will ask if anyone has any comments, questions, or discoveries that were made during this session's activities.
3. Hand out the group evaluation form to be filled out and handed in as the members leave.
4. Remind members of next week's Individual Family session and to start their journal/log for the next session.
5. The group members will pass the instruments to the right one more time for the last group experience to communicate how they are feeling after today's session.
6. Instruments are then put away and the group is dismissed.

Discussion of Interventions Used

The purpose of each intervention in the session has specific uses in the multi-family music therapy group. The time provided at the beginning of the session in which self-exploration of instruments is expected also allows for social interactions with other group members to occur. One of the main reasons for such a group is to allow members to get to know others in the local

community who are experiencing similar issues and to eventually build a support system outside of the group.

Next, each individual is asked to play something on an instrument of choice and to do a basic introduction. This is used as an icebreaker to further introduce the individuals and allows for some personality to come through in their instrument play. Following the icebreaker, the instruments are then passed to the right which may cause a bit of discomfort in using an instrument that the individual did not choose. After rules for playing and caring for the instruments are discussed, the group is then asked to start playing when they are ready. This allows the therapist to listen and get a feel who is more comfortable, outgoing, shy, hesitant, etc. by the demeanor of how the instruments are being played. This is a way the therapist can assess the group members in the group setting.

When the improvisation exercise is completed and the space is allowed to settle, the therapist then asks for the individuals to use a word to describe how they felt during the exercise. After these ice breaker exercises are completed, there is discussion on confidentiality and group rules, of which were discussed at the introduction sessions prior to the start of the multi-family group sessions.

Once everything has been discussed and agreed upon, the session will continue. The goals for this session will then be examined and it will be stated that the goal for the session is to think about different ways communication takes place and that the focus will be on communicating feelings. At this time the therapist will introduce the song “Feelings” that discuss how feelings can be expressed or communicated and there will be time for this song to be recreated by group members discussing how each of them react to different emotions. The song is then sung again with the new words. The therapist will then ask the parents to think about how

their own child communicates such things. Things considered may be are these emotions expressed, the same way, differently, the typical way, or does the child have his or her own unique way of expressing these feelings. The therapist will give the members a few minutes to reflect and write their thoughts down and then there will be a break where the members can have a quick refreshment or drink.

Upon return to the session area, the floor will be open to discuss how members feel their child communicates. The discussion will then turn to relating reactions to emotions and how they are communicated. The therapist will hand out the journal and provide guidelines for journaling. The pages are there to help the parent to reflect on how they are noticing themselves communicate with their family members, how their child is communicating to them, what is being communicated well, and what might not be communicated well.

During the closing circle the therapist will thank the members for coming to the session, ask if there are any questions, discoveries or comments that they have for the group, and remind members to take their journal home to fill out during the next few weeks. A questionnaire is to be completed and turned in before leaving the session. Then each member will be asked to pass their instrument to the right one more time. This time the group will be asked to communicate through their playing how they are feeling after today's session. At the conclusion of the experience, the group members will put the music instruments away and are dismissed.

Multi-Family Group: Session Eight Outline

Communication II

- I. Check – In
 1. Members can mingle and try different instruments or look at items that are set out around the space.
 2. The therapist will ask members to take a seat in the circle but to take 1 instrument with them that is different than the one used in the last session.
- II. Confidentiality Rules and Group Rules
 1. The therapist asks if anyone has any questions or comments about confidentiality.
 2. Group Rules are reviewed from the previous session and it will be determined if any changes are necessary.
 3. The therapist will ask if anyone has any questions or comments about the group rules and remind members that these will be looked at every session and can be changed as needed.
 4. Statement of Goals for Session 8
 - a. Inform that this is Session 8 of 14.
 - b. Focus will be on checking in on the topics and tasks that were discussed last meeting. Discussion will be held on what was discovered about their communication and the communication of their family member who is diagnosed with developmental or intellectual disabilities.

c. Focus will be on the domain of communication

III. Improvisation Experience

1. Before the start of the session, the therapist will pass out word cards, blank paper and writing utensil to the members.
2. The directions will be that the members will have to use their instrument to convey the word that is on their card. Turns will be taken around the circle.
3. Individuals will write what they think the word is that is being conveyed.
4. Once the words are exposed, discussion will take place if the word was difficult or easy to play, difficult or easy to interpret, if there is an instrument they think would convey that word better, and how they can relate to that word.

IV. Song Discussion

1. The members will be given a list of songs that can be used for this intervention. A vote will be taken, and the first choice will be used.
2. The members will be asked to listen to the song. They will be able to doodle or take notes listening to the lyrics of the song.
3. After listening to the song, the therapist will ask members of the group to state what they felt was being communicated during the song and what they were feeling themselves during the exercise.
4. The therapist will wrap up this exercise and allow the members to write down any other thoughts they had on the experience.

- V. Next, the therapist will ask the members to brainstorm other songs they could think of to convey communication and a list will be written that is then provided to clients to explore when they are at home.
1. The members will then be asked to brainstorm how they think using lyrics can help with their children.
 2. After getting an example of age range (both chronological and developmental) of the children being represented, the therapist will pick a song to demonstrate how sharing songs can be a form of communication with the family.
 3. Give 5-15 minutes to reflect and write these discoveries down.
- VI. Break Time
- VII. Discussion on the exploration of the relation between feelings and actions and how the actions are considered communication.
1. The group will be reminded of the previous communication session where actions and feelings were explored and the relation they have to communication. The group will be broken down into smaller groups and will be given a word card with a feeling or emotion. Some cards will also have a restriction on what they are able to use such as facial expression, certain body parts, etc.
 2. The group will need to come up with a set of movements to portray that emotion. Each group will have the opportunity to perform their movements for the other groups, at which time guesses on which feeling, or emotion portrayed will be made. The same soundtrack will be used for all groups.

3. After each group has performed and the emotions are revealed, discussion will take place about what it is that they looked for to allow them to figure out the emotions being portrayed.
4. Discussion will then take place on how this exercise will allow the parents to focus more on their child and how he or she communicates emotions to them.

VIII. Closing Circle

1. Thank everyone for coming today and for their hard work.
2. The therapist asks if anyone has any comments, questions, or discoveries that were made during this session's activities.
3. Hand out the group evaluation form to be filled out and handed in as the members leave.
4. Remind members of next week's Individual Family session and to start their journal/log for the next session.
5. The group members will pass the instruments to the left for the last group experience to communicate how they are feeling after today's session.
6. Instruments are then put away and the group is dismissed.

Discussion of Interventions Used

The second communication session is session eight of the multi-family music therapy group and starts off with time for the members to mingle and explore instruments or resources that will be displayed. The group members will then be asked to take an instrument that they have not used in a session yet and to take a seat in the session space. The rules of confidentiality and the group rules will be reviewed. The session will open to discuss how the communication within the family setting is going for whomever wants to share.

Next, the therapist will hand out cards that have words associated with feelings or emotions on them, a blank piece of paper, and a writing utensil to write their guesses down. This exercise will allow each member to try and portray the word that is on their card. Once all members have gone, discussion will open up about how the members felt playing the words. Things considered in the discussion may include but are not limited to: the ease or difficulty in playing the associated word on the instruments provided, ease or difficulty in guessing the associated word from the audience perspective, what instrument might make it easier to portray the word, and how the word could be related to.

The next experience that will be used during this session is song discussion. The group will have a few songs to choose from and the song that has the most votes from the group will be used in this session. While listening to the song, the members are allowed to draw, doodle, or write what is standing out to them about the song. After discussion on what was standing out to the members, the discussion will then shift to discuss how lyrics to a song may be useful for use with their children. After the group finishes brainstorming there will be a break given to the members.

Once the group resumes, the group will be divided into smaller groups. Each group will then be given a card with a feeling or emotion to portray. Some cards will have limitations on what can be used to portray or not portray the feeling such as using facial features or body parts, as well as movement restrictions. Each group will perform their creative movements and then a discussion will take place on how the limitation impacted how the emotions or feelings were portrayed. Further discussion will be encouraged on how this can aid parents when trying to decipher what their child is trying to communicate through their actions. After this discussion is finished, the group will then move to the closing circle. The members will receive their session

questionnaires that are to be turned in before they leave and their journaling handouts if they have not yet received them.

Once those tasks are completed, then the members will be asked to pass their instruments to the left. The members will then be asked to start playing when they are ready about how they are feeling after the day's session. Once the experience is finished, the instruments will be put away and the members will be dismissed.

Feelings – Original Song by Heather Johnson, MT-BC

Goal: To learn to communicate emotions appropriately.

G

I laugh when I'm Happy

D

I cry when I'm sad

Em C

I walk away when I'm feeling mad.

G

I Jump when I'm excited

D

I hide when I'm scared

Em C

I grumble when I'm frustrated.

G D

I have these feelings inside of me

Em C

I notice them more and more every day

G D

I have these feelings inside of me

Em C

And each one of them is okay!

Social/Psychosocial Domain

Music therapy can address social and psychosocial areas in a variety of ways. The experiences that are being used in these sessions are to encourage discussion and awareness of what social and psychosocial skills are and how the parents or family members in the group use them. Music therapy interventions utilizing listening exercises, improvisation, song-writing, or song discussion, create the development of skills of awareness, interactions with others, verbal and non-verbal interactions (Boxhill, 2007). Using these experiences in a group setting allows for the individual families to learn what skills are a part of this domain as well as become aware of how they themselves use these skills. The families can then take these multi-family group experiences and assess how these social skills can be seen in the individual family homes. The family members would then have a journaling exercise to do throughout the week that seeks and brings awareness to how the family members utilize social skills not only from their perspective, but also from the perspective of their child who has the intellectual and/or developmental disabilities.

Multi-Family Group: Session Two Outline

Social/Psychosocial I

- I. Check – In
 1. Members can mingle and try different instruments that are set out around the space.
 2. The therapist asks members to take a seat in the circle but to take 1 instrument with them that is different than the one used in the last session.
- II. Confidentiality Rules and Group Rules
 1. The therapist will ask if anyone has any questions or comments about confidentiality.
 2. Group Rules are reviewed from the previous session and it will be determined if any changes need to be made.
 3. The therapist will ask if anyone has any questions or comments about the group rules and remind members that these will be looked at every session and can be changed as needed.
 4. Statement of Goals for Session 2
 - a. Inform that this is Session 2 of 14.
 - b. Focus will be on checking in on the communication tasks that were discussed last week. Discussion will be held on what was discovered about their communication and the communication of their family member who is diagnosed with developmental and/or intellectual disabilities.

c. Focus will be on a new domain of social/psychosocial

III. Improvisation Experience

1. The clients all have an instrument that they sat down in the session space with.
2. The therapist will start the intervention as a call and response improvisation trying to use as few words as possible. Try to start with a simple pattern to begin with maybe one that they are familiar with.
3. After the improvisation has come to a close, ask members of the group to describe what they noticed during the exercise and what they were feeling themselves during the exercise. Was there eye contact, verbal, non-verbal communication, joint attention.
4. The therapist will then ask the group to pass their instruments to the left.

IV. Social/Psychosocial skills will be explored through percussive experience

1. During this experience, the therapist or a volunteer leader from the group will stand in the center of the group and communicate individually how they would like the group to play – using few words if possible.
2. Once everyone has been given a role to play in the circle, the leader can then change how the group plays through cues to play loud, quiet, fast, slow, short, long, and short.
3. Facilitate discussion on how the experience went and what social skills were used. Parents will then reflect on how their child reacts/interacts to these social skills. Is it the same? Is it different? Do they do the same thing for all unpleasant feelings?
4. Give 5-15 minutes to reflect and write these discoveries down.

V. Break Time

VI. Song Discussion Experience

1. The group will then do a song discussion from the song list.
2. The group will listen to the song and will be able to draw, doodle, take notes, etc. that will help them follow along and what stands out to them from the song.
3. When the song is over the group will have a discussion on what stood out to them, and then review the lyrics to see if there is anything else that comes to mind.
4. The focus will then turn to how this can relate to their children.

VII. Discussion on the exploration of social skills.

1. Remind the members to keep a journal or log throughout the week of instances where they were aware of when social skills were difficult for them.
2. Reflect this week on a particularly difficult time between your child and yourself with social skills. Outlining the circumstances and what/if an action/behavior their child was conveying.

VIII. Closing Circle

1. Thank everyone for coming today and for their hard work.
2. The therapist will ask if anyone has any comments, questions, or discoveries that were made during this session's activities.
3. Hand out the group evaluation form to be filled out and handed in as the members leave.

4. Remind members of next week's Individual Family session and to start their journal/log for the next session.
5. The group members will pass the instruments to the left one more time for the last group experience to communicate how they are feeling after today's session.
6. Instruments are then put away and the group is dismissed.

Discussion of Interventions Used

Session two will start similar to most of the other sessions. There will be allotted time for the members to gather, talk, and look at any handouts or resources the therapist has set out. The members will be asked to take a seat with an instrument that they have not played in a previous session if possible. The group rules and confidentiality will be reviewed, and the members will have the ability to discuss any questions or concerns that may come up.

The first experience of the session will be an improvisation exercise that the therapist will start based on call and response. The therapist will use directives that are simple to follow such as "when I play this, you play that", and then do a brief trial of it. The therapist can start with a rhythm that may be familiar to the group and then get more complex as the group catches on.

When this exercise has concluded, there will be discussion about what the members noticed taking place during the intervention such as eye contact, listening, verbal or non-verbal cues, turn taking, watching others, and joint attention. The discussion will also explore what made the exercise easy or difficult. The members will then be asked to pass their instrument to the left. The next experience either the therapist or a volunteer will be a leader and will stand in the center of the group. The leader will then individually go around the group communicating

how they would like the instrument played. Once everyone is playing the leader will then direct the group to either play loud, quiet, fast, slow, short, or long.

After the exercise is completed, the members are asked to reflect on how they felt during the exercise and what social skills they notice taking place in the experience. They will then be asked to reflect on the presence of these skills within their child. They will be given some time to reflect and write what they are thinking and then it will be break time.

Once break time is over, there will be a song discussion exercise where a song will either be chosen by the therapist or the group can choose from the song list. This is dependent on what the therapist would like to do. The group members will be listening to the song and allowed to doodle, draw, or write what is standing out to them while they are listening.

After the song is finished, discussion will then take place on what the song brought to their minds. The lyrics will then be reviewed to see if there is anything else that is brought up and how it may relate to their children.

At the end of the discussion the group will then move on to the closing circle. The members will be asked if there is anything else that they say, discovered, or any questions. The session evaluation will be handed out to be collected at the end of the session and a reminder will be stated that there will be journal pages to fill out for the next session. Instruments will then be passed to the left. The concluding exercise will be to play how they are feeling after today's session. Instruments will then be put away and the members will be dismissed.

