University of Vermont UVM ScholarWorks

Family Medicine Clerkship Student Projects

Family Medicine Community

2023

Promoting Music Therapy Referrals for Neurodivergent Children

Benjamin M. Glickman University of Vermont

Follow this and additional works at: https://scholarworks.uvm.edu/fmclerk

Part of the Alternative and Complementary Medicine Commons, Developmental Psychology Commons, Medical Education Commons, and the Primary Care Commons

Recommended Citation

Glickman, Benjamin M., "Promoting Music Therapy Referrals for Neurodivergent Children" (2023). *Family Medicine Clerkship Student Projects*. 898. https://scholarworks.uvm.edu/fmclerk/898

This Book is brought to you for free and open access by the Family Medicine Community at UVM ScholarWorks. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of UVM ScholarWorks. For more information, please contact schwrks@uvm.edu.

PROMOTING MUSIC THERAPY REFERRALS FOR NEURODIVERGENT CHILDREN

BEN GLICKMAN, MS3

HOST CLINIC: CVPH FAMILY MEDICINE CENTER - PLATTSBURGH, NY

MAY-JUNE 2023

PROJECT MENTOR: JENNIFER GAUDREAU, CPRP

PROBLEM IDENTIFICATION

- COMMUNICATION and SOCIAL INTERACTIONS are two critical impairments in individuals with autism spectrum disorder
- There is budding evidence through case-studies and reviews that music therapy plays an effective role in the care of children with ASD
 - Music therapy interventions are informed by data on ASD and incorporate many of the identified ASD-specific evidencebased practices (Kern, Rivera, Chandler, & Humpal, 2013).
 - Music therapy services for young children with ASD are very effective for improving communication, interpersonal skills, personal responsibility, and play (Whipple, 2012).
 - Music therapy interventions may elicit joint attention (Kalas, 2012); enhance auditory processing, other sensory-motor, perceptual/motor, or gross/fine motor skills (LaGasse & Hardy, 2013), and appropriatete expression of emotions (Katagiri, 2009).
- YET music therapy is perhaps an underutilized, underfunded, and undervalued part of the tool kit available to physicians and parents and children with ASD within Clinton County
- AHEC FOCUS AREA: Medical Practice Transformation

PUBLIC HEALTH COST

UNIQUE CLINTON COUNTY CONISDERATIONS

- Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder, currently affecting 1 in 68 individuals in the United States (CDC, 2014).
- individuals with ASD incur substantially greater healthcare costs than neurotypical children. Other societal costs: outlays by school systems and families, lost productivity associated with unpaid family care, and employment limitations experienced by adults with ASD" (Zuvekas et al., 2021)

- I 5.1% of the population of Clinton county lives in poverty
- Music therapy is offered here as a "related service in special education" [similarly to physical therapy, occupational therapy, and speech-language therapy] through one's IEP
- Yet Clinton County Health Department officials are "currently opposed to music therapy" according to local music therapist Andrea Barber

COMMUNITY PERSPECTIVE + SUPPORT

- Andrea Barber Music Therapist in Clinton County
 - "I do not think a lot of parents AND physicians know it's available"
 - Wants more parent, patient, and physician advocacy for music therapy. If there is more knowledge about how it works and its availability, it would help change health department perspective
 - It's a field that is driven by a "methods-based approach" that meets each student "where they are at" and "no two sessions are the same" → adaptability allows personalization of treatment sessions fit for the child based on their needs (e.g. communication, comfort care, non-verbal communication, etc.)

- Joseph Rothstein, MD CVPH Family Medicine Resident
 - "Music therapy helps us to see the individual through the disease."
 - "Not only does music encompass its own unique area of the brain, it can also serve as a bridge for a wide array of different areas, strengthening synaptic connections."
 - "Though it has not been researched extensively, I do believe it can have tremendous benefit for a broad spectrum of patients and hope research in this topic continues in the future."
 - "I definitely don't think music therapy should be looked at as "last line therapy". It inherently has great potential for benefit with little to no side effects. At minimum, it serves as an avenue to foster creativity, learn non-verbal communication, and encourage social interaction."
 - "Our CVPH FM clinic is seeing a large influx of pediatric patients. Being able to connect these children to music therapy would be a valuable resource indeed."

