

## The Use of Music Therapy with Multiply Handicapped Children

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My presentation is about my work with multiply handicapped children. When I speak of multiply handicapped children, I am referring to children with severe disabilities who have neurological problems in combination with mental retardation. They may also have sensory problems. These children are sometimes also labeled profoundly multiply disabled or severely impaired.

These children present unique problems in music therapy and other treatment settings. Two of them stand out to me. One is that the level of functioning for many is extremely low, leading in my experience to many instances where, even in the best circumstances, they spend a great deal of time with no discernible responses. The other is that their responses are extremely inconsistent so that it is difficult to either predict what will help them to respond at any particular time or with more consistency. I believe that this latter problem is due to their severe neurological involvement. As I have worked with these children and read of other music therapists' work, I have frequently wondered if there is something that I am not doing or that I could be doing differently to remediate these problems. Of course, I always work to do what I can to help them respond and to improve the consistency of their responses, but I believe that the problems that I have mentioned are due to their particular neurological make-up and level of functioning rather than to me not doing something correctly.

My presentation is based on my work with multiply handicapped children in a special school setting where I worked for about 20 months, ending last April. All children in the school were multiply handicapped and were assigned to classrooms with other children of similar chronological and mental age. I worked with specific children who were assigned to music therapy, and worked with them individually or in dyads. Some of the children had a personal aide who accompanied them to the music therapy session. Occasionally, an aide from the classroom would also attend to assist.

There are several things that I would like to say about my work with these children, which you will see on videotape as part of my presentation. The first is that I use a great deal of repetition. Many of the songs that I use were originally improvised with a child. When they were effective, or seemed to have the potential to be effective, I repeated them. I often use the same songs with various children; again, these are songs that seem to have the potential to help the child to accomplish what is needed. The need for repetition with this population, and the fact that music can make this amount of repetition possible to tolerate and even enjoyable, is an important point to me.

Another is the need for individual attention and hands-on attention. I find that I frequently use my voice as the primary instrument, largely because that allows me to face

the child and to have my hands free to work with the child. Related to this is the fact that I use many songs that encourage the child to make a physical or vocal response, or promote interaction or back-and-forth movement.

I have not found very much theoretical work, or work that integrates theory with practice, on using music therapy with children with multiple handicaps, although literature on children with severe and profound mental retardation is applicable and children with other diagnoses, such as Rett's syndrome, may fall into the same category.

In the one article that deals with this population in the way that I am looking for, Sr. Miriam Pfeiffer Pfeiffer (1989) suggests three principles for working with multiply handicapped children. They are: (1) To observe what the client is telling you; (2) To change the environment, both physical and psychological, as well as the music techniques, if the client is not indicating pleasure or does not respond; and (3) To set realistic goals addressing the unique individual needs of the client. I should say also that I am grateful to Tony Meadows for his perspectives and bibliography on work with these children, and acknowledge that Edith Boxill's Continuum of Awareness, Riordan and Bruscia's Experimental Improvisation Therapy, and much of Nordoff and Robbins' work is very applicable to work with these children.

As I worked with these children, I became fascinated with how very much I enjoyed my work. I even enjoyed it on the many days when the children did not respond very much, although it was clear to me that the times and ways that they *did* respond were the things that kept me "hooked," or enjoying this work. To begin to understand what it is about this work that makes me, and I assume other music therapists, so involved, I embarked on a qualitative research study. I will be describing my work in a format that allows me to present what I am discovering as a result of this research. Let me, therefore, give you a brief overview of my research methodology. I should say that, at the end of my presentation, I will speak briefly about some ways of looking at this work using some quantitative research tools.

My research process involved looking at all of the videotapes that I have of my work with these children, covering seven different weeks. Following my viewing of each session, I wrote out my impressions--of what was satisfying in the session and other aspects of the session. I then reviewed these notes several times, and then came up with several categories of experiences that seemed to be the basis of my satisfaction in working with these children. These categories, after several revisions, are: (show transparency of main categories). Upon further thought and viewing of the tapes, I have come up with various things that go into each category and have also decided the the Progress category, rather than standing alone as a source of satisfaction, applies to all. The categories and what each contains are, therefore, as this: (show whole transparency).

I will now show examples of each of these categories--in other words, I will be showing examples of my work with multiply handicapped children that I find to be examples of sources of great satisfaction.

[At this point, I showed tapes of my work with these children. For each, I gave background and showed goals and objectives for child.]

## **Final Words**

I would like to say a few words about work and research with multiply handicapped children from a quantitative perspective. This is probably the more traditional way of approaching trying to understand them, at least in the U.S.

One example of the use of quantitative data to understand a child is from my work with Alyssa, whom I had mentioned that I had seen privately for two years before working with her at the school. Her school district was paying for these sessions and they required some kind of documentation to convince them that the sessions were helping. We devised a data sheet that showed Alyssa's goals, objectives, and the number of times that she did each objective in the session. Her mother sat in on the sessions and kept track of the responses. You will suspect from the tapes that you saw that some of Alyssa's responses had decreased from the private to the group setting, and that is correct. Some of this was due to a change in emphasis and was probably fine, although some of the decreases I found disappointing. At the end of each month, I would average all of the data from each session and send the report to the school district.

As another example of the use of quantitative data with multiply handicapped children, there is a nice article from the *Journal of Music Therapy* by Robert Krout in which he talks about the need to individualize objectives in a group. He uses a data sheet to collect data on one objective for each student in his group.

I do not consider either of these uses of quantitative data as real research, but they could form the basis of a descriptive research study on multiply handicapped children. This is not the time to discuss the pros and cons, or different uses, of quantitative versus qualitative research--my intent was just to show a few quantitative techniques to provide another perspective from the qualitative research study that I presented.

Finally, I would like to summarize what I think the important aspects of the music therapy with multiply handicapped children, as I have presented my work today, are:

Rhythm and melody carry the child through to respond

Structure is provided through songs -- spaces, rhythm -- provide place for and organize responses

Allow for repetition to be possible and even enjoyable

Provide opportunity for emotional and social exchange

I realized that these fit very well with Sears' processes in music therapy:

Experience within structure

Experience in self-organization

Experience in relating to others