Multi-Family Group: Session Nine Outline

Social/Psychosocial II

- I. Check – In
 1. Members can mingle and try different instruments that are set out around the space.
 2. The therapist will ask members to take a seat in the circle but to take 1 instrument with them that is different than the one used in the last session.
- II. Confidentiality Rules and Group Rules
 1. The therapist will ask if anyone has any questions or comments about confidentiality.
 2. Group Rules are reviewed from the previous session and it will be determined if any changes need to be made.
 3. The therapist will ask if anyone has any questions or comments about the group rules and remind members that these will be looked at every session and can be changed as needed.
 4. Statement of Goals for Session 9
 - a. Inform that this is Session 9 of 14.
 - b. Focus will be on checking in on the communication tasks that were discussed last week. Discussion will be held on what was discovered about their communication and the communication of their family member who is diagnosed with developmental or intellectual disabilities.

c. Focus will be on the domain of social/psychosocial

III. Improvisation Experience

1. The clients should all have an instrument that they sat down with from check-in. Rules and care of the instruments will be reviewed.
2. Social/Psychosocial skills will be explored through a call and response drumming experience that was used in the first social/psychosocial session.
3. After a brief reintroduction of the exercise, members will be given a chance to be the leader.
4. Once everyone has had a chance to be a leader and the therapist regain leadership and this will lead directly into the next intervention.

IV. Improvisational Exercise

1. Social/Psychosocial skills will be explored through question and answer while playing.
2. The therapist will use a group member's name and ask them a question similar to conversation. That person will then ask a different member a question until everyone has asked and answered a question.
3. Discussion of the demonstration of how the morphing of instrument play turned into skills for conversational exchange.
4. Discussion and reflection on how this is seen and will work with their child at home.
5. Give 5-15 minutes to reflect and write these discoveries down.

V. Break Time

VI. Discussion on what skills are used in the social/psychosocial domain.

1. Introduction of the conversation song by the therapist. Once this is shared then there can be discussion on what social skills this song is exploring. Then the therapist can share other simple creations of songs.
2. The group will then be divided into smaller groups. The smaller groups will brainstorm ideas of social skills and use their ideas for song writing.
3. When the groups have finished writing their song, the songs will then be shared.
4. Members not in the sharing group have to identify the social skills that are being presented in the song. The group sharing will then discuss other skills they might have presented or thought about and where the song might be useful.

VII. Discussion of social skills

1. Remind the members to keep a journal or log throughout the week of instances where communicating with their child was difficult for them.
2. Reflect this week on a particularly difficult time between your child and yourself with communication. Outlining the circumstances and what/if an action/behavior their child was conveying was a form communication.

VIII. Closing Circle

1. Thank everyone for coming today and for their hard work.
2. The therapist will ask if anyone has any comments, questions, or discoveries that were made during this session's activities.
3. Hand out the group evaluation form to be filled out and handed in as the members leave.

4. Remind members of next week's Individual Family session and to start their journal/log for the next session.
5. The group members will pass the instruments to the right for the last group experience to communicate how they are feeling after today's session.
6. Instruments are then put away and the group is dismissed.

Discussion of Interventions Used

This outline of interventions is used to elaborate on the social/psychosocial domain. After allowing adequate time for check-in and for members to look at provided resources, they will be asked to go to the session space with an instrument.

The session will then start with the call and response drumming exercise that was introduced in the previous social/psychosocial domain session. The therapist will then modify the call and response drumming exercise by adding in a conversational component. This is demonstrated by the therapist singing a member's name followed by singing them a simple conversational question, usually "wh" questions while everyone is still drumming. That member will sing back a response, and then it will be their turn to sing a question to another group member. This will continue until all members have had a chance to participate.

Once this experience has concluded, discussion will then take place asking the group what social skills they noticed being demonstrated. This exercise works on non-verbal cues, verbal usage, conversation exchange, self-awareness, awareness of others, and sharing. The members will be discussing what was easy, what was difficult, where they could see this being beneficial for their child and how they could implement these skills with them. Time will be given for members to write down their thoughts and reflections and then they will have a break time.

After the break, the therapist will introduce the conversation song. It will be explained that this song is an example of how a song can be created to help with learning a skill. After the song is sung and discussion about different types of social skills occurs, the members will then be instructed to break into smaller groups and choose a social skill that they will create a simple song about. Breaking into smaller groups and working together is also an element of social skills.

Once the groups have completed their song creations, each group will share their song. Members who are not a part of that group will have a chance to discuss what social skills they picked up from the song and then the members of the small group will then add anything else they want to about it.

Having shared their songs, discussion will turn to where they can see this being useful with their children. Discussion will then open up to talk about what was difficult or easy in today's session.

At the end of the discussion the group will then move on to the closing circle. The members will be asked if there is anything that they discovered during the session or have any questions or comments they want to add. The session evaluation will be handed out to be collected at the end of the session and a reminder will be stated that there will be journal pages to fill out for the next session. Instruments will then be passed to the right. The concluding exercise will be to play how they are feeling after today's session. Instruments will then be put away and the members will be dismissed.

Social/Psychosocial – Original Song by Heather Johnson, MT-BC

Goal: to work on social skills

D A7

When I go out into public

A7 D

I get very frightened and afraid

D G

I don't know what to say or do

D A7 D

So, I just keep to myself.

D A7

Well, let me tell you something

A7 D

It's okay to feel that way

D G

I just might have a tip or two

D A7 D

that can help and ease this for you.

D A7

When someone says "hello, how are you?"

A7 D

You can answer this way:

D G D A7 D

“Hello, I am doing fine, how are you?”

D A7

Then you wait and listen to them

D

Looking up and seeing their face

D G

Sometimes adding a smile too

D A7 D

And when you are done talking, you say “goodbye”

D A7 D

And when you are done talking, you say “goodbye”

Cognitive/Academic Domain

Cognitive/academic skills are also developed through music therapy experiences that fall in such categories of listening exercise, improvisation, song-writing, or song discussion. Using these types of experiences aid in working on developing skills such as concrete and abstract thinking, understanding symbols, learning, body awareness, and spatial awareness, as well as discriminating similarities and differences (Boxhill, 2007). The therapist leads the family members through different experiences that educate them on what skills this domain contains as well as brings individual awareness on how they themselves use these skills. The families can then take these multi-family group experiences and assess how these cognitive and academic skills can be seen in the individual family homes. Journaling exercises continue to be used throughout the week that seeks to bring awareness to how the family members integrate cognitive and academic skills at home from both their perspective as well as from the perspective of their child who has the intellectual and/or developmental disabilities.

Multi-Family Group: Session Three Outline

Cognitive/Academic I

- I. Check – In
 1. Members can mingle and try different instruments that are set out around the space.
 2. The therapist will ask members to take a seat in the circle but to take 1 instrument with them that is different than the one used in the last session.
- II. Confidentiality Rules and Group Rules
 1. The therapist will ask if anyone has any questions or comments about confidentiality.
 2. Group Rules are reviewed from the previous session and it will be determined if any changes need to be made.
 3. The therapist will ask if anyone has any questions or comments about the group rules and remind members that these will be looked at every session and can be changed as needed.
 4. Statement of Goals for Session 3
 - a. Inform that this is Session 3 of 14.
 - b. Focus will be on checking in on the social/psychosocial tasks that were discussed last week. Discussion will be held on what was discovered about their own social skills and skills of their family member who is diagnosed with developmental or intellectual disabilities.

c. Focus will be on the domain of cognitive/academic

III. Improvisation Experience

1. The clients all have an instrument that they sat down with. Rules and care of the instruments will be reviewed.
2. The therapist will start the exercise with playing the drum in serial drumbeats having the members imitate it.
3. The therapist will then move into adding dynamics. The drumming will then turn into the therapist singing to the tune of “Happy and You Know It” calling out certain instruments to play a certain number of beats or specific dynamics.
4. After the experience has come to a close, ask members of the group to stand up and move to an open area of the session space.

IV. Cognitive skills will be explored through a selection of songs.

1. The therapist will then start singing a song example that is well known for teaching such as the “Alphabet Song” or “Old MacDonald” encouraging the group to participate.
2. The therapist will then move to a song with movement such as “Head and Shoulders” encouraging the members to continue joining in.
3. Next, the therapist will play a seemingly movement song such as “Cha Cha Slide” or “Cupid Shuffle”. Specific criteria for the song chosen is that the lyrics include movement directives.
4. After these all take place the therapist will open discussion on how the songs are related, possibly asking about each song individually. This will lead the

discussion about the elements in the song that are working for cognitive skills development.

5. After the discussion ask the members to then reflect on how their child is able to do these different skills.
6. Give 5-15 minutes to reflect and write these discoveries down.

V. Break Time

VI. Song Map Experience

1. During this experience the interpretation and the use of symbols will be discussed.
2. The therapist will make the song selection, based on the criteria that the song typically does not have lyrics.
3. After listening to the song, the therapist will hand out notecards and something to write with. The individuals will be asked to come up with 3-5 different movements and a key to represent those movements.
4. The song will be played again, and each person will follow the music and map out the movements to the song. The blank card represents the movement area in the session space.
5. Once everyone is done, group members are to trade cards and move to the music as indicated on the card. This may be repeated a few times.
6. After the experience, discussion will occur.

VII. Discussion on the exploration on the relation of feelings and actions and how the actions are considered communication.

1. Remind the members to keep a journal or log throughout the week of instances where communicating with their child was difficult for them.
2. Reflect this week on different ways the family can interact working on cognitive/academic skills.

VIII. Closing Circle

1. Thank everyone for coming today and for their hard work.
2. The therapist will ask if anyone has any comments, questions, or discoveries that were made during this session's activities.
3. Hand out the group evaluation form to be filled out and handed in as the members leave.
4. Remind members of next week's Individual Family session and to start their journal/log for the next session.
5. The group members will pass the instruments to the right for the last group experience to communicate how they are feeling after today's session.
6. Instruments are then put away and the group is dismissed.

Discussion of Interventions Used

After allowing adequate time for check-in and for members to look at provided resources, they will be asked to go to the session space with an instrument. The group rules and confidentiality will be reviewed and open for any changes or questions that any members may have.

Discussion will then be open to address anything that the members want to share, any questions, and any difficulties about the last session that had taken place on social skills. Then the session will begin with the first experience. The therapist will drum one beat and wait for the

group to play their corresponding instruments one beat. The therapist will then answer by playing two beats and then wait for the group to play two beats, and so on. The therapist will then modify the experience by playing numbered beats out of order.

Once the therapist has deemed this part of the experience to be adequate in length, the therapist will begin singing “Happy and You Know It” and calling out an instrument to be played a certain number of beats. This allows the members to experience cognitive developments of being able to comprehend numbers, interpret how many beats the instrument is to be played, as well as learning the instrument names. It also includes social skills that were discussed previously with watching, cues, and listening.

Members will be asked to put the instruments down and find an area where they can stand once the song is over. The therapist will begin a song that is well known to members as a teaching song such as the “Alphabet Song” or “Old MacDonald”. The therapist will then move into a song with movements such as “Head and Shoulders” with encouragement for the members to participate. The therapist will then move into playing a song that is a movement song such as “Cha Cha Slide” or “Cupid Shuffle”. One criterion for the song is that it has movement directives provided within the lyrics.

After these experiences, discussion will then take place to explore what is being learned through these songs and why the movement songs are included in this domain. This is to remind the members that the cognitive domain is not just working on movements but is also about developing skills in following directions, memory skills, and spatial awareness. The members will then be asked to reflect how their child does or does not do these things and how can something like this be useful? After the time for reflection there will be a break.

The song mapping exercise will take place after the break. This experience will take place by having the members listen to a song, typically one without lyrics. After the first listening, the members will get index cards or a piece of paper. Each person will be asked to choose three to five motor skills and create a key for each movement. The therapist will then play the music selection again and give the group time to map the song through the use of movements using the symbols indicated in their key.

Once everyone has had ample time to complete the map, they will be asked to try out their map to the song. They will then exchange their maps with a few members. Discussion will then take place on how this is interpreting symbols and using cognitive processes to not only write it but to also perform it with the movements by following directions.

Concluding the discussion, the group will then move on to the closing circle. The members will be asked if there is anything that they discovered, or if they have any questions or comments that they would like to share with the group. The session evaluation will be handed out to be collected at the end of the session and a reminder will be stated that there will be journal pages to fill out for the next session. Instruments will then be passed to the right. The concluding exercise will be to play how they are feeling after today's session. Instruments will then be put away and the members will be dismissed.

Multi-Family Group: Session Ten Outline

Cognitive/Academic II

- I. Check – In
 1. Members can mingle and try different instruments that are set out around the space.
 2. The therapist will ask members to take a seat in the circle but to take 1 instrument with them that is different than the one used in the last session.
- II. Confidentiality Rules and Group Rules
 1. The therapist asks if anyone has any questions or comments about confidentiality.
 2. Group Rules are reviewed from the previous session and it will be determined if any changes need to be made.
 3. The therapist will ask if anyone has any questions or comments about the group rules and remind members that these will be looked at every session and can be changed as needed.
 4. Statement of Goals for Session 10
 - a. Inform that this is Session 10 of 14.
 - b. Focus will be on checking in on the social/psychosocial tasks that were discussed last session. Discussion will be held on what was discovered about their own social skills and skills of their family member who is diagnosed with developmental or intellectual disabilities.

c. Focus will be on the domain of cognitive/academic

III. Song Mapping Experience

1. The clients will be asked to have a seat and to take an instrument that they sat down with. Rules and care of the instruments will be reviewed.
2. Once everyone is seated the therapist will pass out the song maps that were created in the previous cognitive/academic session. The members will be given a few minutes to review the song map.
3. Once the music has started, the clients will then follow the map to the song. This will be repeated to few different songs with the same map.
4. After the experience has come to a close, ask members of the group to share what they noticed and compare what happened during the experiences. It will then be discussed how this could be beneficial with cognitive development.

IV. Cognitive/academic skills will be explored through song discussion

1. The group will be broken into smaller groups and different song lyrics will be distributed along with a device to listen to the songs.
2. Each group will have questions to respond to in regard to the provided song, such as how they interpret the meaning of the song. How does the small group interpret the meaning of the song. The groups will then play the song and share their interpretations.
3. After reviewing and sharing how the group interpreted the song, individuals will be asked to reflect on how they related to the song. Were they able to relate to the song and in what ways? Then ask the members to reflect on how their child may interpret things. Do they notice that the child is able to be

more creative and interpret things or are they more on a concrete level taking words literally.

4. Give 5-15 minutes to reflect and write these discoveries down.

V. Break Time

VI. Improvisation Experience

1. The group will be asked to take out the instruments that they have with them and an improvisation exercise will begin. The therapist will start it off and it can then move toward having a volunteer be the leader.
2. This exercise will work on following the leader and adjusting to different cues such as tempo, dynamics, and rhythm.
3. The therapist or leader can pass the role to someone else allowing others to take turns leading.
4. Discussion will address how this experience targets certain cognitive functions.

VII. Discussion on the exploration of cognitive processes and how they are supported through music.

1. Remind the members to keep a journal or log throughout the week of instances where you were able to use music for cognitive purposes or when it was difficult to use it.
2. Reflect this week on how you see the ability to use these experiences with your family for cognitive purposes. Where there any difficulties with it this week?

VIII. Closing Circle

1. Thank everyone for coming today and for their hard work.
2. The therapist will ask if anyone has any comments, questions, or discoveries that were made during this session's activities.
3. Hand out the group evaluation form to be filled out and handed in as the members leave.
4. Remind members of next week's Individual Family session and to start their journal/log for the next session.
5. The group members will pass the instruments to the left for the last group experience to communicate how they are feeling after today's session.
6. Instruments are then put away and the group is dismissed.

Discussion of interventions Used

The session is centered around the cognitive/academic domain. After the initial check-in process, members will select an instrument and have a seat in the session area. Confidentiality and group rules will be reviewed for any changes or questions that may need to be addressed.