INTERVENTION + METHODOLOGY

- Created an infosheet for providers to have on hand at the office. It contains
 resources in language both patients and providers can digest to better understand:
 - What is Music Therapy?
 - What is a session like?
 - Who are some therapists near Plattsburgh?
 - Where can one find more info?
- Distributed throughout the CVPH office (paper copies) to all residents and attendings, and distributed PDF version to office manager to have as a printout for parents wanting materials to bring home (see next slide)

RESULTS/RESPONSE DATA

Quotes from the office on day of distribution:

- "This is a great printout! I don't think we do enough referrals for music therapy as we should, so this is important" - 3rd year FM resident
- "Well-needed document, which has been a gap in care here" - CVPH FM Office Supervisor

	Idren with ASD and Developmental I rs and Parents at the CVPH Family Med		
	n Glickman, UVM Larner College of Me		
Music Therapy is the clinic individualized goals withir	Association (AMTA) Official Definitio al & evidence-based use of music intr a therapeutic relationship by a crede usic therapy program. Music therapy ucational goals:	erventions to accomplish entialed professional who has	
 Improve Communi 			
 Promote Physical F and more 	tehabilitation		
(from AMTA website; musi	ctherapy.org)		
 Socializatio Communica Attention a Comfort in and address Sensory inp through ple No two sessions are Who are some music ther Tracy 5. Wanamaker, MT-BC 7 Pleasant 5L Potsdam, NY 13676-1721 Phone: (315) 268-9958 E-mail: wanamats@potsdam.edu 	The needs of the client worked on in sessions: $n - playing songs with a peer n-playing songs with a peer n-playing songs of itims (and response" songs of isong emotion ut - learning to handle different sour asant and calming music the same \rightarrow fit to the needs of the cli$	composition for a session ocused on encouragement nds without "overload"	
Want more information: Go to <u>Musictherapy.org</u>			

EVALUATION OF EFFECTIVENESS/LIMITATIONS

Effective?:YES.As evidenced on the previous slide, faculty, staff, and residents voiced increased desire to introduce patients to music therapy

Limitations:

- The data is still limited on music therapy. Support for its effectiveness comes from case studies and smaller reviews → physicians can be wary of interventions that do not have strong empirical evidence
- Even if parent interest increases, still limited by:
 - school district funding/desire to refer children to music therapy
 - Limited number of music therapists in Clinton County

RECOMMENDATIONS FOR FUTURE INTERVENTIONS

- Organize a local music therapist to come talk to the CVPH FM residents and attendings during Wednesday morning → remove the middleman!
- One step further: create opportunities for residents and faculty to sit in on music therapy sessions
- Have physicians and health professionals at CVPH attend Clinton County Health Department or Clinton Country School District meetings to advocate for increased use of music therapy in the early intervention/childhood ASD population
- Push for increased hiring of music therapists
 - Ex. Create incentives (loan forgiveness?) for SUNY Plattsburgh music majors entering Music Therapy graduate schools to return to Clinton County to practice

REFERENCES

Kern, P., Rivera, N. R., Chandler, A., & Humpal, M. (2013). Music therapy services for individuals with autism spectrum disorder: A survey of clinical practices and training needs. *Journal of Music Therapy*, 50(4), 274-303.

Whipple, J. (2012). Music Therapy as an effective treatment with Autism Spectrum Disorders in early childhood: A meta-analysis. In P. Kern & M. Humpal (Eds.), *Early childhood music therapy and autism spectrum disorders: Developing potential in young children and their families* (pp. 59-76). London and Philadelphia: Jessica Kingsley Publishers.

Kalas, A. (2012). Joint attention responses of children with autism spectrum disorder to simple versus complex music. *Journal of Music Therapy* 49(4), 430-452

LaGasse, A. B. & Hardy, M.W. (2013). Considering rhythm for sensorimotor regulation in children with Autism Spectrum Disorders. *Music Therapy Perspectives*, 31(1). 67-77.

Katagiri, J. (2009). The effect of background music and song texts on the emotional understanding of children with autism. *Journal of Music Therapy*, 46(1), 15-31

Centers for Disease Control and Prevention (2014). Data and Statistics. Retrieved from http://www.cdc.gov/ncbddd/autism/data.html

Zuvekas, S. H., Grosse, S. D., Lavelle, T.A., Maenner, M. J., Dietz, P., & Ji, X. (2021). Healthcare Costs of Pediatric Autism Spectrum Disorder in the United States, 2003-2015. *Journal of autism and developmental disorders*, 51(8), 2950–2958.