

A model for music therapy with students with emotional and behavioral disorders

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Abstract

Music therapy has been used in a variety of ways to benefit students with emotional and behavioral disorders (EBD), even though little information on the specifics involved in applying music therapy to this population has been written. With proper planning of musical activities and sessions, students can benefit from a music therapy program structured for the success of each individual. The purpose of this paper is to review how music therapy has been used with students with EBD and to propose a model of music therapy for students with EBD in a psychoeducational setting. With caseloads increasing for music therapists, organization and planning of the music therapy program is an effective way to optimize services. The model presented is designed to combine the music therapy process with the 9-week grading period of the school setting and provides suggestions for music therapy and other therapeutic modalities to work collaboratively with students with EBD.

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Students with emotional and behavioral disorders (EBD) have a wide variety of problems and diagnoses. Many students with EBD have short attention spans, difficulty relating to people, low self-esteem, and family problems and are easily frustrated. These students have difficulty learning due to behavioral and emotional disturbances that interfere with the learning process and may suffer from a variety and degree of mental disorders. Students with EBD receive a variety of diagnoses, including schizophrenia, depression, anxiety disorders, attention-deficit hyperactivity disorders, autism, or other sustained disturbances

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in conduct (Zionts, 1996). However, students who are socially maladjusted (i.e., have a conduct disorder) are not considered to have an EBD due to the theoretical lack of an emotional component.

The Individuals with Disabilities Education Act (IDEA, 1997) defined a child with a serious emotional disturbance as having these characteristics: (a) an inability to learn that cannot be explained by intellectual, sensory, or health factors; (b) an inability to build or maintain satisfactory interpersonal relationships; (c) inappropriate types of behavior or feelings under normal circumstances; (d) a general, pervasive mood of unhappiness or depression, and/or (e) a tendency to develop physical symptoms or fears associated with school problems. One or more of these characteristics must be exhibited over a long period of time to a marked degree and must adversely affect educational performance (Breen & Fielder, 1996).

The U.S. federal definition of a “serious emotional disturbance” has been widely criticized as inappropriate and inadequate (Kauffman, 2001). It lacks concrete guidelines for an educational or a clinical setting (Zionts, 1996), but provides vague terminology for assessing students and the severity of their disability. Also, according to the definition, a student must be failing academically to qualify for special education services; therefore, a large number of students can be denied special services if they are on grade level (Kaufman).

Despite these weaknesses, the definition of EBD provides a helpful framework for educators to construct appropriate interventions and strategies for teaching students identified with this disability even though the U.S. federal definition is vague in terms of measuring behavior (Kauffman, 2001). In general, students with EBD are difficult to teach due to their inability to learn, general depressive state, and inability to form relationships. For example, consider the challenges to effective teaching of a student if a school phobia is present, somatic complaints exist, and behavior problems constantly interfere with instructional methods.

Advances in understanding EBD have made major strides possible in the areas of identification and assessment of the disorder within the past 30 years, but many challenges still exist to effective service delivery that require prompt attention and resolution (Lane, Gresham, & O’Shaughnessy, 2002). Lane and co-workers have identified four key challenges to serving students with EBD. One of these challenges, and the primary focus of this paper, is the necessity of better designing the curricula and instructional methods used to educate students with EBD.

Due to the many interfering stimuli involved in teaching students with EBD, there is a need to use hands-on learning experiences to motivate these children. Music is a motivating medium to use with students with EBD and music therapy services can provide an outlet for a variety of positive outcomes including nonverbal communication, structure for socialization, and school experiences in which a student can be successful. According to the American Music Therapy Association (AMTA), music therapy is “the prescribed use of music by a qualified person to effect positive changes in the psychological, physical, cognitive, or social functioning of individuals with health or educational problems” (AMTA, 2003). Music therapy is specified as a related service under IDEA and can assist students in meeting the educational and behavioral goals addressed in their individualized education plan (IEP).

Kessler (1967) described the goals of music therapists working with exceptional children. Music therapists use music to increase the child’s awareness of himself or herself and others,

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