Then the therapist will pass out the different song maps that were created in the previous cognitive/academic session. During this experience, the individuals will use the same song map but to different songs. This time the songs may or may not have lyrics to them, or the therapist may choose to do a mixture of both. Discussion will then take place on what changed during the different songs and how the group members adapted to the changes.

For the song discussion experience the group will be divided into smaller groups and lyric sheets and music will then be provided to each group. Each small group is then given the opportunity to listen to the song while following along with the lyrics, working on concrete versus abstract interpretations of the words. Each small group will be provided with specific

questions to answer prior to being provided with time to share their song and interpretations with the entire group.

After all of the smaller groups have presented their songs, the discussion will then open up about how the process felt and if they could relate to the song in any way. The members will then be asked to reflect on how they think their child interprets things. Are they more at the concrete level where they cannot delve into higher thought processes or are they able to go more in depth and start thinking about things on a more abstract level. They will also be asked how they might be able to facilitate more growth in this area. After being given some time to write on this, it will then be time for break.

The members will then take out their instruments for an improvisation exercise. This improvisation can be started by the therapist and then leadership opportunities can be passed around to other group members. During this exercise the members will work on cognitive processes through working on dynamics, tempos, as well as adjusting to the different people directing it.

Once the discussion is concluded, the group will then move on to the closing circle. The members will be asked if there is anything else that they say, discovered, or any questions. The session evaluation will be handed out to be collected at the end of the session and a reminder will be stated that there will be journal pages to fill out for the next session. Instruments will then be passed to the left. The concluding exercise will be to play how they are feeling after today's session. Instruments will then be put away and the members will be dismissed.

Cognitive/Academic – Sample song map by Heather Johnson, MT-BC

Goal: To practice cognitive skills through symbol interpretation and following directions

Song Map Created to Haydn's "Symphony No. 94 in G Major, Hob. I:94 'surprise' II. Andante"
(Cleveland Orchestra, 2003, MP3).

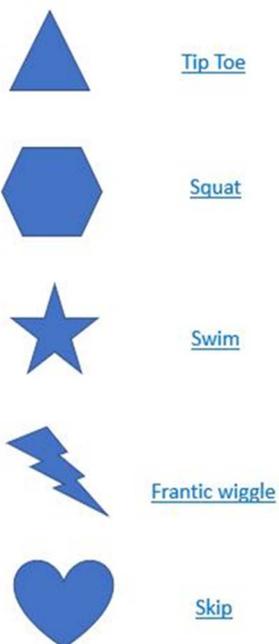
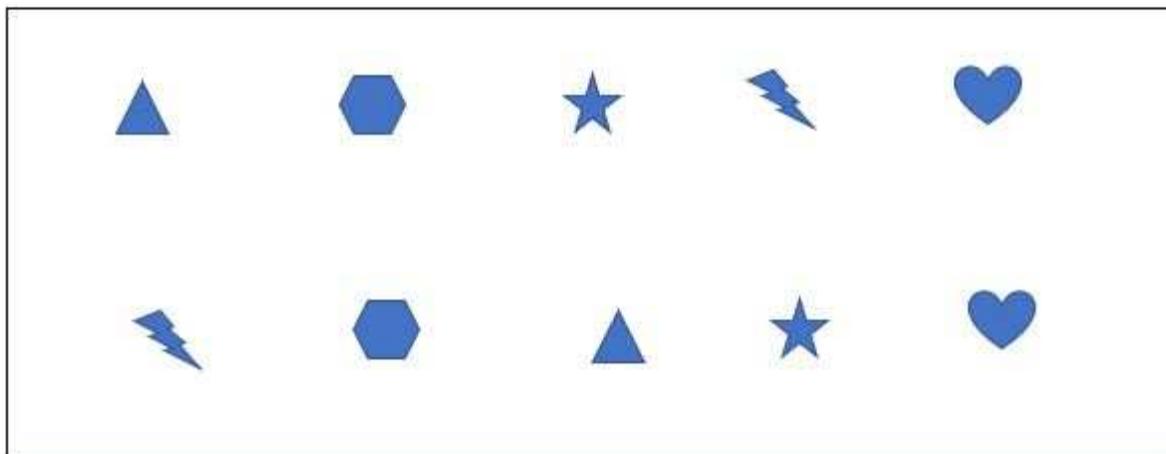


Figure 1. Example Song Mapping and Key

Emotional Domain

The emotional domain is addressed in a variety of ways. Discussion of emotions and appropriate responses can be achieved through listening to songs about those emotions and doing song discussion of those songs to discuss how feelings are impacting someone's life. Song re-creation of a song that a person is connecting with or writing a song can also work on giving a person space to express themselves, a way to be heard, and an emotional release. Improvisation through music and movement allows another way of expressing emotions without words and can bring a different way of releasing the emotions. Finally, using meditations, positive affirmations and relaxation techniques with music allows for developing positive coping skills that a person can use. During the multi-family group, this space will allow members to discuss and release emotions they may have and have the support from other families to offer their experiences. The families can then take these multi-family group experiences and evaluate how these emotions can be affecting the individual family homes. A journaling exercise to do throughout the week asks the individuals to seek and bring awareness to how the family members emotions are impacting the family and how their child who has the intellectual and/or developmental disabilities expresses their emotions.

Multi-Family Group: Session Four Outline

Emotional I

- I. Check – In
 1. Members can mingle and try different instruments that are set out around the space.
 2. The therapist will ask members to take a seat in the circle but to take 1 instrument with them that is different than the one used in the last session.
- II. Confidentiality Rules and Group Rules
 1. The therapist asks if anyone has any questions or comments about confidentiality.
 2. Group Rules are reviewed from the previous session and it will be determined if any changes need to be made.
 3. The therapist will ask if anyone has any questions or comments about the group rules and remind members that these will be looked at every session and can be changed as needed.
 4. Statement of Goals for Session 4
 - a. Inform that this is Session 4 of 14.
 - b. Focus will be on checking in on the cognitive/academic tasks that were discussed last week. Discussion will be held on what was discovered about their ways of using cognitive /academics with their family member who is diagnosed with developmental or intellectual disabilities.

c. Focus will be on a new domain of emotional areas

III. Improvisation Experience

1. The clients all have an instrument that they brought to their seat with them.
2. They will be asked to take a couple deep breathes in and release slowly while thinking about an emotion they are feeling now or experienced during the week. They will then begin playing the instrument to represent that emotion whenever they are ready to. Each member will have an opportunity to play their emotion.
3. After the improvisation has come to a close, ask members of the group to share what emotion they were feeling and share as much as they are comfortable of the reason they were feeling that way with the group.
4. Discuss what they turn to when they are feeling such strong emotions and think back to the feeling song that was introduced in the communication section. Are they turning to positive ways to express the emotions? What are things they can do if they are feeling a particular emotion more often than usual?
5. Song re-creation on a song provided by the therapist for individuals to fill in positive ways to work with their emotions. Then as a group volunteers can share their answers to fill it in and sing the song as a group.
6. The members will then be given time to reflect on this experience and what they can do during the week at home and how this could be integrated with their child.
7. Reflection time will be given for 5-10 minutes

IV. Break

V. Emotional skills will be explored through meditation exercise for positive affirmation

1. Introduce the intervention. The therapist will discuss affirmations and meditation with the group and share what other's feelings on it are. Have they done meditation exercises, relaxation techniques?
2. This meditation is asking the individuals to think of the love they have for their child and think of what they would like their child to know from them.
3. The therapist will direct the individuals to relax in their seats and start the music and then the relaxation exercise.
4. After reviewing and sharing how they feel after the relaxation exercise, ask the parents to then reflect on how they think they can use mediation or relaxation exercises at home for themselves, family members, and their child.
5. Give 5-15 minutes to reflect and create a mandala.

VI. Lyric exploration

1. The therapist will pass out lyric sheets and emotion faces to the group members and will play the song that is portraying a certain emotion.
2. The group members will vote on what emotion they think is being represented and then discussion will take place what elements conveyed those emotions and the differences between thoughts. This will continue through a range of emotions.

VII. Discussion on the exploration of emotions

1. Remind the members to keep a journal or log throughout the week of instances where communicating was difficult for them.
2. Reflect this week on how emotions played a role in daily life, as well as in reactions and responses to both the member's and the child's emotions being expressed. and reactions as well as how you have responded to how you are feeling as well as responding to the emotions your child express.

VIII. Closing Circle

1. Thank everyone for coming today and for their hard work.
2. The therapist will ask if anyone has any comments, questions, or discoveries that were made during this session's activities.
3. Hand out the group evaluation form to be filled out and handed in as the members leave.
4. Remind members of next week's Individual Family session and to start their journal/log for the next session.
5. The group members will pass the instruments to the left for the last group experience to communicate how they are feeling after today's session.
6. Instruments are then put away and the group is dismissed.

Discussion of Interventions Used

After today's check-in and the session starts, the members will be asked to sit in the session space. They will be asked to take in some deep breathes and think about the emotions that they are experiencing or have experienced throughout the week. When they are ready, they can start to play the experienced emotion on their instrument.

Afterwards they will be asked to share their emotion and as much as they feel comfortable sharing about why they feel that way. Next, they will be asked to think back to the “Feelings” song that was introduced in an earlier session. Discussion will take place on what they do with their emotions especially if they are feeling a particular way more often than normal.

Then the therapist passes out a template for lyric song writing on positive ways to work on emotional expression. Once the sheets are filled in by the group, members can volunteer to share their answers to fill in the song as a group and then it will be sung with those changed lyrics. There will then be time given for the members to reflect on this and what they can do at home for themselves and their child with expression of their emotions. There will then be a break.

After the break there will be a meditation on positive affirmation. The focus will be on love and positive messages the members have for their child and what they would like their child to know or feel from them. This is an exercise in working on establishing positive bonding experience. At the end of the experience the members will be given time to create a mandala.

The final experience is a lyric exploration exercise where the therapist will pass out lyric sheets and emotion faces to be held up when they are asked what emotions are being portrayed in the song. The elements of the song will be explored and discussed as to why members felt certain emotions, especially if differences appear. This will be repeated for a few more emotions.

Once the discussion is concluded, the group will then move on to the closing circle. The members will be asked if there is anything else that they say, discovered, or any questions. The session evaluation will be handed out to be collected at the end of the session and a reminder will be stated that there will be journal pages to fill out for the next session. Instruments will then be

passed to the left. The concluding exercise will be to play how they are feeling after today's session. Instruments will then be put away and the members will be dismissed.

Multi-Family Group: Session Eleven Outline

Emotional II

- I. Check – In
 1. Members can mingle and try different instruments that are set out around the space.
 2. The therapist asks members to take a seat in the circle but to take 1 instrument with them that is different than the one used in the last session.
- II. Confidentiality Rules and Group Rules
 1. The therapist will ask if anyone has any questions or comments about confidentiality.
 2. Group Rules are reviewed from the previous session and it will be determined if any changes need to be made.
 3. The therapist will ask if anyone has any questions or comments about the group rules and remind members that these will be looked at every session and can be changed as needed.
 4. Statement of Goals for Session 11
 - a. Inform that this is Session 11 of 14.
 - b. Focus will be on checking in on the cognitive/academic tasks that were discussed last week. Discussion will be held on what was discovered about their ways of using cognitive /academics with their family member who is diagnosed with developmental or intellectual disabilities.

c. Focus will be on a new domain of emotional areas

III. Song Experience

1. The clients all bring in a song that represents an emotion.
2. Each member will have the opportunity to share their song and discuss why they chose it for the particular emotion. What elements stood out to them?
3. Discussion will then take place with the therapist to talk about what aspects of music draws to them and if they have experienced where one song might be written for one emotion yet be interpreted different or if at one moment in time a song meant one thing and then later on another time listening is interpreted differently.
4. Improvisation experience
5. The group will split up into small groups and each group will be given an emotion card and the members have to improvise a conversation conveying that emotion.
6. The rest of the members will try to guess what the improvised emotion was.
7. Once all the members have performed, the members will then be given time to reflect on this experience and what they can do during the week at home and how this could be integrated with their child.
8. Reflection time will be given for 5-10 minutes

IV. Break

- V. Emotional skills will be explored through meditation exercise for positive affirmation

1. Introduce the intervention. Therapist will discuss relaxation techniques with the group and share what other's feelings on it are.
2. This relaxation technique will be used to reduce anxiety or stress.
3. The therapist will direct the members to relax in their seats and start the music and then the relaxation exercise.
4. After reviewing and sharing how they feel after the relaxation exercise, ask the parents to then reflect on how they think they can use mediation or relaxation exercises at home for themselves, family members, and their child.
5. Give 5-15 minutes to reflect and create a mandala.

VI. Movement

1. The large group will split up into small groups and each group will choose a song
2. Each group will then choreograph moves to convey the motions using different levels and actions – high, medium, low,

VII. Discussion will take place on what movements change to change the meaning of it.

VIII. Discussion on the exploration of emotions

1. Remind the members to keep a journal or log throughout the week of instances where communicating was difficult for them.
2. Reflect this week on how emotions played a role in daily life, as well as in reactions and responses to both the member's and the child's emotions being expressed. and reactions as well as how you have responded to how you are feeling as well as responding to the emotions your child express.

IX. Closing Circle

1. Thank everyone for coming today and for their hard work.
2. The therapist will ask if anyone has any comments, questions, or discoveries that were made during this session's activities.
3. Hand out the group evaluation form to be filled out and handed in as the members leave.
4. Remind members of next week's Individual Family session and to start their journal/log for the next session.
5. The group members will pass the instruments to the right for the last group experience to communicate how they are feeling after today's session.
6. Instruments are then put away and the group is dismissed.

Discussion of Interventions Used

After today's check-in and the session starts, the members will be asked to sit in the session space. Members will bring in a song and discuss what emotion it conveys. Everyone shares and then discussion occurs on how the same song can change how it is interpreted. Whether it is different than what the writer intended, and the listener interpreted it, or if the meaning changes for the listener from one point of listening to the next.

Next, will be an improvisation experience where the group will be divided into smaller groups and provided with an emotion card. The purpose will be to have a conversation conveying the emotion on the card and have the other groups guess which emotion is being expressed. Discussion will take place on how the different emotions were conveyed. What instruments and how was it played. There will then be time given for the members to reflect on

this and what they can do at home for themselves and their child with expression of their emotions. There will then be a break.

A relaxation experience and discussion on how it can be used will start after the break. This is an exercise in working on establishing positive bonding experience. At the end of the experience the members will be given time to create a mandala.

The final experience is a movement exercise where the small groups will choose a song and convey emotions through the use of movements. Discussion will then take place on how movements and how they are carried out to convey the different emotions. Once the discussion is concluded, the group will then move on to the closing circle. The members will be asked if there is anything that they discovered or any questions that they have. The session evaluation will be handed out to be collected at the end of the session and a reminder will be stated that there will be journal pages to fill out for the next session. Instruments will then be passed to the right. The concluding exercise will be to play how they are feeling after today's session. Instruments will then be put away and the members will be dismissed.

Emotional – Original Relaxation Script by Heather Johnson, MT-BC

Affirmation Meditation

Goal: To provide a meditation exercise to aid in positive affirmation and begin mentally thinking of connection with their child.

