Music Therapy in Special Education

Music therapy is an established health profession that uses the effects of music to achieve non-musical treatment goals. Under the Individuals with Disabilities Education Act* (IDEA) 20 U.S.C. §1400 music therapy is recognized as a related service in special education and settings serving students with disabilities. Music therapists utilize music as an educational related service to promote learning and skill acquisition in domain areas related to the scope of special education curriculum and programming.

Students enrolled in special education programs can access music therapy services in a variety of formats:

♦ To provide music therapy as part of the Individual Education Plan (IEP), an assessment is completed, which provides data that using music as a cue, prompt or to structure learning directly supports progress towards meeting the student’s IEP goals and objectives.
♦ Music therapy may be offered as a part of a student's scheduled school day. Music therapists work with students individually and/or in groups to provide a musical approach to skills on their IEP, assisting the student to succeed in the least restrictive environment.
♦ Finally, music therapists may provide consultation to special education, general education music education teachers, educational team members and administrators to assist in utilizing music more effectively as an intentional tool to impact student learning.

FACTS ABOUT MUSIC THERAPY IN SPECIAL EDUCATION

Research supports connections between speech and singing, rhythm and motor behavior, memory for recall and retention of academic material, and overall ability of preferred music to enhance mood, attention, and behavior to optimize the student’s ability to learn and interact. Rhythmic movement helps develop gross motor skills (mobility, agility, balance, coordination) as well as respiration patterns and muscular relaxation. Because music has the capacity to be customized or altered to meet individual needs it can be used to motivate movements or structure exercises that are prescribed in physical rehabilitation. Involvement in music may provide a favorable alternative to pain, discomfort, and anxiety often associated with some disabilities.

Music is processed by a different area of the brain than speech and language; so a student may be able to more easily interpret and absorb information and skills presented with music. One of the purposes of music therapy for students with disabilities is to provide the student with initial support using melodic

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Common Goal Areas Utilized

In the school setting, music therapists collaborate with related service providers and educational teams (EL teachers, Reading Support, Classroom teachers, Social Workers, Job Skills, etc.) to support and generalize skills from music therapy to non-music settings. Music therapy has the potential to address skills within the following clinical domain areas:

- Cognitive
- Behavioral
- Physical
- Emotional
- Social
- Communication
- Sensorimotor
and rhythmic strategies, followed by fading of musical cues to aid in generalization and transfer to other learning environments within the school setting.

HOW IS MUSIC THERAPY USED IN SPECIAL EDUCATION?

♦ Music therapists use music with special education students to develop in non-music areas, skills necessary for educational progress, such as increased communication skills, improved academics, or improved behavior related to engagement.
♦ When music therapy is deemed necessary to assist a student to benefit from their special education program, goals are documented on the IEP as a related service.
♦ Music therapists apply the inherent order of music to create structures to support behavioral expectations.
♦ Engagement in music therapy stimulates attention and increases motivation to participate more fully in other aspects of the educational setting.
♦ Music therapists create strategies and pre-teach skills to encourage and support a student’s effective and independent engagement both individually and in groups to build students' capacity to participate successfully in the least restrictive environment.
♦ Music therapists support special and general education classroom teachers by providing effective ways to incorporate music into the academic curriculum.

In the schools music therapists work with students with documented disabilities** that include, but are not limited to students with:

♦ Autism Spectrum Disorders (ASD)
♦ Blindness/Visual Impairment (BVI)
♦ Deafness and Hard of Hearing (D/HH)
♦ Specific Learning Disability (SLD)
♦ Emotional Disturbance (ED)
♦ Speech or Language Impairment (SLI)
♦ Orthopedic Impairment (OI)
♦ Intellectual and Developmental Disabilities (IDD)
♦ Traumatic Brain Injury (TBI)
♦ Multiple Disabilities (MD)
♦ Behavioral Disorder (BD)
♦ Other Health Impairment (OHI)

BENEFITS OF MUSIC THERAPY

♦ Increased joint attention
♦ Increased coping skills
♦ Increased socialization with peers and educational teams
♦ Functional and effective self-expression skills
♦ Improved behavior, self-regulation, and coping skills
♦ Enhanced auditory processing
♦ Increased self-regulation and decreased agitation

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♦ Other Health Impairment (OHI)
♦ Improved receptive and expressive language
♦ Enhanced sensory-motor, perceptual/motor, and/or fine/gross motor skills
♦ Support of progress and/or attainment of IEP goals and objectives
♦ Acquisition and practice of new skills required in the educational setting

**Considerations and potential contraindications** for music therapy in the school setting include the student’s history and background, including (but not limited to):

♦ Personal trauma history and triggers
♦ Understanding the cultural and social background of the student
♦ Disability culture within a student’s family, social community, classroom environment, and school district
♦ Accessibility needs relating to how music is engaged with and perceived by the individual student, dependent upon needs specific to pre-existing conditions or diagnoses
♦ Preferred social interactions including person to person proximity and eye contact.
♦ Additional assessment and care should be taken when choosing instruments and songs as some students may have:
  • Possible auditory sensory sensitivity to volume, timbre and/or frequency ranges, environmental noises and level of verbal requests.
  • Possible visual sensory sensitivity to lighting and visuals
  • Possible tactile sensitivity with some instruments and/or to touch, such as hand over hand techniques
  • Aversion to certain style or selections of music

**What is AMTA?**

The American Music Therapy Association (AMTA) represents 10,000 music therapists, corporate members, and related associations worldwide. AMTA is committed to the advancement of education, training, professional standards, and research in support of the music therapy profession. AMTA establishes criteria for the education and clinical training of music therapists. Professional members of AMTA adhere to a Code of Ethics and Standards of Practice in the delivery of music therapy services. AMTA’s mission is to advance public knowledge of music therapy benefits and increase access to quality music therapy services. Learn more at www.musictherapy.org.

* The Individuals with Disabilities Education Act (IDEA) 20 U.S.C. §1400, provides that eligible children and youth with disabilities shall receive special education and related services. The law includes a definition of related services that the U.S. Department of Education notes is not exhaustive. In addition, in June 2010, the U.S. Department of Education issued a Questions and Answers document on Individualized Education Programs (IEPs), Evaluations, and Reevaluations. This document provides guidance representing the interpretation of the Department and clarifies the recognition of music therapy as a related service under IDEA.

**Abbreviations may vary by state**

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