The Arts in Psychotherapy 41 (2014) 240–249

Contents lists available at ScienceDirect

The Arts in Psychotherapy

Music therapy song repertoire for children with autism spectrum disorder: A descriptive analysis by treatment areas, song types, and presentation styles

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ARTICLE INFO

Article history:
Available online 31 March 2014

Keywords:
Autism
Music therapy
Music
Songs
Repertoire

ABSTRACT

The purpose of this descriptive study was to identify the song types, presentation styles, and song repertoire utilized within specific treatment areas with children with autism spectrum disorder (ASD). The researchers sent surveys to 257 music therapists who worked with children between the ages of birth through 19 years diagnosed with ASD. Ninety-one music therapists participated in the survey, resulting in a 35% return rate. The number of participants responding to each question ranged from 72 to 91. Overall, the majority of respondents indicated they utilized more pre-existing songs, followed by original compositions and lyric replacement (piggyback) songs. However, when asked questions about song types used to address specific treatment areas, respondents indicated they utilized live original compositions across all treatment domains more frequently than live pre-existing and live lyric replacement songs. Developing protocols to choose song types may be helpful for the acceptance of music therapy as an evidence-based treatment modality for children with ASD. Future research is warranted to determine the type of songs most conducive to facilitating improvement in specific treatment areas. Implications for clinical practice, educational preparation, and limitations of this study are provided.

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Introduction

While there is no known cause for the growing prevalance of autism spectrum disorder (ASD), the rising incidence rate is evident (Autism-Society, 2013; Centers for Disease Control and Prevention, 2012). Kogen et al. (2009) concluded that nearly one percent of children ages three to 17 in the United States were diagnosed with ASD. Moreover, an increasing number of music therapists are working with children with ASD. In their most recent workforce analysis, the American Music Therapy Association (AMTA) reported that 248 out of 1361 respondents worked with individuals with ASD (AMTA, 2013). As the incidence rate of ASD has increased and music therapists continue to work with children with ASD, it is paramount that clinicians and researchers work toward establishing evidence-based practices that meet the challenging and highly individualized needs of children with ASD as well as their families.

Whipple (2012) noted that music therapists working with children diagnosed with ASD are integrating some evidence-based practices (National Autism Center, 2009) into their clinical practice. She recommended that further research be conducted to identify consistencies in treatments, songs used, goals, and objectives. Specifically, researchers have examined the effects of music therapy on individuals with ASD with regards to a myriad of dependent measures, including behavior/psychosocial skills (Brownell, 2002; Finnigan & Starr, 2010; Kern & Aldridge, 2006; Kern, Wakeford, & Aldridge, 2007; Kern, Wolery, & Aldridge, 2007; Wimpory, Chadwick, & Nash,1995), intellectual skills (Kim, Wigram, & Gold, 2008; Schwartzberg & Silverman, 2012), body regulation (Kim, Wigram, & Gold, 2009), and communication skills (Buday, 1995; Gadberry, 2011; Lim, 2010; Lim & Draper, 2011; Simpson & Keen, 2010). Researchers have described positive outcomes in the areas of behavior/psychsocial, communication, intellectual and body regulation. Reschke-Hernandez (2011) concluded that music therapists appeared to be utilizing similar intervention techniques and that since the early 1990s, music therapists have engaged in a more focused practice with children with ASD. She noted that music therapists regularly use prescriptive songs, music-based games, improvised music, original songs and recorded music to improve deficits in non-musical goal areas. However,

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http://dx.doi.org/10.1016/j.aip.2014.03.007
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Table 1
Summary of demographic questions and responses.

Questions	Responses	*n* Responses (%)
# of years working as a music therapist with children with ASD	0–5 years	30 (34)
	8–10 years	25 (28)
	11–15 years	10 (11)
	15+ years	23 (26)
What region do you currently work?	Great Lakes	20 (22)
	Mid-Atlantic	24 (27)
	Midwestern	9 (10)
	New England	7 (8)
	Southeastern	7 (8)
	Southwestern	10 (11)
	Western	12 (13)
During the most recent week of your clinical work with children with ASD – what age group did you provide services?	Birth–3 years	17 (19)
	4–7 years	68 (76)
	8–12 years	65 (73)
	13–19 years	49 (55)
During the most recent week of your clinical work with children with ASD – what type of community did you provide services?	Rural	9 (10)
	Suburban	64 (72)
	Urban	26 (29)
During the most recent week of your clinical work with children with ASD, in what type of setting did you provide services?	Naturalistic settings	21 (24)
	Child/adolescent treatment center	18 (20)
	Children's daycare/preschool	10 (11)
	Private school	10 (11)
	Public school	31 (35)
	Self-employed/private practice	39 (44)
During the most recent week of your clinical work with children with ASD, how many clients did you work with?	1–5	30 (34)
	6–10	13 (15)
	11–15	12 (14)
	16–20	5 (6)
	21–25	6 (7)
	More than 25	22 (25)

Reschke-Hernandez articulated the lack of published research with compelling rationales to support the use of these music-based techniques. Researchers have also investigated the use of assessment and treatment curricula in conjunction with music therapy (Walworth, 2007; Walworth, Register, & Engel, 2009), and analyzed treatment goals and outcomes (Kaplan & Steele, 2005) for children with ASD. These researchers have helped to guide academic and clinical music therapy training and advance the research agenda for people with ASD.

While music therapy researchers have investigated the types of songs used with older adults (Cevasco & VanWeeldon, 2010; Gibbons, 1977; VanWeeldon & Cevasco, 2007), no researcher has published a study examining the types of songs being used in music therapy sessions with children with ASD. This type of research is imperative, as Robb, Burns and Carpenter (2010) noted that the music selection process is an integral part of the music therapy intervention and might effect treatment outcomes. Identifying contemporary clinical practice approaches, such as song types and presentation styles used in clinical work with children with ASD, could inform educational preparation and clinical practice of music therapists. Therefore, the investigators of the current study sought to answer the following research questions:

(1) What song types (pre-existing, lyric replacement, or original compositions), by treatment areas, are music therapists utilizing in their clinic work with children with ASD?
(2) What types of presentation styles (live or recorded), by treatment areas, are music therapists utilizing in their clinical work with children with ASD?
(3) What song repertoire, by treatment areas, are music therapists utilizing in their clinical work with children with ASD?

Method

Research participants

The researchers recruited music therapists who were current members of the American Music Therapy Association (AMTA). The researchers selected music therapists who indicated on their membership form that they worked with children between the ages of birth and 19 years old diagnosed with ASD.

Survey development

The researchers designed the 30-item web-based instrument and obtained and integrated feedback on this instrument from four experienced music therapy practioners working with children with ASD. The researchers organized questions one through seven to obtain demographic information and questions eight through 30 to ascertain information specific to the research questions. The researchers selected the specific treatment areas based on published research by Whipple (2004, 2012), Register and Humpal (2007), Kern, Wakeford, et al. (2007), Pasiali (2004), Brownell (2002), Lim (2010), Lim and Draper (2011) and Simpson and Keen (2011). One open-ended question followed each of the treatment area questions to allow respondents the opportunity to write in three song titles utilized within each treatment area. The survey took approximately 15 min to complete.

Procedure

Upon receiving approval from their affiliated university Institutional Review Board, the researchers contacted the AMTA and requested an email list of all members who indicated they worked with children, ages birth through 19 years old, with ASD. Once the email list was obtained, the Office of Measurement Services (OMS)

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