This is a meditation/relaxation experience that would be spoken over gentle, supportive music such as a pre-recorded song of the therapist's choice or over the therapist playing live such as fingerpicking on the guitar. When choosing music for this relaxation exercise, it is important to take the music elements such as tempo, timbre, dynamics, pulse, rhythm, melody, and harmony into consideration. As the therapist you want to be sure that the music is grounding for the participants in order to keep them feeling that they are in a safe and relaxed mental state. A piece that is left too open and does not have a grounded rhythm or pulse can create an unwanted response to this exercise. A warm timbre such as cello, flute, piano, harp, and guitar can produce an atmosphere that is surrounding the members to feel calm and the sound can wash over them as they are breathing. A tempo of 60-72 bpm makes entraining the breathing with the music flow naturally. Dynamics should not shift drastically within the chosen piece. It should stay consistent through the piece with soft drawn out swells if there are any. When the meditation is spoken over the music, it is important for the therapist to speak gently and softly over the music. The words should be spoken with the flow of the music and not in contest with it. Positive affirmations are used, and this exercise starts with the feeling of love. As sessions progress, other positive affirmations that the parent or family member is wanting to connect with can be used.

Meditation

Breathe in; Breathe out

Breather in; Breathe out

Breathe in; Breathe out

Breathe in; Breathe out

Place your hands by your side and imagine you are with your child.

Think of what you want your child to know from you.

Feel the warmth of your love and let it flow freely and surround your child.

Imagine your child receiving your gift of love.

Imagine what your child is feeling with this gift.

Now imagine your child is sending those feelings back.

Breathe in; Breathe out

Breathe in; Breathe out

After this time a possible activity the parents could do is draw a mandala of the experience with gentle music continuing in the background to help complete the experience and give them something tangible to go with it.

Motor/physical Domain

Music aids physical and motor skills in a variety of ways. Through the implementation of music therapy experiences to create warm-ups to work on body awareness, work on gross motor control, using instruments to target spatial awareness and fine-motor movements, individuals in the multi-family group learn different ways that motor skills can be worked on and bring awareness to not only the possible limitations that their child may have, but open up the possibilities of areas that are open to their child that may not have been thought about before. The families can take these multi-family group experiences and integrate how these skills can be addressed in the individual family homes. The family members would then have a journaling exercise to do throughout the week that seeks and brings awareness to how the family members use motor skills in the home and how their child can participate in such activities if they have not already done so.

Multi-Family Group: Session Five Outline

Motor/Physical I

- I. Check – In
 1. Members can mingle and try different instruments that are set out around the space.
 2. The therapist will ask members to take a seat in the circle but to take 1 instrument with them that is different than the one used in the last session.
- II. Confidentiality Rules and Group Rules
 1. The therapist will ask if anyone has any questions or comments about confidentiality.
 2. Group Rules are reviewed from the previous session and it will be determined if any changes need to be made.
 3. The therapist will ask if anyone has any questions or comments about the group rules and remind members that these will be looked at every session and can be changed as needed.
 4. Statement of Goals for Session 5
 - a. Inform that this is Session 5 of 14.
 - b. Focus will be on checking in on the emotion tasks that were discussed last week. Discussion will be held on what was discovered about their emotions and the impacts emotions have on their family member who is diagnosed with developmental and/or intellectual disabilities.

- c. Focus will be on a new domain of motor/physical skills

III. Movement Experience

1. The members will be asked to create a space to work on movement.
2. The therapist will demonstrate the different movements that will be used in the experience.
3. Members will be given a choice to participate and a moment to determine to what extent they will be able to participate based on their own health.
4. Participating members will be asked to follow the therapist in the first movement exercise and will be reminded to do only as much as they can safely without any risk of injury. Modified movements will be provided by the therapist as needed.
5. The members will be asked to sit on the floor if able or they may use chairs if the added support is needed.
6. The therapist will lead the first movement experience.
7. After experience has come to a close, ask members of the group to state what they noticed during the experience, how they felt before, during, and after.

IV. Movement experience 2

1. The group will be asked to remain in the movement area of the session space and if there are any chairs to move them out of the way.
2. The therapist should remind the members to participate as much as possible but to be aware of any existing conditions that they will need to adapt for.
3. The therapist will lead this second movement exercise in small segments teaching the dance to the group.

4. After all of the moves have been demonstrated and taught, the entire song will be done.
5. The group will be brought back to the session space to sit and discussion will be opened about how the members felt before, during, and after the second movement experience. The therapist will ask for comparing and contrasting experiences between the first and second movement experiences.
6. After reviewing and sharing how they feel about the two contrasting movement exercises the members are then asked to reflect on how their child could benefit from movement experiences. Which type of experience would benefit the child. Which type do they do already?
7. Give 5-15 minutes to reflect and write these discoveries down.

V. Break Time

VI. Small Group Movement Creation

1. The members will be asked to form small groups and are provided notecards that have different body parts and/or types of movements to incorporate in their choreography to a song.
2. The therapist will play the song for the groups to listen to.
3. The song will be repeated as needed for the groups to form their choreography.
4. Each group will perform their dance.

VII. Creative Instrumental Movement Play

1. Each group will keep the same body part cards and then will be given the task to incorporate instruments to achieve work those body parts.

2. The group can choose their own appropriate song or can choose from a song list the therapist has.
3. The small group will then perform their creation for the rest of the group.
4. Discussion will then take place comparing and contrasting the experiences of both creative movement exercises. What was easy, what was difficult, what surprised them, did they have a preference on just moving or adding instruments?

VIII. Discussion on the exploration of movement and differences that were felt before and after.

1. Remind the members to keep a journal or log throughout the week of instances where communicating was difficult for them.
2. Reflect this week on any movement difficulties or surprises with their child.

IX. Closing Circle

1. Thank everyone for coming today and for their hard work.
2. The therapist will ask if anyone has any comments, questions, or discoveries that were made during this session's activities.
3. Hand out the group evaluation form to be filled out and handed in as the members leave.
4. Remind members of next week's Individual Family session and to start their journal/log for the next session.
5. The group members will pass the instruments to the right for the last group experience to communicate how they are feeling after today's session.
6. Instruments are then put away and the group is dismissed.

Discussion of Interventions Used

After the initial check-in and social time for the members of the group, the group will be asked to come to the session space. Group rules and confidentiality will be reviewed. The group will then join the therapist in the session space where there is room to move. The therapist will make sure that the members know that it is important to participate as they are able but keeping safety and realistic expectations of themselves at the forefronts of their minds. The therapist can provide modified movements as needed.

Movement exercise one is then started in a seated position. The initial position is meant for the group members to be sitting on the floor, however, if they need to sit in a chair that can work as well. The purpose of the first movement exercise is to work slowly and bring an awareness to different body parts. This will then lead directly to the other movement experience which is at a faster tempo and more focused on coordination. If there are individuals who were using chairs, those need to be moved out of the session space for this exercise. The therapist invites the group to try the movements while demonstrating the dance. This brings awareness to the group members of coordination, learning process, and expectations that can be placed when they are not completely ready to do so. This is a point that will be brought to the discussion afterwards. It is to show that things that may seem like they should be simple still need to be broken down.

Through this demonstration it is the therapist's purpose to bring the feeling of uncomfortable to the experience so that they can then apply it to what might be going on with their children as well as the benefits that come from moving. The parents will reflect on which experience was difficult, easy, and any other feelings that came up. They will have time to write their reflections down and then it will be break time.

After the break, the group will be broken into smaller groups. Each group will be given a set of notecards that have body parts and/or movements that will be incorporated into the choreography experience. The therapist will play the song that is to be used for the experience so that everyone can listen to it first. Then the song will be repeated so that all groups have time to discuss, put together their dance, and practice it a few times. The groups will then share their dances with the rest of the group.

Next, the group will then be asked to look at the movements and body parts they have and now their task is to incorporate instrument play into it. They are also able to choose a song or can pick from a list the therapist has. The groups will be given time to work on putting this together and then present this to the group. Discussion will then take place on what were the similarities and differences of each exercise. Discussion will also look at what was easy, difficult or surprising about the session.

Once the discussion is concluded, the group will then move on to the closing circle. The members will be asked if there is anything else that they say, discovered, or any questions. The session evaluation will be handed out to be collected at the end of the session and a reminder will be stated that there will be journal pages to fill out for the next session. Instruments will then be passed to the right. The concluding exercise will be to play how they are feeling after today's session. Instruments will then be put away and the members will be dismissed.

Multi-Family Group: Session Twelve Outline

Motor/Physical II

- I. Check – In
 1. Members can mingle and try different instruments that are set out around the space.
 2. The therapist will ask members to take a seat in the circle but to take 1 instrument with them that is different than the one used in the last session.
- II. Confidentiality Rules and Group Rules
 1. The therapist will ask if anyone has any questions or comments about confidentiality.
 2. Group Rules are reviewed from the previous session and it will be determined if any changes need to be made.
 3. The therapist will reiterate to the members that they are to be mindful of their own physical health and limitations and that modifications will be made to accommodate those who need it.
 4. The therapist will ask if anyone has any questions or comments about the group rules and remind members that these will be looked at every session and can be changed as needed.
 5. Statement of Goals for Session 12
 - a. Inform that this is Session 12 of 14.
 - b. Focus will be on checking in on the emotion tasks that were discussed last week. Discussion will be held on what was discovered

about their communication and the communication of their family member who is diagnosed with developmental and/or intellectual disabilities.

c. Focus will be on a new domain of motor/physical skills

III. Improvisation Experience

1. The members should all have an instrument that they sat down with from the check-in. Rules and care of the instruments will be reviewed.
2. Motor/physical skills will be explored through call and response drumming experience that was used in the first social/psychosocial session.
3. After a brief reintroduction of the exercise, members will be given a chance to be the leader.
4. Once everyone has had a chance to be a leader and the therapist regains the leadership role and this will lead directly into the next intervention.

IV. Improvisational Exercise

1. Motor/physical skills will be explored through question and answer while playing.
2. The therapist will use a member's name and ask them a question conversationally via singing. That member will then ask each member a question until each member has been asked and answered a question.
3. Discussion of how this demonstrates motor skills and what type of motor skills looking at fine, gross, and vocal motor skills.
4. Discussion and reflection on how this is seen and will work with their child at home.

5. Give 5-15 minutes to reflect and write these discoveries down.

V. Break

VI. Motor/Physical skills will be explored through song mapping.

1. The therapist will re-introduce the intervention. The therapist will then pass out blank notecards for the members to create their song map. Next, the therapist will pass out movement cards, that incorporate different levels of movement (i.e. High, Medium, Low), to be used in the maps as well.
2. The therapist will then play the song that is to be used to create the map and the members will then create a key for the different movements and then map out the movements for the song.
3. Once song mapping is complete, each member will try their created song map as well as the song maps from three other group members.

VII. Song Mapping Part II

1. The therapist will pass out another blank card and a set of cards or list of instruments for the members to use. The therapist will then play or sing a familiar tune that the families would be used to such as “Twinkle Twinkle Little Star”.
2. Each client will create a key like before but this time the symbols will represent the different instruments to play.
3. Discussion will then take place to review and share the members’ experiences throughout the process of song mapping regarding the motor skills used. The members will then be asked to reflect on what they do and can do to add motor skills into their daily lives.

VIII. Discussion on the exploration of motor/physical skills what was easy, what was difficult and what might have surprised them.

1. Remind the members to keep a journal or log throughout the week of instances where communicating was difficult for them.
2. Reflect this week on a particular difficult time between your child and yourself with motor/physical skills.

IX. Closing Circle

1. Thank everyone for coming today and for their hard work.
2. The therapist will ask if anyone has any comments, questions, or discoveries that were made during this session's activities.
3. Hand out the group evaluation form to be filled out and handed in as the members leave.
4. Remind members of next week's Individual Family session and to start their journal/log for the next session.
5. The group members will pass the instruments to the left for the last group experience to communicate how they are feeling after today's session.
6. Instruments are then put away and the group is dismissed.

Discussion of Intervention Used

After the initial check-in and social time for the members of the group, the group will be asked to come to the session space with a chosen instrument to play. Group rules and confidentiality will be reviewed. The therapist will then start the improvisational exercise that will be in a call and response format. The therapist will engage each member in a conversation by asking a question and having them answer via singing. Once everyone is given a turn,

discussion will take place about how this exercise demonstrated motor skills such as fine, gross, and vocal motor skills. The members will then be asked to take some time to reflect on how this is demonstrated by their children at home

The group will be re-introduced to the song mapping activity after the break. The therapist will pass out blank notecards for the members to create their own unique song map using movement cards that the therapist will also hand out. These movement cards will incorporate different levels of movement such as high, medium, and low that will be used to create the song maps. Once all of the members are ready, the therapist will play a song that will be used to create the song map. The members will create symbols and make a key for their map so that others can interpret what movements are being indicated on the card. Once everyone has had an opportunity to finish their song map, each member will try to follow their song map as well as song maps of three others.

The next exercise that will happen is song mapping using instruments instead of movements. The therapist will pass out another notecard and a set of cards or list of instruments that the member can use. Next, the therapist will play or sing a tune that the families would be familiar with such as “Twinkle Twinkle Little Star”. Each member will create a key to show which instruments to play at different parts of the song instead of using movements. A discussion will occur after to examine how the members felt throughout the process of each song mapping experience and the motor skills that were used. Reflection will be a part of the discussion on how members can add motor skills to their daily lives. This discussion will then turn to what their unique experiences were during the session. The members will be asked to reflect on what was easy, difficult, or what might have surprised them during the session.

Once the discussion is concluded, the group will then move on to the closing circle. The members will be asked if there is anything else that they say, discovered, or any questions. The session evaluation will be handed out to be collected at the end of the session and a reminder will be stated that there will be journal pages to fill out for the next session. Instruments will then be passed to the left. The concluding exercise will be to play how they are feeling after today's session. Instruments will then be put away and the members will be dismissed.

