ChiME Music Therapy Program
Group Music Therapy Scenario

This is a hypothetical scenario of what can be expected in Group Music Therapy sessions at ChiME. All names and background stories in this description are fictional, but they provide a representation of the target audience and illustrate how ChiME music therapists work with children.

A group of four children are meeting with a music therapist for their third session. Jack and his mom are the first to arrive. Jack is a three year-old born with Cerebral Palsy, and uses the support of ankle braces and a posterior walker to enter the room. Jack chooses a cube chair, and is seated with the help of his mom, who then sits aside him. The next child to enter the group room and find a cube chair is Shay, a four year-old girl on the Autism Spectrum. Shay’s mom and dad sit behind her. The music therapist encourages Jack and Shay to greet each other, during which a third family enters. Amelia is a two and a half year-old girl diagnosed with Pervasive Developmental Disorder, Not Otherwise Specified (PDD-NOS). Reluctant to enter the room that is still fairly new, Amelia’s grandmother carries her in and sits in the circle with Amelia in her lap. Last to enter is Dylan, a four and a half year-old boy who was born with a serious form of Spina Bifida. Due to the particulars of Dylan’s prenatal development and his birth, he experiences paralysis in his legs and difficulty utilizing his arms and hands. Dylan’s full-time aid pushes him into the room in his wheelchair, and gets him situated in a cube chair. Dylan is able to sit upright while his aid provides support from behind.

The music therapist cues the beginning of group with their hello song, “It’s Time!” While the hello song is serving a purpose for all children – most notably that of acclimating to the room, peers, and music while following simple directions – it is specifically targeting goals for Shay and Amelia. Upon registering for Group Music Therapy, Shay’s parents expressed on their assessment form that they would like Shay to become more sociable towards others, and that they wished she would use more verbal language. The music therapist has used this information combined with her own observations during the first two sessions to write the following goal for Shay: “Shay will appropriately greet therapist independently 70% of opportunities presented during group”. The music therapist defined an appropriate greeting in Shay’s case as verbalizing “Hi”. In Amelia’s case, the music therapist has written the following goal for greeting: “Amelia will greet therapist by making eye contact 65% of opportunities presented”. Amelia’s parents relayed to the music therapist that Amelia does not respond to her name, nor does she show any interest in adults or same-aged peers. This goal is designed to target these behaviors through a musical cue. The music therapist sings, “Hi, Amelia! Hi, Hi…”
and pauses before finishing the musical phrase. The abrupt cessation of music, as well as holding off on the resolution of the phrase, causes most children and parents to look up at the music therapist. Amelia, however, has not responded. The music therapist moves closer to Amelia and repeats the phrase, “Hi, Amelia! Hi, Hi...”, this time providing a visual cue of waving. Amelia looks up and makes eye contact with the music therapist, upon which the music therapist smiles and sings the completion of the phrase. Also in the room is the music therapy intern, who is keeping data on the children’s goals. She marks “VC” next to Amelia’s greeting goal, as Amelia required a visual cue to make eye contact. The music therapist sings to Shay, “Hi, Shay! Hi, Hi...” and waits. After about 10 seconds, the music therapist provides the verbal prompt “H, H, H”, modeling the sound needed to begin “Hi”. This helps Shay, as she begins to repeat the “H” sound. Again, the music therapist sings, “Hi, Shay! Hi, Hi...” and waits. This time, Shay quietly says “Hi”, which is celebrated by cheers and clapping from the group. The music therapy intern marks on her data sheet next to Shay’s greeting goal “approx VP, +” indicating Shay said “Hi” first approximating with a verbal prompt, then independently.

After singing hello to everyone, the music therapist leads the group in drum play. She holds a large frame drum, and sings “If you want to go first, you can say ‘My Turn!’”. The music therapist repeats the phrase, “If you want to go first, you can say...” and looks around expectantly. Jack immediately puts his right hand to his chest, showing the sign for “my turn”. Jack’s goal, however — “indicate wants and needs by verbally approximating ‘my turn’ independently on 75% of opportunities” — requires him to verbalize. Like many children with Cerebral Palsy, Jack experienced respiratory difficulties in infancy and has very recently had his tracheostomy removed. Jack has depended on sign language while growing up with his tracheostomy, and his parents would like him to start exploring his verbal expressive language. The music therapist acknowledges Jack’s sign — “I see you telling me ‘my turn’, nice job! Let’s sing it”. She repeats the cue, and pauses before ending the phrase. Jack continues to sign “my turn”, so the music therapist models “Mmm, mmm”. Jack repeats, “Mmm, mmm”, which is celebrated by the group. The MT repeats the process with the “t” sound, which Jack also repeats. Jack is rewarded with a turn on the drum, and the music therapy intern marks on the data sheet “SM”, meaning Jack verbalized with a separated model. The other children are also cued to respond “my turn”, some by signing and some by verbalizing. Each child gets a turn to play on their own and is applauded by the group.

