



ChiME Music Therapy Program

Individual Music Therapy Scenario

This is a hypothetical scenario of what can be expected in Individual 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.

Today is the fourth individual music therapy session between five year-old Anna and the music therapist. Present for each meeting has been Anna's mother, Jenny. Anna was born with a rare condition called Anophthalmia, meaning she was born without both eyes. Several other complications during birth have left Anna with low muscle tone, keeping her wheelchair-bound, and with cochlear implants to assist her hearing. Anna's expressive language skills are limited, as a result of her hearing deficit, but she is able to produce laughter, cries of distress, and a high-pitched sound that typically indicates a preferred object or activity. Anna's goals for individual music therapy were developed using an assessment form filled out by Jenny, and observation by the music therapist during the first two sessions. Her goals for the eight-week session are as follows:

Goal 1) Anna will locate the source of sound by turning her head toward the sound independently 75% of opportunities presented.

- **Rationale:** Anna's cochlear implants allow her to hear sound, but in a way completely unique to her. Discriminating between different voices, pitches, words, and sounds, as well as processing that information takes practice. Having Anna turn her head toward the source of sound is helping train her ears to identify different timbres while strengthening and making new connections in her auditory cortex. This training will transfer to nonmusical settings by helping her make choices, identify people and objects by their sounds, and form a sense of the space around her, ultimately helping her reach and grasp objects in the future.

Goal 2) Anna will vocalize to fill in song phrases independently 65% of opportunities presented.

- **Rationale:** Vocalizations are an extremely important part of Anna's development. She will hopefully one day be able to use vocalizations to intentionally communicate with others—perhaps not with complete words, but with vocalizations that are unique to her. Music is an extremely motivating cue for speech. When music is stopped before the end of a familiar phrase, it is human nature to want to complete and resolve the phrase. Using familiar,

preferred songs makes this activity fun for Anna, and gives her a chance to successfully participate in musical experiences.

Goal 3) Anna will indicate a preferred choice from a field of two by moving the hand on the side of the preferred object 60% of opportunities presented.

- Rationale: Indicating wants and needs is an important goal for any child, regardless of age or diagnosis. For Anna, however, making a choice is much more difficult than pointing to the object she wants. She must first feel the object with one hand, hear and process the sound and/or object's name, and retain that information while feeling the second choice with her other hand. Repetition and practice of this process can become tedious and stressful— but the addition of musical stimuli, unique sensory experiences, and a rewarding activity after choosing all act as motivators for Anna to make multiple choices within a session.

The music therapist begins the session with their hello song, during which Jenny keeps the beat on Anna's hands. The singing and guitar playing is immediately met with a smile from Anna, who begins to kick her feet sporadically while her mom keeps the beat. The music therapist sings, "Hi, Anna! Hi, Hi..." and pauses before completing the phrase. The guitar stops, as does the beat in Anna's hands. The music therapist observes that Anna stops smiling, and her eyebrows have raised as if intently listening. After 15 seconds, the music therapist repeats the phrase, "Hi, hi..." and waits again. This time, Anna responds by kicking her feet, and several guttural sounds are heard. "I hear you trying, Anna!", the music therapist says to acknowledge Anna's effort. After singing the prompt one more time, Anna responds with a high-pitched vocalization, upon which Jenny and the music therapist cheer enthusiastically. After several more opportunities during the song, the music therapist marks on her data sheet "X, X, +, PP, +, +", indicating that Anna vocalized three opportunities out of six independently, and once with a physical prompt (rubbing the throat).

After singing hello, Anna is given a choice of the hand drum or the cabasa. With Jenny and the music therapist both helping, the items are presented to each of Anna's hands – her right hand is placed on the drum, and her left on the cabasa. Anna's left hand immediately moves up and down in an excited manner, causing the beads of the cabasa to spin and produce sound. This results in an excited smile and laughter from all present, as a clear choice has been made. The MT marks "+" on the data sheet, and leads Anna through an instrument play song. During this song, Jenny rubs the cabasa up and down Anna's arms and legs, providing multiple forms of sensory stimulation for Anna, as both a unique tactile and auditory experience.

Next, the music therapist brings several different instruments over to Anna's stroller chair. She sings, "Where is the triangle, where is the triangle, where can it be? You show me!" On the word "me", the music therapist plays the triangle on the ride side of Anna's head. Anna immediately turns her head toward the sound, which is applauded by the music therapist and Jenny. This process is repeated with several instruments, including a mallet drum, tone chime, shaker, and tambourine. Anna begins to fatigue toward the end of the intervention, and requires several repetitions on the shaker and tambourine, including two full assists from her mom toward the end. Overall, Anna turned her head toward the source of sound five times out of nine.

After the completion of a more difficult intervention, Anna is rewarded with one of her favorite preferred activities— a scarf play song. The music therapist tickles different parts of Anna’s body with a silk scarf while singing, and pulling the scarf away when singing “stop!” This activity results in smiles and laughter from Anna, and three high-pitched unprompted vocalizations.

The session is concluded with several sing-a-long songs. Choice cards are presented to each of Anna’s hands, just as with the instruments earlier. The music therapist makes sure to sing to each ear: “On the left,” – while singing to her left side and touching her left hand to the card – “Twinkle, twinkle, little star... And on the right,” – music therapist moves to Anna’s right side and touches right hand to card – “Old MacDonald had a farm”. After one more repetition of her choices, Anna’s right hand bounces up and down, indicating her preference for “Old MacDonald”. While the music therapist and Jenny sing this familiar song, Anna smiles and laughs while kicking her legs. At several points during the song, the music therapist pauses and stops the guitar, cuing Anna for her turn to sing. Anna independently vocalizes seven times out of ten, far exceeding her responses in previous weeks. The music therapist and Jenny clap and cheer to acknowledge Anna’s success and participation. The music therapist begins to sing the goodbye song, again pausing several times for Anna to vocalize. Jenny supports Anna’s arm so she can strum the guitar, another unique sensory experience. After saying goodbye, the music therapist reviews the data and writes a quick summary, while also identifying needs for next week’s session.

Upon the completion of the eight week session, Anna has met two of her music therapy goals – 1 and 3. Anna turned her head toward the source of sound on an average of 82% of opportunities presented, a large increase from her original 25%. Certain instruments began to bring immediate smiles, such as the triangle, spoons, and glockenspiel. This information became useful to the music therapist and to Jenny, as they found Anna enjoyed higher-pitched stimuli. Anna’s third goal of making choices was also met at 70% of opportunities presented. Jenny told the music therapist that this skill has transferred not only to making choices at home, but also in her classroom. Anna receives a range of services at school, including occupational therapy, speech therapy, and physical therapy. During the last few weeks, Jenny said the OT and the PT remarked on Anna’s increased ability to make choices between two objects. While her second goal was not met, Anna was able to vocalize during songs on 48% of opportunities presented, which was an increase from her original baseline of 30%. Jenny expressed to the music therapist that the speech therapist at Anna’s school has also been having difficulty eliciting vocalizations from Anna. They believe a build-up of phlegm in the throat may be contributing, and an ENT will be consulted to confirm and treat this issue, which will hopefully help Anna vocalize when she wants. In addition to Anna’s progress on her goals, she has also shown increased stamina during sessions, and has become more accepting of new sensory experiences at home and in the classroom.