Motor/Physical – Movement 1 choreography by Heather Johnson, MT-BC

Goal: To work on moving and body awareness

Music used: Artist: Amrit Kirtan

Album: Sacred Circle

Song: Ong Namō Guru Dev Namō

Table 2

Movement 1 Choreography

<u>Counts</u>	<u>Movement</u>	<u>Direction Type</u>		
1. 8 counts	head roll	Right		
2. 8 counts	head roll	Left		
3. 8 counts	shoulder roll	back	alternating 2 counts	Right/Left
4. 8 counts	shoulder roll	forward	alternating 2 counts	Right/Left
5. 8 counts	elbow lead	forward	alternating 2 counts	Right/Left
6. 8 counts	Long arm circle	forward	alternating 2 counts	Right/Left
7. 8 counts	elbow lead	back	alternating 2 counts	Right/Left
8. 8 counts	long arm circle	back	alternating 2 counts	Right/Left
9. 8 counts	arm cross stretch	Right		
10. 8 counts	arm cross stretch	Left		
11. 8 counts	lean	Right		
12. 8 counts	lean	Left		
13. 8 counts	stand up rolling			
14. 8 counts	side stretch	Right		
15. 8 counts	side stretch	Left		

<u>Counts</u>	<u>Movement</u>	<u>Direction</u>	<u>Type</u>
16. 8 counts	hip sway	Right	alternating 1 count Right/Left
17. 8 counts	leg lift	front	Right
18. 8 counts	leg lift	back	Right
19. 8 counts	leg lift	front	Left
21. 8 counts	leg lift	back	Left
22. 4 counts	ankle roll	out	Right
23. 4 counts	ankle roll	in	Right
24. 4 counts	ankle roll	out	Left
25. 4 counts	ankle roll	in	Left

Motor/Physical – Movement 2 choreography by Heather Johnson, MT-BC

Goal: To work on moving, spatial awareness, coordination

Song: Waka Waka

Artist: Shakira

Table 3

Movement 2 Choreography

<u>Counts</u>	<u>Movement</u>	<u>Direction Type</u>
1. 8 count	march in place	Right
2. 8 count	Forward march	Right
3. 8 count	Back march	Right
4. 8 count	march in place	Right
5. 8 count	heel dig front	alternate Right/Left
6. 8 counts	Toe dig back	alternate Right/Left
7. 4 count	3-step turn	Right/clap
8. 4 count	3-step turn	Left/clap
9. 4 counts	Right heel dig cross left toe dig	Right
10. 4 counts	step in place	
11. 4 counts	Left heel dig cross right toe dig	Left
12. 4 counts	step in place	Left
13. 4 count	grapevine	Right/Punch up Right arm
14. 4 count	grapevine	Left/Punch up Left arm
15. 4 count	grapevine	Right/clap
16. 4 count	grapevine	Left/clap

*Repeat Steps 1-16 four times

Then do steps 1-6 then end on sidestep claps alternating right and left

Sensory Domain

Music therapy can address sensory issues in a variety of ways. Through the implementation of songs that bring about the discussion of the different senses, using instruments that use different timbre and textures, dynamics, discussion of memories that bring awareness to the senses, props that are used in the music therapy experience, and art with the music can all be used as ways to engage the senses. Bringing these experiences in a group setting allows for the members to brainstorm on other ways to incorporate the senses especially if there are sensitivities to different senses. This can also aid in pinpointing if there are triggers for behaviors that typically occur around certain sensory inputs. The families can then take these multi-family group experiences and can work on the sensory areas in the individual family homes. The family members would then have a journaling exercise to do throughout the week that seeks and brings awareness to how the family members work with the senses and if there are ways to work with sensory sensitivities.

Multi-Family Group: Session Six Outline

Sensory I

- I. Check – In
 1. Members can mingle and try different instruments that are set out around the space.
 2. The therapist will ask members to take a seat in the circle but to take 1 instrument with them that is different than the one used in the last session.
- II. Confidentiality Rules and Group Rules
 1. The therapist will ask if anyone has any questions or comments about confidentiality.
 2. Group Rules are reviewed from the previous session and it will be determined if any changes need to be made.
 3. The therapist will ask if anyone has any questions or comments about the group rules and remind members that these will be looked at every session and can be changed as needed.
 4. Statement of Goals for Session 6
 - a. Inform that this is Session 6 of 14.
 - b. Focus will be on checking in on the motor/physical tasks that were discussed last session. Discussion will be held on what was discovered about their motor/physical skills and those skills of their family member who is diagnosed with developmental or intellectual disabilities.

c. Focus will be on a new domain of sensory skills

III. Song Experience

1. The therapist will present picture clues that represent different song titles. The group will guess what the songs are.
2. Once the members guess all of the songs, they will be asked to identify what the songs have in common.
3. Songs will be listened to/sung with lyric sheets provided as needed.
4. Discussion will be on the senses and how those senses are engaged.

IV. Art to Music

1. The members will be invited to get the art supplies that they are wanting to use such as crayons, color pencils, oil pastels, tissue paper, paint, markers, etc.
2. Once members have returned to a space where they can engage in the experience the therapist will give directions on listening to the song and creating the art as they interpret.
3. Once members have completed their picture there will be discussion on how the song and medium used engaged the senses. What senses were the members trying to portray were engaged.
4. After reviewing and sharing, ask members how they react to the senses at home and then reflect on how their child reacts to these same sensory. Is it the same? Is it different? Do they do they react the same way for all unpleasant senses?
5. Give 5-15 minutes to reflect and write these discoveries down.

V. Break Time

VI. Improvisation Sensory

1. The group will be broken into small groups with their instruments.
2. Each group will be given a note card with a sound, event, or action, that engages the senses. The groups will create a way to demonstrate this through the instruments.
3. Discussion will take place to explore what the sounds or concepts evoked in the members, and what senses were engaged. Even when reading the card, what senses did you want to try and incorporate into the creative process?

VII. Discussion on the exploration of sensory engagement

1. Remind the members to keep a journal or log throughout the week of instances where sensory engagement was difficult for them or easy.
2. Reflect this week on a particularly difficult time between you and your child in regard to sensory engagement with sensory engagement. Outlining the circumstances and what/if an action/behavior the child demonstrated was due to a sensory sensitivity.

VIII. Closing Circle

1. Thank everyone for coming today and for their hard work.
2. The therapist will ask if anyone has any comments, questions, or discoveries that were made during this session's activities.
3. Hand out the group evaluation form to be filled out and handed in as the members leave.
4. Remind members of next week's Individual Family session and to start their journal/log for the next session.

5. The group members will pass the instruments to the left for the last group experience to communicate how they are feeling after today's session.
6. Instruments are then put away and the group is dismissed.

Discussion of Interventions Used

After check-in, members will have social time as well as time to peruse any reference materials that were provided for learning purposes. The group will be invited to the session space and the confidentiality rules and group rules will be reviewed. A review discussion will take place to address any questions or discoveries that have taken place about the previous session's domain. It will then lead into the introduction of the new domain.

The first experience of the session is a song experience where the therapist presents a series of pictures that represent different song titles. Each song has some relation to the sensory domain. After the song titles are revealed, the songs will be played and/or sung with the group. This is to open up the discussion about senses and how they are experienced, for example, do the senses work alone or together?

Next the therapist will have the members get materials for art to music. The members can use anything such as crayons, colored pencils, oil pastels, tissue paper, and chalk. The members will share their art and continue the discussion on how the music engaged the senses along with the art. There will then be reflection and writing time followed by a break.

The final experience of the session is that the group will be broken into smaller groups and provided with instruments. Each group will get a notecard with an emotion, sound, event, or action that engaged the senses and each group is to try and portray that card with their instruments. This will then become the basis for discussion on what can be portrayed and what was difficult with the task.

Once the discussion is concluded, the group will then move on to the closing circle. The members will be asked if there is anything else that they say, discovered, or any questions. The session evaluation will be handed out to be collected at the end of the session and a reminder will be stated that there will be journal pages to fill out for the next session. Instruments will then be passed to the right. The concluding exercise will be to play how they are feeling after today's session. Instruments will then be put away and the members will be dismissed.

Multi-Family Group: Session Thirteen Outline

Sensory II

- I. Check – In
 1. Members can mingle and try different instruments that are set out around the space.
 2. The therapist will ask members to take a seat in the circle but to take 1 instrument with them that is different than the one used in the last session.
- II. Confidentiality Rules and Group Rules
 1. The therapist will ask if anyone has any questions or comments about confidentiality.
 2. Group Rules are reviewed from the previous session and it will be determined if any changes need to be made.
 3. The therapist will ask if anyone has any questions or comments about the group rules and remind members that these will be looked at every session and can be changed as needed.
 4. Statement of Goals for Session 13
 - a. Inform that this is Session 13 of 14
 - b. Focus will be on checking in on the motor/physical tasks that were discussed last week. Discussion will be held on what was discovered about their reactions to different motor/physical tasks and the reactions of the motor/physical tasks their family member who is diagnosed with developmental and/or intellectual disabilities.

c. Focus will be on a new domain of sensory

III. Improvisation Experience

1. The group will be asked to take out the instrument that they chose to take to their seat.
2. They will be asked to take a couple deep breathes in and instructed to begin playing whenever they are ready to do so.
3. The therapist will change different things throughout the playing such as dynamics asking them play loud and quieter as a group and ask half to get quieter as the other group is playing louder and reverse it. The therapist will then go around the group and indicate only certain timbres play at a time such as metallic instruments such as bells, cabasa, tambourines, and then have the different drums play, and then have other timbres brought out as represented in the group, the members will also be asked to add in their voice.

IV. Instrument Exploration Experience

1. After the improvisation has come to a close, ask members of the group to explore playing the different instruments in different ways. Examples might include but not limited to: through the fingers, closing the eyes, rolling on the skin, tapping on the skin, playing near the head playing down by their feet, etc.
2. When members have finished exploring the different instruments and ways to play them, open discussion about what they felt they were drawn to and what was going on in the improvisation experience. What was too much for them,

what felt strange, what felt more natural, if anything? What points or aspects can be taken from this into the family home?

V. Reflect and write

1. Reflect on what the different timbres may mean to their child. What would they be drawn to? What have they already shown sensitivities to?
2. Give 5-15 minutes to reflect and write these discoveries down.

VI. Break Time

VII. Art to Music

1. The members will be invited to get the art supplies that they are wanting to use such as crayons, color pencils, oil pastels, tissue paper, paint, markers, etc.
2. Once members have returned to a space where they can engage in the experience the therapist will give directions on listening to the song and creating the art as they interpret.
3. Once members have completed their picture there will be discussion on how the song and medium used engaged the senses. What senses were the members trying to portray were engaged?
4. After reviewing and sharing, ask the members how they react to the senses at home and then reflect on how their child reacts to these same sensory. Is it the same? Is it different? Do they do they react the same way for all unpleasant senses?

VIII. Discussion on the exploration relation of feelings and actions and how the actions are communication.

1. Remind the members to keep a journal or log throughout the week of instances where communicating was difficult for them.
2. Reflect this week on a particularly difficult time between your child and yourself with communication. Outlining the circumstances and what/if an action/behavior their child was conveying was a form communication.

IX. Closing Circle

1. Thank everyone for coming today and for their hard work.
2. The therapist will ask if anyone has any comments, questions, or discoveries that were made during this session's activities.
3. Hand out the group evaluation form to be filled out and handed in as the members leave.
4. Remind members of next week's Individual Family session and to start their diary/log for the next session.
5. The group members will pass the instruments to the right for the last group experience to communicate how they are feeling after today's session.
6. Instruments are then put away and the group is dismissed.

Discussion of Intervention Used

The group will come together in the session space after checking in and having time to socialize with other members. They will join in an improvisation experience where they will be asked to begin playing when they are ready. The therapist will then start the demonstration of the different timbres and dynamics by having the group try playing louder and quieter. The therapist will also direct each type of timbre isolating the playing of each such as the drums, the metallic instruments, etc. The members will then be asked to move to the next experience by exploring

the different instruments and different ways to play the instruments. Did playing the instrument with the fingers feel different than when it was tapped on their knee or was one timbre more irritating than a different one. This will then be reflected and written about. How do their children react to these different timbres or dynamics?

After break, the therapist will engage the group in another art to music experience but with a different type of song. After the members share, ask them to compare the two art to music experiences. Once the discussion is concluded, the group will then move on to the closing circle. The members will be asked if there is anything else that they say, discovered, or any questions. The session evaluation will be handed out to be collected at the end of the session and a reminder will be stated that there will be journal pages to fill out for the next session. Instruments will then be passed to the right. The concluding exercise will be to play how they are feeling after today's session. Instruments will then be put away and the members will be dismissed.

Sensory –Picture Puzzles by Heather Johnson, MT-BC

Goal: To work on the 5 senses

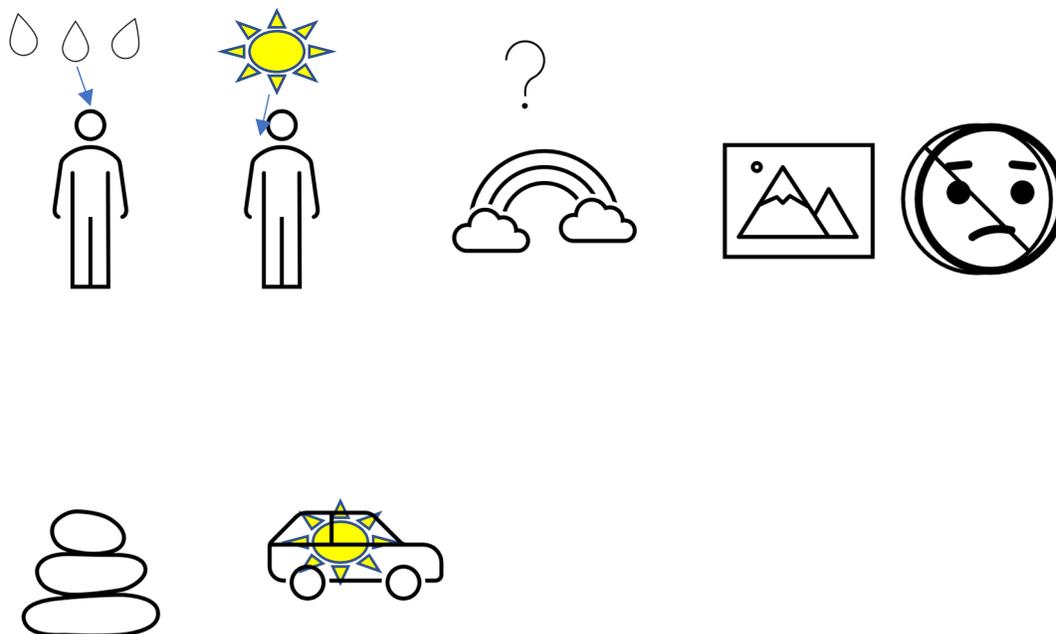


Figure 2. Example Picture Puzzles for Guessing Song Titles

Religious/Spiritual Domain

Music therapy can be used to address religious and spiritual areas. After a music therapy intervention such as a listening exercise, improvisation, songwriting, or song discussion, discussions develop from the experiences and allows the music to work through the needs that are presenting. Using this type of therapy in a group setting allows for the individuals to discuss a topic with a community that shares a common thread and allows for deeper exploration in a safe space. The families continue these multi-family group experiences in their homes and address how this domain area can be navigated in the individual family homes. Since there is such a broad range of spiritual and religious areas that can be explored, a general overview of some relatable topics will be explored such as character traits and the more in-depth issues of religion and spiritual growth will take place during the individual family sessions. The family members would take their group experiences as well as the journaling exercises to bring awareness to how the family members relate to the domain of spirituality and religion and how that area transfers to their child who has the intellectual and/or developmental disabilities.

Multi-Family Group: Session Seven Outline

Religious/Spiritual I

- I. Check – In
 1. Members can mingle and try different instruments that are set out around the space.
 2. The therapist will ask members to take a seat in the circle but to take 1 instrument with them that is different than the one used in the last session.
- II. Confidentiality Rules and Group Rules
 1. The therapist will ask if anyone has any questions or comments about confidentiality. Group Rules are reviewed from the previous session and it will be determined if any changes need to be made.
 2. The therapist will ask if anyone has any questions or comments about the group rules and remind members that these will be looked at every session and can be changed as needed.
 3. The therapist will discuss the importance of being respectful of other family choices of faith or no faith traditions. This domain will be general and open for the multi-family group and will focus more in-depth when the therapist meets with the family for the in-home sessions.
 4. Statement of Goals for Session 7
 - a. Inform that this is Session 7 of 14.
 - b. Focus will be on checking in on the sensory tasks that were discussed last week. Discussion will be held on what was discovered

about their discovery of sensory likes and dislikes of their family member who is diagnosed with developmental and/or intellectual disabilities.

c. Focus will be on a new domain of religious/spiritual

III. Improvisation Experience

1. Members will be asked to take a couple deep breathes in and release slowly while thinking about spirituality/religion before being asked to portray their thoughts through instrument play. The members will then begin playing the instrument to represent what they were thinking.
2. After the improvisation has come to a close, ask members of the group to state what they think is the difference between being spirituality and religion.

