

Population Paper

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Description and Characteristics of the Population

According to the National Autism Association (NAA, 2015), autism is a neurodevelopmental disorder that causes impairments in social, cognitive, and communication skills while also causing repetitive behaviors. Teenagers with Autism often have problems making friends, have problems looking people in the eyes, and may not be able to participate in a typical classroom (Kidshealth, 2015). Because they have been taught how to communicate, they may repeat a phrase they were taught and make it sound flat and disengaged. Their repetitive behaviors may be repeating the same word or moving a body part in a certain way. Even though they are aware of it, they cannot control it. Finally, people on the autistic spectrum statistically respond to music emotionally the same as people who are not on the autistic spectrum (Allen, Davis, & Hill, 2013).

Current Effective Treatment Strategies

A meta-analysis of articles comparing musical interventions to nonmusical interventions showed that musical interventions were highly effective (Whipple, 2004). According to Kaplan and Steele (2005), the most common session type with clients who have autism was an individual session. The music therapists' goals for autism were in "(a) behavioral/psychosocial skills, (b) language/communication skills, (c) perceptual/motor skills, (d) cognitive skills, (e) musical skills, as well as (f) modifying physiological responses" (p. 7). Language/communication and behavioral/psychosocial skills were the two most common goals, and the five most commented interventions were interactive instrument playing, musical instrument instruction, interactive singing, instrument

choices, and song choices. For interactive instrument playing, the therapists used playing, instruments to induce social interaction or communication. For musical instrument instruction, the therapists taught the clients how to play the instruments. For interactive singing, singing was used to promote social interaction or communication. For instrument choices and song choices, the therapist gave the clients chances to choose their desired instruments and songs to play.

Since 2005, Kern, Rivera, Chandler, and Humpal (2013) discovered that common therapeutic practices in music therapy have changed. Most music therapists still provide individual sessions to their autistic clients, but the most common goals for this population were communication, social, and emotional skills. Self-regulation, sensory processing, and maintaining attention were also frequently listed goals. Most therapists approach autism with a behavioral approach, but a sizable portion of therapists use Nordoff-Robbins Therapy and Neurologic Music Therapy. The most common interventions were singing and vocalization, instrument play, movement and dance, improvisation, and songwriting and composition. These music therapists also use prompting, reinforcement, joint attention intervention, and picture schedules. The use of movement and dance for treatment of autism symptoms might not seem effective, but Mateos-Moreno and Atencia-Dona (2013) found that music was more effective in treating symptoms than a control condition and was highly effective.

Ademak, Thautm and Furman (2008) state that call and response activities that begin on instruments and then vocally help with communication skills. They also recommend call and response interventions for social skills, because these interventions work on sharing and taking turns. Also for social skills, music and movement

interventions help develop appropriate social boundaries. Providing interventions that include following directions helps with behavioral problems.

Five Possible Goals

1. Intended Therapeutic Outcome: Client will increase social skills.
 - a. Treatment Objective: Client will initiate at least one social interaction per session by May 1, 2015.
 - b. Rationale: Practicing social skills will help the client behave appropriately in social situations and maintain in a less restrictive environment as possible.
2. Intended Therapeutic Outcome: Client will increase communication skills.
 - a. Treatment Objective: Client will vocalize at least one word during a session by May 1, 2015.
 - b. Rationale: Vocalization is an important life skill. Vocalizing will help client tell other people what he wants and will decrease frustration.
3. Intended Therapeutic Outcome: Client will strengthen emotional regulation skills.
 - a. Treatment Objective: Client will calm himself down from a tantrum at least once during a session by May 1, 2015.
 - b. Rationale: By self-regulating emotions, Client will be able to be more independent.

4. Intended Therapeutic Outcome: Client will decrease the time spent on repetitive behaviors.
 - a. Treatment Objective: Client will decrease the time spent on repetitive behaviors from 10 min to 5 min by May 1, 2015.
 - b. Rationale: By reducing the time Client spends on repetitive behaviors, Client will be able to focus on learning more constructing life skills, such as social skills and communication.

5. Intended Therapeutic Outcome: Client will increase the amount of time he focuses on a single task from 15 s to 30 s by May 1, 2015.
 - a. Treatment Objective: Client will march for at least 30 consecutive seconds to strengthen gross motor development.
 - b. Rationale: Increasing focus will help Client learn new life skills.

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