The group then participates in several instrument play songs. Each child is provided a choice of a shaker egg or a bell, and are encouraged to indicate their preference in the way that is most appropriate for them. Jack approximates “Buh, buh” for bells; Shay reaches out to touch the shaker egg after a physical prompt on the arm from her mom; Amelia consistently looks toward the bells; Dylan says “bells”. The music therapist leads the group through a “Stop and Go” song, during which some parents help their child complete the “stop” action. As the children begin to anticipate the “stop”, it is met with laughter and smiles. The music therapist then begins an instrument play song that contains several directions to follow, such as “up”, “down”, “around”, and “on”. Following one-step directions with a model is a goal for both Amelia and Shay, and the music therapy intern is sure to mark how many times the directives are followed by the girls during the intervention.

The music therapist encourages all of the children and adults to stand for their favorite dancing song, “The Dinosaur Song”. This song allows children to get up and move around the
room, engage in pretend play, and interact in a silly way with their peers. While having fun, Dylan is working on his goal of attending to a task through completion. Dylan’s parents and his aid expressed on their assessment sheet that while Dylan excels in areas of language and cognition, he has difficulty focusing on one activity for more than a minute or two. For this particular goal, the music therapy intern is using the data collection method of duration recording. She records the length of time Dylan participates in “The Dinosaur Song” without requiring verbal redirection. As soon as Dylan does require redirection to task, the time starts again. During this third session, Dylan is able to attend to one minute and fifty-two seconds before needing redirection. After this first redirection, Dylan is able to attend to the rest of the activity – an interval equaling two minutes and forty-eight seconds, which the music therapist makes sure to compliment and praise.

After returning to the circle, the group reads a dinosaur book put to song. The music therapist targets several goals during this activity – including following directions (“turn the page”) and requesting “my turn” to turn the page. It is then time for the final activity, in which the children take turns with a peer to play the triangle. Jack surprises the group by saying “Mmm, mmm” independently for a first turn. The sound of the triangle encourages Amelia to look toward the therapist and her peer, and while Shay initially struggles to wait for her turn, she begins to learn the rhythm of turn-taking toward the end of the activity. Dylan’s arm is supported by his aid, and even reaches past midline to hit the triangle twice. Everyone is cheered for upon completion of their turn, and several children join in the clapping as well. The music therapist begins to sing “Goodbye”, where each child is acknowledged for their participation and given a chance to strum the guitar before the group is over. After saying goodbye to the families, the therapist and music therapy intern review the data and write up a brief assessment of the group, while also identifying needs for the next week.

Upon completion of the eight week session, each family is provided with a written summary of their child’s progress towards his or her goals. The progress, however, has already become apparent in Group Music Therapy, in schools, and at the families’ homes. Jack’s parents reported to the music therapist at the end of the session that his teachers and his speech therapist have several times remarked on his verbal development. While forming complete words is still beyond Jack’s ability, he has started approximating “My turn”, “more”, “no”, and “please” frequently in classroom circle times. In Group Music Therapy, Jack met and surpassed his goal – approximating “my turn” independently on 79% of opportunities presented. Furthermore, Jack has become comfortable in exploring high and low vocalizations during songs and play in group and at home. Shay has become confident in saying “Hi” during the hello song – even meeting her greeting goal – and her parents expressed that they have used the musical cue at home and in public to encourage Shay to greet adults and peers. Shay’s ability to follow one-step directions has also developed, even transferring to non-musical directives before and after the group, such as “Take your coat off”, “Scoot your chair up”, and “Open the door”. While Amelia did not quite meet her goal of responding to her name with eye contact, her attention and focus towards the hello song drastically increased. Furthermore, she made immense progress on her goal of following directions the more she learned the songs used in group. At the start of the session, Amelia required full assistance almost 100% of activities to complete instrument play directives such as “shake up high” and “shake down low”. Upon the
conclusion of the eight week session, Amelia was independently following instrument play
instruction 75% of opportunities presented – a large, significant change. Dylan served as a great
role model for his peers during the Group Music Therapy session, as his language and cognitive
skills enabled him to answer questions and follow verbal directions well. He was able to make
large strides towards his goal of focusing and attending a task – eventually requiring no verbal
redirection to attend to the Dinosaur Song, which totals five minutes in length. During the last
group meeting, Dylan was able to attend to the entire 45 minute group with only five verbal
redirections. His aid was excited to express to the music therapist that this development in
attention has transferred extremely well to the classroom setting, where Dylan can now stay on
task during his class’s circle time without any redirection.