IV. Song Experience

1. The therapist will play a series of songs to open up the conversation of character traits and the group will discuss character traits and values.
2. Ask the group what songs they know that inspires them to be their best and reinforces their values or traits they want to have.
3. After reviewing and sharing different character traits and values they want to instill, have the members reflect on how they share these with their child.
4. Give 5-15 minutes to reflect and write these discoveries down.

V. Break Time

VI. Song Creation

1. The members will be divided into small groups and they will be asked to create a song using character traits or values that they come up with. They can

either change a song lyric or the group can come up with their own tune – whichever they are comfortable with.

2. Each group will share, and discussion will take place of the exercise.

VII. Discussion on the exploration of spiritual and religious areas

1. Remind the members to keep a journal or log throughout the week of instances where spiritual or religious things come up.
2. Reflect this week on a particular time between your child and yourself with character traits or values.

VIII. Closing Circle

1. Thank everyone for coming today and for their hard work.
2. The therapist will ask if anyone has any comments, questions, or discoveries that were made during this session's activities.
3. Hand out the group evaluation form to be filled out and handed in as the members leave.
4. Remind members of next week's Individual Family session and to start their journal/log for the next session.
5. The group members will pass the instruments to the right for the last group experience to communicate how they are feeling after today's session.
6. Instruments are then put away and the group is dismissed.

Discussion of Interventions Used

After the group members check-in and have time to explore any references or materials that are displayed for the group, confidentiality and group rules will be reviewed. The opening

discussion will take place discussing the differences between spirituality and religion. The focus of this group will be to explore character traits and values that they have and would like to see in their child. There will be a listening exercise that starts this session out with songs that have some inspirational connection and discussion will take place on what values or traits can be associated with the songs.

Next, the group is asked to think about songs that they go to or listen to that helps them in a difficult time or reminds them of what their goals are. What song inspires them? The members will then have time to reflect and write about these songs and traits. After which they will then have a break. After break, the group will be broken into small groups and the group will choose character traits or values that they want to create into a song. They can either rewrite lyrics to a song or they may create a completely new song. This decision is dependent on the group members' level of comfort in creation. The groups will then share their creations and a discussion on the experience will take place.

Once the discussion is concluded, the group will then move on to the closing circle. The members will be asked if there is anything else that they say, discovered, or any questions. The session evaluation will be handed out to be collected at the end of the session and a reminder will be stated that there will be journal pages to fill out for the next session. Instruments will then be passed to the right. The concluding exercise will be to play how they are feeling after today's session. Instruments will then be put away and the members will be dismissed.

Multi-Family Group: Session Fourteen Outline

Religious/Spiritual II

- I. Check – In
 1. Members can mingle and try different instruments that are set out around the space.
 2. The therapist will ask members to take a seat in the circle but to take 1 instrument with them that is different than the one used in the last session.
- II. Confidentiality Rules and Group Rules
 1. The therapist will ask if anyone has any questions or comments about confidentiality.
 2. Group Rules are reviewed from the previous session and it will be determined if any changes need to be made.
 3. The therapist will ask if anyone has any questions or comments about the group rules and remind members that these will be looked at every session and can be changed as needed.
 4. The therapist will discuss the importance of being respectful of other family choices of faith or no faith traditions. This domain will be general and open for the multi-family group and will focus more in-depth when the therapist meets with the family for the in-home sessions.
 5. Statement of Goals for Session 14
 - a. Inform that this is Session 14 of 14.

- b. Focus will be on checking in on the sensory tasks that were discussed last week. Discussion will be held on what was discovered about their discovery of sensory likes and dislikes of their family member who is diagnosed with developmental and/or intellectual disabilities.
- c. Focus will be on a new domain of spirituality/religion

III. Improvisation Experience

1. Members will be asked to take a couple deep breathes in and release slowly while thinking about spirituality/religion before being asked to portray their thoughts through instrument play. The members will then begin playing the instrument to represent what they were thinking.
2. After the improvisation has come to a close, ask members of the group to start a conversation about spirituality, religion, and character traits

IV. Song Experience

1. The therapist will play a series of songs to open up the conversation of character traits and the group will discuss character traits and values.
2. Ask the group what songs they know that inspires them to be their best and reinforces their values or traits they want to have.
3. After reviewing and sharing different character traits and values they want to instill, have the members reflect on how they share these with their child.
4. Give 5-15 minutes to reflect and write these discoveries down.

V. Break Time

VI. Song Creation

1. The therapist will hand out the character trait worksheet. After members have been given time to work through the worksheet, the therapist will demonstrate the song “Character Trait Blues”. This leads the discussion of how to embrace traits they have that might benefit them in one way but may also want to balance it out with other positive character traits.
2. The members will be divided into small groups and they will be asked to create a song using character traits or values that they come up with in the character trait worksheet. They can either change a song lyric or the group can come up with their own tune – whichever they are comfortable with.
3. Each group will share, and discussion will take place of the exercise.

VII. Discussion on the exploration of spiritual and religious areas

1. Remind the members to keep a journal or log throughout the week of instances where spiritual or religious things come up.
2. Reflect this week on a particular time between your child and yourself with character traits or values.

VIII. Closing Circle

1. Thank everyone for coming today and for their hard work.
2. The therapist will ask if anyone has any comments, questions, or discoveries that were made during this session’s activities.
3. Hand out the group evaluation form to be filled out and handed in as the members leave.
4. Remind members of next week’s Individual Family session and to start their journal/log for the next session.

5. The group members will pass the instruments to the right for the last group experience to communicate how they are feeling after today's session.
6. Instruments are then put away and the group is dismissed.

Discussion of Interventions Used

After the group members check-in and have time to explore any references or materials that are displayed for the group, confidentiality and group rules will be reviewed. The opening discussion will take place discussing spirituality and religion and the relation with character traits. The focus of this group will be to explore character traits and values that they have and would like to see in their child. There will be a listening exercise that starts this session out with songs that have some inspirational connection and discussion will take place on what values or traits can be associated with the songs. The group will be asked if there was a song that stood out from the last spiritual/religious domain session or if they discovered a new song that fits in this category.

Next, the group is asked to think about songs that they go to or listen to that helps them in a difficult time or reminds them of what their goals are. What song inspires them? The members will then have time to reflect and write about these songs and traits. After which they will then have a break. After break, the therapist will hand out the "Character Trait Exercise" worksheet. Once the members completed the worksheet, discussion will occur of how to embrace traits they have that might benefit them in one way but may also want to balance it out with other positive character traits. The therapist will then demonstrate the song "Character Trait Blues" as a song example. The group will be broken into small groups and the group will choose character traits or values that they want to create into a song. They can either rewrite lyrics to a song or they may create a completely new song. This decision is dependent on the group members' level of

comfort in creation. The groups will then share their creations and a discussion on the experience will take place.

Once the discussion is concluded, the group will then move on to the closing circle. The members will be asked if there is anything else that they say, discovered, or any questions. The session evaluation will be handed out to be collected at the end of the session and a reminder will be stated that there will be journal pages to fill out for the next session. Instruments will then be passed to the left. The concluding exercise will be to play how they are feeling after today's session. Instruments will then be put away and the members will be dismissed. The therapist also needs to remind the families of the concluding multi-family group session that will take place at the next time to be used to wrap up the cycle and will be a time to answer any lingering questions or bring up any concerns moving forward.

Spiritual/Religious – Character Trait Identification Exercise by Heather Johnson, MT-BC

Goal: To work on character traits

Some character traits show a person's underlying or core values or beliefs. Here is a non-exhaustive list of some of the positive traits that will be focused on (adapted from Patterson, 2014).

Table 4

Positive Character Traits

Adaptable	Affable	Affectionate	Ambitious
Balanced	Benevolent	Bright	Broad-minded
Careful	Charming	Compassionate	Confident
Considerate	Courageous	Courteous	Creative
Curious	Dependable	Determined	Dignified
Diligent	Disciplined	Easy-Going	Educated
Empathetic	Encouraging	Enthusiastic	Fair
Faithful	Fearless	Flexible	Focused
Forgiving	Friendly	Generous	Gentle
Genuine	Gracious	Hard-working	Helpful
Honest	Humble	Idealistic	Imaginative
Independent	Insightful	Intelligent	Kind
Logical	Loyal	Loving	Modest
Optimistic	Organized	Passionate	Patient
Peaceful	Perceptive	Persistent	Polite
Practical	Principled	Protective	Punctual
Reliable	Resourceful	Responsible	Selfless
Sensible	Sincere	Spontaneous	Steadfast
Straightforward	Sympathetic	Thoughtful	Understanding

Please choose your answers from the above selection. If there is a word that you want to use that is not listed, you may use that word.

1. Positive character traits that I see in myself are:

2. Positive character traits that I admire in others:

3. Positive character traits that I wish I had:

4. Positive character traits that I see in my child:

5. Positive character traits that I would like to see in my child in some way:

Spiritual/Religious – Original Song by Heather Johnson, MT-BC

Goal: To work on character traits.

Character Trait Blues

D7

I have the character blues

D7

I have the character blues

A7 G7 A7 D7

As a parent, yes, I have the character blues

D7

My baby is fearless,

D7

My baby is brave,

D7

My baby is curious

A7

And it's going to take me to the grave

D7

I want to teach him/her to be careful

D7

I want him/her to be objective

D7

I want him/her to be balanced

A7

So that he/she can be safe

A7 G 7 A7 D7

Oh, as a parent, yes, I have the character blues

Part II: Single Family Sessions

Overview and Theories

There are two philosophies of therapy that come together to present a style of family-based music therapy that supports the individuals and the family unit as a whole. Bowen's family systems theory views the family as a single unit with each person being a component in the unit and when something impacts one person it affects everyone in the family (Kerr, 2000). Bowen developed the family theory to encompass eight concepts or systems. These concepts are: triangles, differentiation of self, nuclear family emotional process, family projection process, multigenerational transmission process, emotional cutoff, sibling position, and societal emotional process (Kerr 2000). Through these concepts Bowen looks at a different emotional and relational aspects in a person's life and how it contributes to the family dynamic as a whole. In order to map out and see the family's relationships and help the individuals move from an individualistic viewpoint to more of a relational viewpoint that crosses generational lines, Bowen created the "family diagram" to take the puzzle pieces of the family's past to create a paradigm shift for the family in the present (Kerr, 2000). The theory also states that it is innate for family members to be acutely connected through their emotions (Kerr, 2000).

Along with looking at how the individual relates to the family as a whole unit, it is important to address each individual. Through Rogers' client-centered theory of therapy, its foundation is to remember to "envision the human being as a person" (Wedding & Corsini, 2014, p. 95). This means that the person is "self-determining and self-realizing" (Wedding & Corsini, 2014, p. 95) which is demonstrated through a person acting of free will and is able to achieve intended desires in order to reach their potential. This philosophical standpoint creates an atmosphere of trust, authenticity, unconditional positive regard, and empathy from the therapist

to allow the client to heal through the process of collaboration with the therapist (Wedding & Corsini, 2014). Through the use of Rogers' client-centered theory in conjunction with Bowen's family systems theory, the relations between individuals and the family unit can be strengthened and ultimately support the entire family of those who have a child with special needs.

Confidentiality

Just like with the multi-family music therapy group, confidentiality and consent is important to review with the family members. While this program is created to help the family members find beneficial ways to connect with and work with their children, there are some instances where personal and private information is brought up to work through in the therapeutic moments. It is important that the family members participating in the sessions realize the consequences that revealing private information can have. It not only impacts the trust in the session space, but it can have a negative impact between family members in their roles as part of the group or as part of the family unit. as well. It is important to maintain a trusting and confidential therapeutic space for everyone involved.

Along with confidentiality, it is important to outline the expectations of the sessions and program in order to iterate the importance of regular attendance and that the program in order for the sessions to have the best outcomes. The session location, dates, times, and attendance policies are all in one location and signed by the family and the therapist to acknowledge that everything was reviewed and understood. It also should have information on how to contact the therapist in case of any questions, problems, or concerns that may come up outside of the therapy session that cannot wait until the next session. A third element that is provided in this form is the risks and benefits that the sessions may have. It is not promising that these things will happen, but it is outlining possibilities that may impact the individual both positively and negatively.

**Informed Consent and Limits of Confidentiality for
Family-Centered Music Therapy Services**

Name: _____

Date: _____

**Please initial after reading each statement.*

_____ I understand that I have been invited to participate in the Individual Family-Centered Music Therapy Program for parents and/or family members which was designed for those who have children with intellectual/developmental disabilities as one of the three components to the supplemental family-centered music therapy sessions.

_____ I understand that my participation and completion of the Family-Centered Music Therapy Program is used to prepare myself and family members to have more ways to connect with and work with my child.

_____ I understand that the Family-Centered Music Therapy Program requires the attendance of at least (#of weeks) weeks of family therapy beginning (Starting mm/dd/yy) until (Ending mm/dd/yy).

_____ I understand that the Family-Centered Music Therapy Program will be held at (Specific location site where session will be held) on (Specific day of the week) between (Starting time) a.m./p.m. and (Ending time) a.m./p.m. beginning (Starting Date) and ending on (Ending Date).

CONFIDENTIALITY

_____ I understand that all information disclosed within sessions is confidential and may not be revealed to anyone outside the family without my written permission.

_____ I also understand that (Name of therapist), MT-BC is required to comply with the legal and ethical rules of confidentiality and limits of confidentiality.

Limitations to confidentiality only apply in the following circumstances , where disclosure is required by law:

If a member discloses intent to harm oneself or others.

If a member discloses abuse, physically, sexually, or emotionally.

If involved in a legal matter, written permission will be required.

_____ I have read the above statement of confidentiality and have been given an opportunity to ask questions concerning it and understand the rules of confidentiality.

EMAIL AND COMMUNICATION

_____ I understand that e-mail is not always a confidential means of communication.

I am encouraged to call the MT-BC at (Designated phone number) if I have an urgent need to speak to the therapist.

_____ I understand that it is my responsibility to call the MT-BC if I need to be absent from a family session or cancel a session. I agree to meet with the MT-BC at a scheduled time prior to the next multi-family group session in the event that I am unable to attend a session.

RISKS AND BENEFITS OF GROUP THERAPY

_____ I understand that there is a possibility of risks which may occur in therapy. The risk may include remembering unpleasant events and may arouse strong emotional feelings. Therapy can impact relationships with significant others.

_____ I understand that there is potential for risk of injury if I participate in motor/physical activities. The level of participation is up to me and it is my responsibility to determine how much I am able to participate. By signing this agreement, I accept all responsibility for risk of injury if I participate in motor/physical activities.

_____ I understand the benefits from family-centered therapy may improve my ability to relate with other family members: allow for a clearer understanding of each domain and make more positive interactions within the family. By taking personal responsibility for working with these issues may lead to greater personal growth.

ELIGIBILITY, APPROPRIATENESS, AND REFERRALS

_____ I understand that my participation in this group requires that I attend all sessions, arrive on time and stay for the full session, and participate in verbal and non-verbal exercises designed for the group.

_____ I understand that it is important for members to feel safe in the group, therefore verbal or physical aggression will not be tolerated.

_____ I understand the group members will not be permitted to attend a group session if under the influence of an illegal substance.

