

Music therapy is a valuable clinical intervention for children and adults with Autism Spectrum Disorder. It can work where other therapies cannot, making connections and providing vital support.

We all relate to music because it connects with what it means to be human. Our bodies work to rhythms – from our heartbeats to our sleep patterns. Even the way we speak has the tones, rhythm and structure of music. You don't need to have any musical skills to benefit from music therapy. It's not about being able to play an instrument or learning musical skills. It's about making a connection and enabling people to communicate.

Our sessions are conducted by highly trained, registered therapists who use active music – making to engage and interact with the person referred. This allows them to communicate in their own musical language, whatever their level of ability. We have seen children and adults who are unable to interact with others find their voice through music therapy.

Music therapy is widely recognised as a highly effective health intervention both locally and internationally. At Every Day Harmony, we have wide experience of its value in supporting children and adults.

Professional music therapists are Allied Health Professionals and are registered with the Health and Care Professions Council.

Contact us to find out more.

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**EVERY
DAY
HARMONY**
MUSIC THERAPY

**Music Therapy
& Autism
Spectrum
Disorder**

Some of the outcomes of music therapy and Autism Spectrum Disorder are:

- Communication Skills: improving verbal and non-verbal communication through singing, vocalising and instrumental play
- Social skills: through shared music-making, developing eye contact, turn-taking and interaction
- Cognitive skills: improving focus and shared attention within musical activities
- Emotional needs: providing an alternative outlet for feelings and developing self-expression and self-esteem
- Physical skills: developing movement and motor skills through playing instruments

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Lee is a twelve-year-old boy with a diagnosis of ASD. He is non-verbal and will stamp his feet to express agitation when he is unsettled. Lee has been attending individual music therapy sessions for eight weeks with the expectation that he will proceed to receive a twelve-week input. Sessions are delivered in a suitable room in his school at the end of the school day.

Lee initially struggled to understand why he no longer went home at the same time as his peers and this change in routine caused him great upset. Despite the therapist's efforts to acknowledge his distress in the music and obtain his attention, Lee remained too unsettled to engage and initial sessions were concluded after only ten minutes.

During an assessment period, the following clinical aims were put in place to inform Lee's music therapy treatment plan:

- To help regulate Lee's emotions and reduce tension
- To encourage shared, interactive music-making between client and therapist
- To extend sessions from a base line of ten minutes

Following consultation with Lee's teacher, a PECS schedule was put in place to prepare Lee for a slightly later home time on the days of his sessions, allowing for a more positive therapeutic experience.

From session four, Lee became more settled and sat quietly as he watched the therapist play piano. This listening experience proved very effective in obtaining his attention and when the therapist introduced well-known songs, Lee showed signs of

recognition, using his mouth to shape the sounds of the lyrics.

As sessions progressed, levels of tension and resistiveness reduced. Lee became more actively involved in the music-making process and began to experiment with the piano, playing clusters of notes with his eyes closed, before waiting to listen for the therapist's response. Lee now participates in music therapy with a sense of purpose, showing interactive and communicative intent. He walks to the therapy room with visible enthusiasm and his most recent sessions have lasted twenty-five minutes.



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