

practice



Inclusion Practice in Music Therapy:

Creating A Win-Win Situation for Everyone

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While celebrating the 40th anniversary of the *Individuals with Disabilities Education Act* (IDEA) and the 25th anniversary of the *Americans with Disabilities Act* (ADA) in the USA, music therapists around the world may advocate and support the concept of inclusion in their communities. Yet, inclusion practice and research in music therapy seem to be sparse (Brown & Jellison, 2012). This article gives examples of how music therapists can apply the principles of inclusion outlined in the joint definition by the *Division for Early Childhood (DEC) of the Council for Exceptional Children* and the *National Association for the Education of Young Children (NAEYC)* (2009) and offers music therapy-related comments on research synthesis points published by the *National Professional Development Center on Inclusion (NPDCI)* (2009) that support early childhood inclusion.

Photographs by Petra Kern and Don Trull

Rights, Activities, Full Members

Early childhood inclusion embodies the values, policies, and practices that support the *right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society* (DEC/NAEYC, 2009).



Ralph is a 4-year-old boy with cerebral palsy. As every child, he likes to laugh, sing, and play the drums. Besides benefitting from the widely held value and societal view of inclusion, he has the right and is protected under the law to play, develop, and learn

together with other children in various community-based settings – including music therapy services in the home, early childhood program, or playground.



Regardless of his abilities, Ralph can participate in a variety of music activities, which provide natural opportunities for all children to learn. As music is one of his favorite activities, he is motivated to practice and engage with others. Hence, music

activities can encourage inclusion by the sharing of a common interest with peers.



In all cultures, music is part of family life, community activities, and society at large. Thus, fostering Ralph's musical interest and abilities may allow him to participate as a full member of his communities and society throughout his lifespan.

Belonging, Relationships, Potential

The desired results of inclusive experiences for children with and without disabilities and their families include a *sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential* (DEC/NAEYC, 2009).



Sam is a 5-year-old boy with Pfeiffer Syndrome. Medical and surgical needs prevent his being in the preschool on a regular basis. Yet, he likes to participate in circle time and is a valued member of his class. Encouraging a sense of belonging through music

therapy group sessions keeps him smiling and engaged with his peers when times are rough in his life.



In inclusive music therapy practice, playing instruments, singing, dancing, or listening to music are all used intentionally to assist children both to learn new concepts and to practice positive peer interactions. As a result, children like Sam and his peers may

develop positive social relationships and friendships with each other.



Within a group music therapy session, Sam learns and develops skills that are outlined on his Individualized Education Program (IEP). One goal for him is to take a leading role in musical play.

Performing at a family day, Sam reaches his full potential by playing the cymbal loudly – a proud moment for him!

Access, Participation, Supports

The defining features of inclusion that can be used to identify high quality early childhood programs and services are *access, participation, and supports* (DEC/NAEYC, 2009).



Phillip is a 4-year old boy with Autism Spectrum Disorder. For him, access means being enrolled in an inclusive community-based childcare program. Further, a musical modification of the playground allows him to meaningfully engage with other

children in daily outdoor routines. In addition, a simple musical curriculum adaptation provides him multiple opportunities for learning in the outdoor environment.



Some children like Phillip may need additionally individualized accommodations for full participation. Utilizing the Tiered Models of instruction, an individualized adult/peer-mediated song intervention based on Phillip's abilities and needs supports him in

increasing his positive peer interaction on the playground.



To implement high quality inclusion, an infrastructure of system-level supports (i.e., access to professional development, collaboration, and coordination/integration of specialized services) must be in place. In Phillip's case, educators

receive training on effective inclusion practices, collaborate as transdisciplinary team, and the music therapy intervention is embedded in Phillip's daily routines.

Research Synthesis Points

The following key points on early childhood inclusion are based on a literature review (NPDCI, 2009) and the DEC monograph on quality inclusive services (Peterson, Fox, & Santos, 2009). Comments are offered to music therapists for reflecting on their own inclusion practices.

Inclusion takes many different forms. Inclusion occurs in a wide variety of contexts addressing all aspects of life. Hence, music therapy services need to be embedded in children's natural environments, activities, and daily routines using a variety of service delivery models (e.g., consulting, coaching, or direct service delivery).

Universal access to inclusive programs for children with disabilities is far from reality. While progress has been made to ensure access to inclusive programs, many children in the U.S. and around the world are still not fully included in their communities and societies. Thus, music therapists need to continue being active advocates for including young children with disabilities in community-based settings and leading by example.

Inclusion can benefit children with and without disabilities. Children enrolled in inclusive settings demonstrate greater gains in social development, while peers without disabilities seem to develop more tolerance and acceptance of individual differences. Music therapists can support inclusion by embedding systematic peer-mediated interventions in which children without disabilities prompt and maintain social engagement throughout the day.

Factors such as child characteristics, policies, resources, and attitudes influence the acceptance and implementation of inclusion. The nature and severity of a child's disability, financial incentives, professional experiences and attitudes, and parents preferences and priorities for various types of services impact inclusion practices. To provide effective inclusion services, music therapists need to be part of a systems-level support endeavor.

Specialized instruction is an important component of inclusion and a factor affecting child outcomes. Evidence-based instructional strategies (e.g., using prompts, organizing the learning environment, planning for transitions) enhance the development of children with

disabilities and learning in an inclusive setting. Therefore, music therapists should embed effective instructional strategies used by family members and the entire support team in music therapy sessions.

Collaboration among parents, teachers, and specialists is a cornerstone of high-quality inclusion.

Multiple opportunities for communication and collaboration among parents, teachers, and specialists are necessary to make inclusion successful. Music therapists should be part of the intervention team of their young client with disabilities.

Families of young children with disabilities generally view inclusion favorably although some express concerns about the quality of early childhood programs and services.

While most parents report positive experiences with inclusion, some are concerned about the quality of services and supports their child with disabilities receives. Music therapists should clearly communicate their qualifications, inclusion practices, and client outcomes to families of children with disabilities.

Limited research suggests that the quality of early childhood programs that enroll children with disabilities is as good as, or slightly better than, the quality of programs that do not enroll these children.

Although there is some evidence on the effects of high quality inclusion programs, assessing the dimensions of quality inclusion (i.e., access, participation, supports) is needed. Likewise, music therapy inclusion practices are understudied and need more attention by music therapy researchers.

Early childhood professionals may not be adequately prepared to serve young children with disabilities and their families in inclusive programs.

Some early childhood training programs only require one special education course, which may result in lack of knowledge and comfort of caring for children with disabilities by early childhood personnel. While “special education” is part of every music therapy university curriculum, it is unknown to what extent high quality inclusion practices of children with disabilities are taught. A central focus for the music therapy field should be to identify high quality inclusion practices and offer professional development.

Conclusion

Early childhood inclusion is a societal matter that should concern everyone. While progress has been made related to policies, access, participation, and supports, much more needs to be done to include every child with disabilities and to create a win-win situation for everyone. Music therapists can play an important role by offering high-quality interventions that support child outcomes of children with and without disabilities alike in an inclusive context. Additionally, more research and professional development opportunities on music therapy inclusion practices are needed.

References

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