_____ If it is decided that this is not the appropriate group to meet my needs, I understand that I will be given referrals to resources more appropriate to my needs and goals.

I HAVE HAD THE OPPORTUNITY TO DISCUSS ANY QUESTIONS I HAVE ABOUT THE ABOVE INFORMATION:

Client's Signature: _____ Date: _____

I HAVE DISCUSSED THIS INFORMATION WITH THE CLIENT:

MT-BC Signature: _____ Date _____

**Informed Consent and Limits of Confidentiality for
Family-Centered Music Therapy Services
Parent/Guardian Consent Form for Services**

Client's Name: _____ Date: _____

Parent/Guardian's Name: _____

**Please initial after reading each statement.*

_____ I understand that my child _____ (Client's Name) _____ has been invited to participate in the Individual Family-Centered Music Therapy Program for parents and/or family members which was designed for those who have children with intellectual/developmental disabilities as one of the three components to the supplemental family-centered music therapy sessions.

_____ I understand that my child's participation and completion of the Family-Centered Music Therapy Program is used to prepare my child and family members to have more ways to connect with and work with my child.

_____ I understand that the Family-Centered Music Therapy Program requires the attendance of at least (#of weeks) weeks of family therapy beginning (Starting mm/dd/yy) until (Ending mm/dd/yy).

_____ I understand that the Family-Centered Music Therapy Program will be held at (Specific location site where session will be held) on (Specific day of the week) between (Starting time) a.m./p.m. and (Ending time) a.m./p.m. beginning (Starting Date) and ending on (Ending Date).

CONFIDENTIALITY

_____ I understand that all information disclosed within sessions is confidential and may not be revealed to anyone outside the family without my written permission.

_____ I also understand that (Name of therapist), MT-BC is required to comply with the legal and ethical rules of confidentiality and limits of confidentiality.

Limitations to confidentiality only apply in the following circumstances, where disclosure is required by law:

If a member discloses intent to harm oneself or others.

If a member discloses abuse, physically, sexually, or emotionally.

If involved in a legal matter, written permission will be required.

_____ I have read the above statement of confidentiality and have been given an opportunity to ask questions concerning it and understand the rules of confidentiality as it pertains to my child.

EMAIL AND COMMUNICATION

_____ I understand that e-mail is not always a confidential means of communication.

I am encouraged to call the MT-BC at (Designated phone number) if I have an urgent need to speak to the therapist about my child's needs.

_____ I understand that it is my responsibility to call the MT-BC if my child needs to be absent from a family session or cancel a session. I agree to meet with the MT-BC at a scheduled time prior to the next multi-family group session in the event that I or my child is unable to attend a session.

RISKS AND BENEFITS OF GROUP THERAPY

_____ I understand that there is a possibility of risks which may occur in therapy.

The risk may include my child remembering unpleasant events and may arouse strong emotional feelings. Therapy can impact relationships with significant others.

_____ I understand that there is potential for risk of injury if my child participates in motor/physical activities. The level of participation is up to my child and myself and it is my responsibility to determine how much my child is able to participate. By signing this agreement, I accept all responsibility for risk of injury to my child if my child participates in motor/physical activities.

_____ I understand the benefits from family-centered therapy may improve my child's ability to relate with other family members: allow for a clearer understanding of each domain and make more positive interactions within the family. By taking personal responsibility for working with these issues may lead to greater personal growth.

ELIGIBILITY, APPROPRIATENESS, AND REFERRALS

_____ I understand that my child's participation in this group requires that he/she attends all sessions, arrive on time and stay for the full session, and participate in verbal and non-verbal exercises designed for the group as he/she is able.

_____ I understand that it is important for members to feel safe in the group, therefore verbal or physical aggression will not be tolerated.

_____ I understand the group members will not be permitted to attend a group session if under the influence of an illegal substance.

_____ If it is decided that this is not the appropriate group to meet my child's needs, I understand that I will be given referrals to resources more appropriate to his/her needs and goals.

I HAVE HAD THE OPPORTUNITY TO DISCUSS ANY QUESTIONS I HAVE ABOUT THE ABOVE INFORMATION:

Client's Name: _____ Date: _____

Parent/Guardian Signature: _____

**I HAVE DISCUSSED THIS INFORMATION WITH THE CLIENT'S
PARENT/GUARDIAN:**

MT-BC Signature: _____ Date _____

Family Sessions

The layout of this program is to start with the multi-family group music therapy sessions to provide a psychoeducational foundation on the seven domains that the music therapist uses for the goals and objectives that are the basis of the treatment plans. After the family experiences the psychoeducational session on a particular domain, the following week the therapist works with the individual family on the same domain. This takes the interventions and experiences to a deeper level and working on more personal goals implementing techniques demonstrated in the multi-family group sessions and working together with the family to address areas that they are wanting to strengthen as a family. These sessions will be longer than a typical individual session as the entire family group will be addressed and topics discussed more in depth. The therapist will bring in variations of the interventions that were used in the multi-family group sessions to show how these can work well in the family sessions. More in-depth explanations will take place as well as informing the family how these experiences address multiple domains. The same methods of improvisation, re-creative, composing, and listening will be used to implement the experiences.

The following will be a sample session outline implementing different experiences that were used in the multi-family group sessions to examine how these can be used with the family. It would be very tedious and impractical to try to provide the session plans that a therapist would use with the individual families since the areas that will be worked on to strengthen would vary depending on the exact diagnosis of the child who has intellectual and/or developmental disabilities and the cultural background of the family. Each family has a culture and is determined by several factors. Adamek and Darrow (2010) list these factors as “size, structure, rules roles, customs, communication style, problem-solving approaches, habits, activities,

beliefs, and values” (355). These are all to be considered when the therapist is working with the family. It is also during this time that the Family Systems approach can be implemented and consider the family unit and how the interactions of each individual affect the family as a whole. When changes occur, it impacts the family unit (Adamek & Darrow, 2010). Therefore, with these factors, it would be best planned by the music therapist running the program to gather the information needed and build the session plan to consider these factors.

When the therapist arrives to the family home the purpose will be two-fold. The first is to continue the psychoeducational information to the family members and second is to start addressing the specific needs of the family and start the forward process of supporting the family. The first part of the session will be to sit down with the family and discuss how they are feeling about the particular domain that has been addressed and what is believed to be the family strengths and weaknesses in this area. It is also important to determine how the child with the disability is seen in the family. It is important to reflect on the following questions. Does everyone in the family accommodate for this person? Are the family members expected to adjust to what the person wants or how they behave? How are the other children impacted by the decisions for the family? After opening up discussion on this and getting to know more about the family culture the music experiences can begin. Since many of the domains and sessions started with an improvisation experience, this session will as well. The same for the closing. For the purpose of this example, the writer is going to work with the first domain of communication. The session plan has a space for two goals and objectives that the therapist can fill in. In this sample, the goal is for the family to feel supported in learning how to recognize different forms of communication and to recognize how that can help in finding new ways of communicating as a family. In this example the child presents with a behavior that is being used to communicate and

the family struggles with knowing what the child wants when that is taking place. The first experience will be an improvisation experience. Everyone will have an instrument that they have chosen to use and the therapist will ask them to each take a moment to think about how they are feeling in this moment. The therapist will then state that whenever they are ready, they can play how they are feeling. Once the improvisation exercise has come to an end, the therapist will discuss with the family how each person is feeling. How did they feel before starting? How are they feeling now, after playing? How is it different or similar? The next experience is going to be with the song "Feelings". During this the therapist and the family will sing the song. Then the family members will talk about how they each react in the different situations. They will then be asked if there are other feelings or situations that are not in the song and then asked to explain what they do with that feeling. Each member will be given a copy of the song and asked to fill in the blanks with feelings they find themselves having and what they do. After members share their songs, discussion will then be done on if their reactions are positive or negative and what does it convey to the rest of the family. The family will then determine and set goals for this area and the therapist will check in with the family at the beginning of the individual session in the following week. These goals will be written in the section of the session form "Areas family wants to work on". The family will then be asked to listen to the song "Communication" by the Cardigans. The therapist will then discuss with the family about what is the song discussing, why is it important to think about when communication is not happening, and what impact that can have on their family if communication is not happening or not in a way that is receptive to other family members. It is also important to address how the communication or lack of communication is impacting the child with disabilities. This will be extremely important to look at through all of these experiences and will look different in all of the independent family

sessions depending on the severity of the disabilities as well as the elements of the family culture. The points of the discussions that the therapist wants to make sure are included will be listed in the section “Session discussion points”. If there are things that come up during the session that the therapist wants to address in the next session, that can also go in “considerations for next time”. It is also important to go through the session plan and make a checklist of what items will be needed for the session. This can be making sure certain instruments are available, copies of the songs or lyrics for experiences as well as any listening devices such as CD player, tablet, phone, speaker, or art supplies for example. At the end of the session any journaling pages will be handed out and the therapist plans a closing song to sing with the family to mark the end of the session.

Sample Family and Individual Session Planning Form

Family/Individual Name: (insert family name) Date: (insert session date)

Domain: Circle One

Communication Social/Psychosocial Cognitive/Academic
 Emotional Motor/Physical Sensory Religious/Spiritual

Goals and Objectives:

Goal 1: The (insert family name) family will learn how to recognize non-verbal communication

Objective: When their child (child's name) presents with (hitting) behavior, they will chart the patterns to see what the child is trying to communicate with the family.

Goal 2:

Objective:

Interventions/Experiences:

Improvisation:

Experience Name: Improvisation on feelings

What is the purpose of the experience: To recognize the emotion that the family members are feeling at the time and to discuss the reasons behind the feelings and to communicate to the rest of the family those feelings and reasons.

How will this be implemented in the session: This will be implemented at the beginning of the session. The family members will be asked to choose the instrument of their choice that they would like to use. The therapist will ask them to take a few

moments and think about what they are feeling. As family members feel ready, they may begin playing.

When the improvisation is finished and the space in the room has cleared, the therapist will facilitate discussion and family members are asked to share what they are feeling and why. The family will then be asked how they normally communicate or respond when they are feeling this way.

Re-creative:

Experience Name: “Feelings”

What is the purpose of the experience: The purpose is to look at some of the common emotions and how they are communicated. Sometimes these may have verbal responses and some do not. This will open up discussion on positive and negative reactions and how reactions are a way of communication.

How will this be implemented in the session: The therapist will pass out lyric sheets and the family will then join the therapist in singing the song “Feelings”. The therapist will then ask how the different family members respond when they are experiencing these feelings. They are also asked to identify whether those reactions are positive or negative. Discussion will then be facilitated in order to address how those reactions make others feel and what is being communicated to others.

Compose/Create:

Experience Name: “Feelings” composition

What is the purpose of the experience: The purpose of this experience is to open communication amongst the family and how these emotions are conveyed.

How will this be implemented in the session: The next step in this session is to ask the family members what other emotions they feel that may not be listed in the song. They will also reflect on how they react to those emotions. The members will then be asked to fill in the “Feelings” song with those emotions. They are then encouraged to share their song with their family members. They can take the melody of the song, or they can make it their own style.

Listening/Receptive:

Experience Name: Emotional Listening Song

What is the purpose of the experience: The therapist will play a song that has no words and the purpose is to see what emotions are felt and if it is possible to communicate with words those feelings.

How will this be implemented in the session: The therapist will instruct the members to listen to the song. They are to focus on how they are feeling. Afterwards the therapist will ask what was felt and if there were adequate words to describe it or if it is something words will not do. What could they do to express this feeling if anything?

Session Discussion points:

Discussion points will be positive and negative coping skills with emotions

How can emotions be communicated verbally?

How can emotions be communicated non-verbally?

How are your reactions communicating these emotions be perceived by those around you?

Target areas the family wants to work on in this domain:

Family is trying to figure out what their child is trying to communicate with the behaviors. How can they work on positive coping and communication skills with their child who is non-verbal.

Equipment Needed:

“Feeling” lyric sheets

Guitar

Song for listening for emotions available to play

Bluetooth speaker for the listening exercises

Handouts for emotions note taking and songwriting.

Instrumental improvisation instruments.

Experience Outcomes:

Through the various experiences, the family was able to bring awareness surrounding how they communicate their emotions through their verbal and non-verbal reactions.

They were also to recognize through open discussion with their family how their actions make others around them feel. Through the discussion they were able to realize that some of the behaviors they are seeing with their child may be a result of trying to communicate

with the family and they will start tracking when the behavior occurs in order to determine if there is a pattern surrounding these instances

Considerations for the next session:

Here any considerations that the therapist wants to consider for the next session such as preferences, triggers, notes on reactions, and things that would be able to be work through in the next session.

Part III: Individual Sessions with the Child

The third tier of this program is to have individual sessions with goals and objectives focusing on the seven domains that the music therapist uses that are the basis of the individual treatment plans. After the family experiences the psychoeducational session on a particular domain, the following week the therapist works with the individual family on the same domain. The next week is then the individual session. These sessions will incorporate the different domains with interventions. While during this time interventions will focus on the domain that is currently being worked on, the experiences also work through areas of the other domains. This takes the interventions and experiences to a different and more personal level with the individual and working on more personal goals. These sessions working with the individual will be average length, typically forty-five minutes to sixty minutes. At the beginning of the session will be a devoted time be a check-in with the family members to see how things are progressing in the home and if there are any issues or concerns that need attention. The therapist will bring in variations of the interventions that were used in both the multi-family group sessions and the individual family-based music therapy sessions to continue a common thread through the three parts. These will be more individualized and will be geared around the individual's strengths to help build up their abilities in the domain areas. The same methods of improvisation, re-creative, composing, and listening will be used to implement the experiences.

The following is a sample session outline implementing different experiences that can be used in the multi-family group sessions to examine how these can be used with the family. Again, it would be impractical to try to provide the session plans that a therapist would use with the individual since the areas that will be worked on to strengthen would vary depending on the exact diagnosis and age of the child who has intellectual and/or developmental disabilities and

the cultural background of the family. Again, just like in the individual family sessions, the family culture as described by Adamek and Darrow (2010) will need to be considered when working with the individual. Therefore, with these factors, it would be best planned by the music therapist running the program to gather the information needed and build the session plan to consider these factors.

When the therapist arrives to the family home the therapist will first check in with the family to see how their work is progressing in the home. Next, the therapist works with the individual client to start addressing the specific goals in the current domain. Some of the individual clients may have services already and the treatment plans are not to be abandoned, but the work of the other domains can be included. This can be done with weaving the different experiences in their session or altering some of the known experiences to work on the target areas. The way this would happen depends on the diagnosis and age of the individual client and how well the individual takes to change. The therapist will plan out the session and incorporating different experiences from the other two tiers as the individual will tolerate.

Sample Family and Individual Session Planning Form

Family/Individual Name: (insert individual name) Date: (insert session date)

Domain: Circle One

Communication Social/Psychosocial Cognitive/Academic
 Emotional Motor/Physical Sensory Religious/Spiritual

Goals and Objectives:

Goal 1: To work on communication skills

Objective: The individual will work with the therapist on communication skills appropriate to the client's diagnosis and age.

Goal 2:

Objective:

Interventions/Experiences:

Improvisation:

Experience Name:

What is the purpose of the experience:

How will this be implemented in the session:

Re-creative:

Experience Name:

What is the purpose of the experience:

How will this be implemented in the session:

Compose/Create:

Experience Name:

What is the purpose of the experience:

How will this be implemented in the session:

Listening/Receptive:

Experience Name:

What is the purpose of the experience:

How will this be implemented in the session:

Session Discussion points:

Target areas the family wants to work on in this domain:

Equipment Needed:

Experience Outcomes:

Improvisation:

Re-creative:

Compose/Create:

Listening/Receptive:

Considerations for the next session:

Conclusion

Parents will seek and search for helps for their children who are diagnosed with intellectual and/or developmental disabilities but often find themselves standing in the midst of feeling loneliness and a lack of supports that enable them to connect on a deeper level with their children and in their communities with others who have similar experiences. By building a three-tier program that is focusing on community, family, and the individual through the use of music therapy, it is offering supports to the parents and family to learn more about the way music can work in the different domains through psychoeducation, be applied to the family environment to aid in family relationships and bonding, and work with the individual to strengthen developments in the domain areas that is appropriate for the individuals' age and diagnosis.

It is important to remember that this manual is used as a guide for board certified music therapists working with children who have intellectual and/or developmental disabilities and are interested in working with integrating those individuals' family members to support the family unit. It is necessary for the music therapist to take into consideration the American Music Therapy Association's Standards of Practice and Code of Ethics, and the Certified Board of Music Therapy's Scope of Practice to ensure that they are following professional guidelines. It is intended that this program model is used as a way to integrate more family support through the use of music therapy and is not intended to replace any other therapies that the family may be receiving. It is intended to be a program that is guiding and teaching family members the benefits of understanding the different domains and how to work within each of the seven domains within themselves and with the family member who is diagnosed with an intellectual and/or developmental disability.

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Appendix A

Multi-Family Group Session Outline

- I. Check-In
- II. Focus of Session
 1. Review of Previous Session
 2. Introduction of new information
- III. Confidentiality and Group Rules
- IV. Experience 1
- V. Experience 2
- VI. Reflection
- VII. Break
- VIII. Experience 3
- IX. Experience 4
- X. Discussion and reflection of the session
- XI. Journal and Questionnaire handouts
- XII. Closing Circle

Appendix B

Sample Journal

Daily Journal Sample

Today I noticed I communicated these things well:

Today I noticed my child trying to communicate with me in these ways:

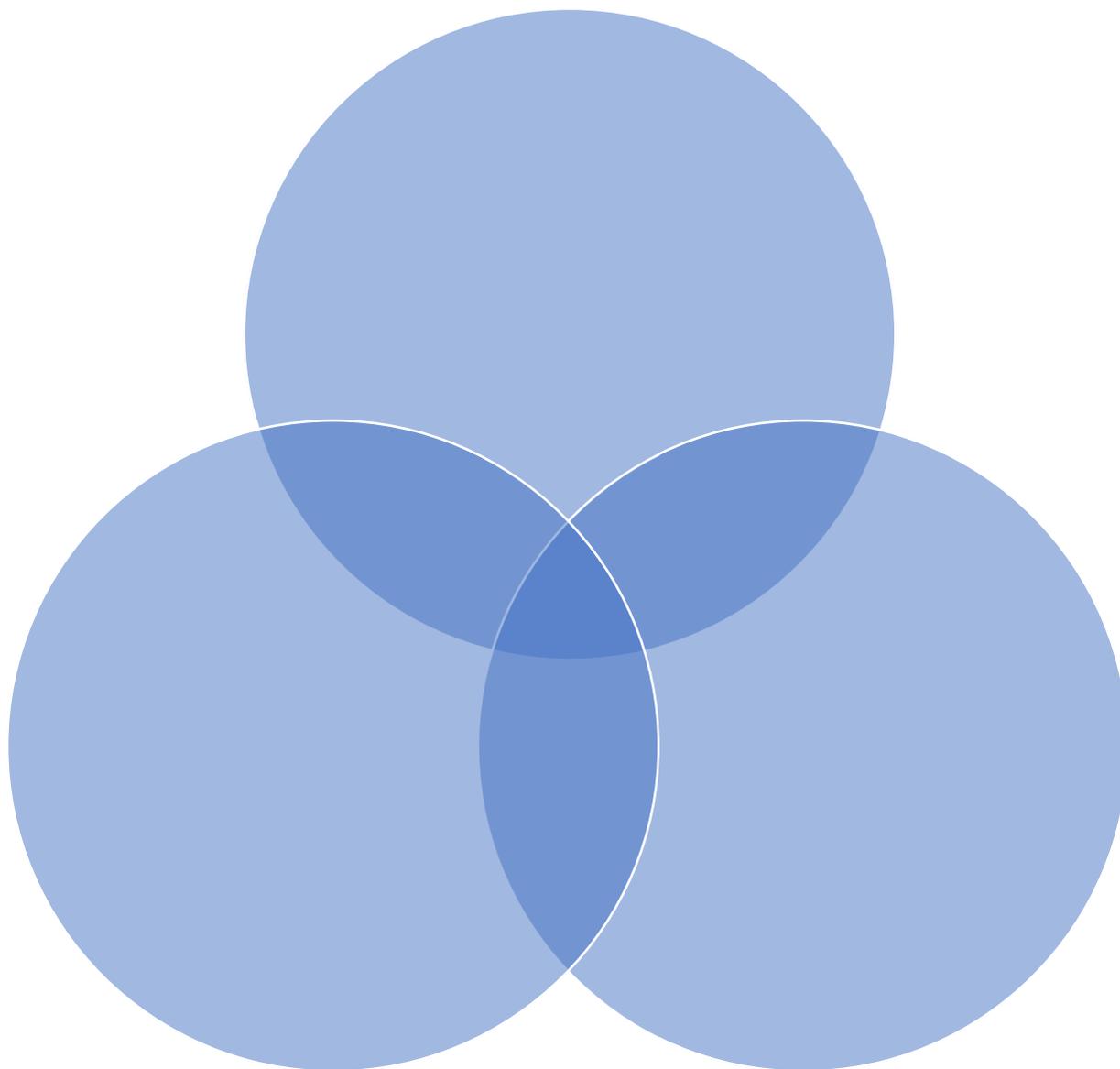
Today I noticed I did not communicate these things well:

I had difficulties understanding my child's communications when:

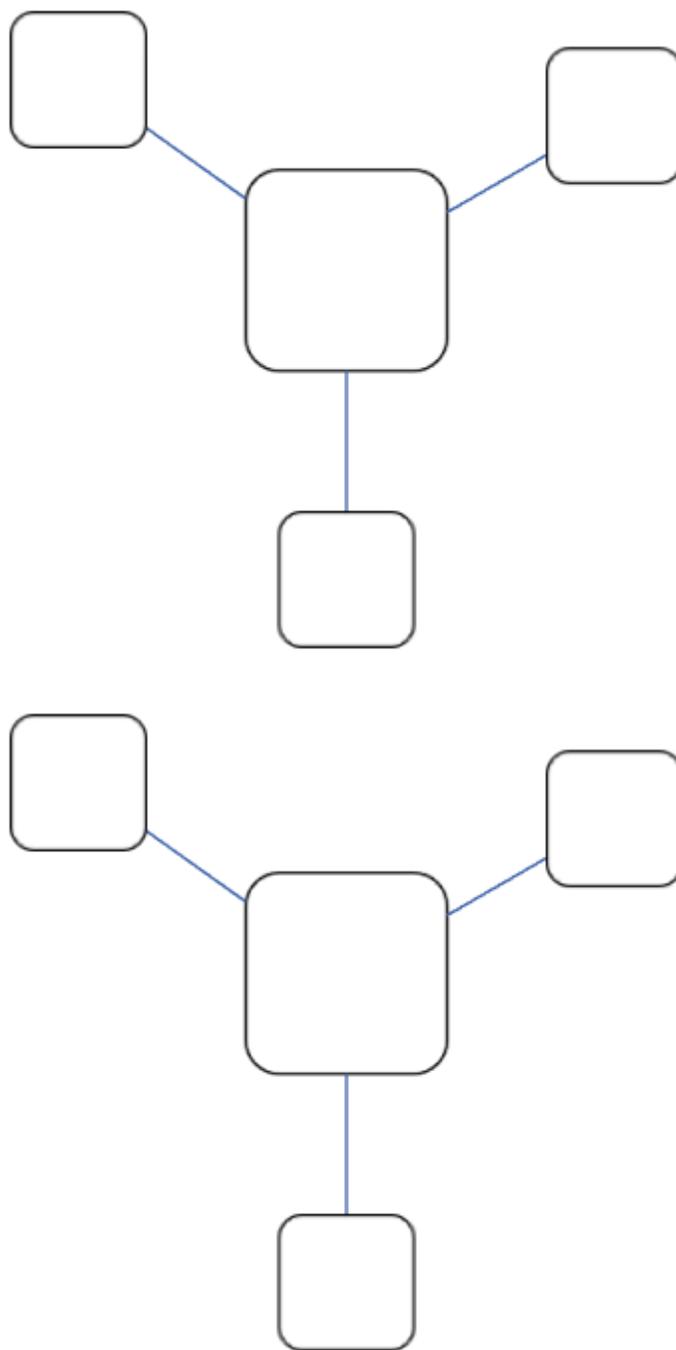
Ways I think I can improve with communication:

Other Notes:

Venn Diagram for Reflection Journaling



Thought Mapping for Reflection Journaling



Appendix C

Sample End of Session Questionnaire

INDIVIDUAL EVALUATION OF Multi-Family Group Music Therapy

A. Rate your level of motivation when you arrived today for Session (insert session #) of the Multi-Family Group Music Therapy. (0 = least motivated 5 = most motivated)

0 1 2 3 4 5

B. Engaging and participating in the (insert intervention exercise) allowed me to explore something new and helped me experience a different way to think about (domain area).

0 1 2 3 4 5

C. Participating in the music therapy intervention (intervention exercise) was beneficial to identifying my own actions in relating to (domain area) how I am feeling.

0 1 2 3 4 5

D. It was beneficial because

E. Rate your understanding of your relation to (insert domain area).

0 1 2 3 4 5

F. What did you like best about Session (insert session number)?

G. What did you like the least about Session (insert session number)?

Appendix D

Sample Song List

Song List for Song Discussion

1. When You Say Nothing at All – Alison Krauss
2. Communication – The Cardigans
3. Unwritten – Natasha Bedingfield
4. Shake It Off – Taylor Swift
5. This Is Me – Keala Settle
6. Show Yourself- Idina Menzel and Evan Rachel Wood
7. True Colors – Cyndi Lauper or Justin Timberlake and Anna Kendrick versions
8. Brave – Sarah Bareilles
9. Human – Christina Perri
10. Waka Waka – Shakira
11. Cupid Shuffle – DJ Casper
12. Cha Cha Slide – DJ Casper
13. Here Comes the Sun – The Beatles
14. Raindrops Keep Falling on My Head – B. J. Thomas
15. I Hope You Dance – Lee Ann Womack
16. The Climb – Miley Cyrus
17. Get Back Up Again – Anna Kendrick
18. You Raise Me Up – Josh Groban
19. Annie’s Song – John Denver
20. I won’t Give Up – Jason Mraz

Appendix E

Sample Family and Individual Session Planning Form

Family/Individual Name: _____ Date: _____

Domain: Circle One

Communication	Social/Psychosocial	Cognitive/Academic	
Emotional	Motor/Physical	Sensory	Religious/Spiritual

Goals and Objectives:

Goal 1:

Objective:

Goal 2:

Objective:

Interventions/Experiences:

Improvisation:

Experience Name:

What is the purpose of the experience:

How will this be implemented in the session:

Re-creative:

Experience Name:

What is the purpose of the experience:

How will this be implemented in the session:

Compose/Create:

Experience Name:

What is the purpose of the experience:

How will this be implemented in the session:

Listening/Receptive:

Experience Name:

What is the purpose of the experience:

How will this be implemented in the session:

Session Discussion points:

Experience Name:

What is the purpose of the experience:

How will this be implemented in the session:

Target areas the family wants to work on in this domain:

Equipment Needed:

Experience Outcomes:

Improvisation:

Re-creative:

Compose/Create:

Listening/Receptive:

Considerations for the next session:

Reflection

The purpose of this project was to provide music therapists who work with children with special needs an integrative model that offers family supports through the use of person-centered, psychoeducational, and family-based music therapy sessions.

This thesis project was started based on several observations and passing conversations that I had with many different families about how much strain and pressure parents and family members feel when there is a loved one who is diagnosed with intellectual and/or developmental disabilities. It was also developed due to the family members' feelings of isolation in their surrounding communities and not knowing where to turn for support when they reached different milestones. I often would think about these while I was driving home, and I found myself asking "What can I do to address these issues" and "How can music therapy address this?" Often times the families spend a majority of their time, energy, and focus on gaining supports for their loved one as soon as possible; they often do not realize the importance of obtaining services for the family.

When delving into the different literature on how groups and communities are beneficial for many, I felt that this was an integral part to include in this program. When one family member is experiencing something, it often impacts the other family members in some way, and it is important to acknowledge that and offer supports in the family unit as well as in a community setting. Through creating a multifaceted and integrative music therapy program that emphasizes the importance on supporting the family members in the community, as a family unit, and alongside the individuals who have intellectual and developmental disabilities, it is my hope that the feelings of isolation and inadequacy of those families will diminish while feelings of acceptance and support increase exponentially.

There was a lot learned through the process of writing this thesis project. I found that this process commanded a lot of patience when deciding what needed to be worked on and especially when it was time to organize the different sections in the manual. For me, it was difficult to write in short increments and that I needed to make sure that I allowed myself ample time to work on the project with minimal interruptions. It was also beneficial to work on the manual in sections in order to not feel overwhelmed.

This project was evaluated by Jordan Eichorst, MT-BC. Overall, Jordan acknowledged that this manual is inclusive and comprehensive in practices to work with families in a manner that would allow them to learn and participate in through music therapy interventions that encompassed the domains that the field utilizes. She also stated that the interventions used were practical and that the process of having the three tiers of services offers families a support system that they may not find elsewhere. Jordan made suggestions in grammar to help maintain consistency and clarity throughout the manual as well as suggesting a more visual way of connecting each session to the calendar as a quick reference. By having the project evaluated, it allowed me to receive important feedback on whether I was creating something that would work in the way that I intended it to or whether it would need some other considerations. This step was a vulnerable step for me because this project is near to my heart and I wanted it to be perfect before letting anyone else see it. However, I have realized that it is important to get feedback throughout the process of writing to ensure that the path I was writing reflected the program that I wanted this to become.

Before publishing this project manual, I would like to add more aesthetics to the personal journaling pages and add more writing prompts based on the different interventions and the domains. I think it would also be beneficial to add in more journaling prompts when working

with the families that are based on the individual circumstances. It is my desire to turn this project manual into a pilot program and then into a community wide program, as well as offer consultation to other music therapists who would like to implement this type of community outreach to their areas.

I started working on this project to answer the question “how can music therapy support families who have members who are diagnosed with intellectual and/or developmental disabilities?” Throughout this process of research and designing this model, I noticed that my passion was ignited on this topic and I became more aware of the increasing discussions that parents, guardians, and older siblings had surrounding the need for more family supports in the community to improve their abilities in the home and within the family structure. As I have come to the end of creating the project model manual, the question has now shifted from “how can music therapy support the families?” to “how can I now implement this integrative model in the community to foster an increase in family support?”. I am looking forward to continuing this journey in fostering support for families through the use of music therapy.

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