



Teaching Music to Students with Autism

Alice M. Hammel *and* Ryan M. Hourigan

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Second Edition

ALICE M. HAMMEL AND RYAN M. HOURIGAN

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Chapter Overview

To truly understand a child with autism, music educators must understand the diagnosis and features of autism. This chapter includes the following topics:

- Diagnostic information
- Characteristics and features of autism
- Typical interventions and treatment models

The word *autism* comes from the Greek word *autos* meaning "self." Leo Kanner first described childhood autism in 1943 as affecting children in the area of "social dysfunction" and "unusual responses" (Davis & Carter, 2014, p. 212). Since the middle of the twentieth century there has been much research into the diagnosis of Autism Spectrum Disorder (ASD). This chapter is designed to give music teachers a broad understanding of ASD, how it is diagnosed, and how students with autism receive treatment in and out of public school. Later chapters offer music teaching techniques based on research and best practices. We also examine ways to develop partnerships with special educators and parents to provide the best music-learning environment for students with autism. However, before we can examine these best practices, we will explore techniques used to treat and educate students with autism. Careful thought and review of current strategies allow our music classrooms to be aligned with expectations, understandings, and philosophies that exist across the curriculum.

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Autism Spectrum Disorder: Diagnostic Information

Symptoms of ASD usually occur within the first three years of life (typically around 18 months). These symptoms include lack of eye contact; lack of babbling or cooing by 12 months; no gesturing (pointing, waving, grasping) by 12 months; no language by 16 months; no two-word phrases on his or her own by 24 months; and loss of any language or social skill at any age (Autism Speaks, 2019a). Previous to 2013, there were many disorders that fell within or near an ASD diagnosis. These disorders were called Pervasive Developmental Disorders. With the update of the *American Psychological Association Diagnostic and Statistical Manual* (*DSM-V*), however, the American Psychological Association recommends that all previous diagnosis under the *DSM-IV* should be given the diagnosis of ASD (i.e., Asperger's Syndrome). Some people may have social deficits but do not have any of the other criteria. These cases should be evaluated for *Social Communication Disorder* (Autism Speaks, 2019b).

Characteristics and Diagnostic Criteria

Persons within the autism spectrum exhibit impairments in the following areas: delays in social communication skills and restrictive or repetitive behaviors, among other areas. Many students with autism will display a limited repertoire of activities and interests. Another, similar feature is the lack of joint attention and an inability to read facial expressions and body language. These features appear with remarkable consistency among all children and adults with autism and are truly hallmarks of the diagnosis and should be present in early development but may not manifest until social demands are present (The American Psychiatric Association, 2013). The characteristics mentioned previously must be independent and cannot be explained by another disability. Throughout this book, we will define, describe, and explore these primary features of autism. It is important to understand that ASD is a lifelong disorder that has a wide variance in behavioral and neurological characteristics. All persons with autism manifest these impairments in various ways, and in varying degrees, throughout their lives. This is another use of the term "spectrum." When a teacher or professional refers to a person being "on the spectrum," he or she may also be referring to the degree to which a person exhibits these characteristics.

The *American Psychological Association Diagnostic and Statistical Manual* (*DSM-V*) also offers levels of severity, where a diagnosis of Level 1 would require some support, Level 2 substantial support, and Level 3 requiring very substantial support. It is also appropriate for a professional to specify if there is an accompanying intellectual or language impairment along with a known genetic, environmental, or medical condition. This includes if the symptoms are associated with another neurodevelopmental, mental, or behavior disorder (The American Psychiatric Association, 2013). Figure 1.1 offers a deeper explanation of the criteria for Diagnosis.

Vignette 1.1 Henry and Andie

Henry and Andie were in the same pre-school class. They were both nonverbal and frequently engaged in repetitive behaviors. Henry needed a slinky in his hands during class and would exhibit negative behaviors when he was denied his slinky. As an example, he took his pants off in music class one day because the teacher took his slinky away. Andie sucked her shirts until they were wet down the front when she was not permitted to suck her thumb. She rarely made eye contact and preferred to play alone. She often cried when asked to perform a task that was difficult for her.

Both Henry and Andie received early intervention services, Individual Family Service Plans (IFSP) and began elementary school with Individual Education Plans (IEP). Andie was twice exceptional, having been diagnosed with a high intellect as well as Autism Spectrum Disorder (ASD), Operational Defiant Disorder (ODD), and two learning disabilities in mathematics. Henry had ASD, Attention Deficit Hyperactivity Disorder (ADHD), and began to demonstrate more aggressive behaviors as he grew older. Both children are on the ASD spectrum, however, their lives will be vastly different. Henry will not be able to live on his own, while Andie will be able to live independently with cognitive coaching throughout her life. The spectrum is very long, broad, and no two children are the same.

Cautionary Considerations

- Do not ask parents or caregivers if their child has autism. Many parents will still be working with providers to determine the exact diagnosis or

Severity level	**Social communication**	**Restricted, repetitive behaviors**
Level 3	Level 2	Level 1
"Requiring very substantial support"	"Requiring substantial support"	"Requiring support"
Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication.	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful response to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to- and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.
Inflexibility of behaviour, extreme difficulty coping with change, or other restricted/ repetitive behaviours markedly interfere with functioning in all spheres. Great distress/ difficulty changing focus or action.	Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.	Inflexibility of behavior causes significant interference with fnctioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence

American Psychological Association (DSM-V)

Figure 1.1 Diagnostic criteria for Autism Spectrum Disorder

working through their own life changes as a result of a diagnosis. If possible, focus on the positive attributes a child brings to your classroom.

One in 59 children are diagnosed with ASD. Boys are diagnosed with autism at a rate four times higher (1 in 37 vs X in Y) than girls (Autism Speaks, 2019a). Many persons with autism test below average on intelligence quotient (IQ) measures, although some persons with autism do demonstrate average to above-average intelligence (Ingersoll & Wainer, 2014). Therefore, many adults with autism often have significant cognitive capabilities; however, they lack the means to develop those capabilities because of communication barriers.

In recent years, the media has often commented on the increased incidence of autism. Many ascribe the increase to a more finely defined, yet broadly inclusive, set of diagnostic tools. Others contend more children are being born with autism than ever before and that the increase in prevalence is not related to the diagnostic procedures. While genetics has been shown to play a significant role in determining whether a child will be diagnosed with autism, researchers are not certain of the cause. In addition, there have been links between autism and attention deficit hyperactivity disorder (ADHD) as well as siblings and ASD (Rutter & Thapar, 2014). Researchers have also not completely discarded the role the environment may have in the development of autism. In fact, many researchers believe that it is a combination of environmental and genetic factors that contribute to *some* cases of ASD (Lyall, Schmidt, & Hertz-Picciotto, 2014).

These discussions will no doubt continue. For the purpose of this book the premise is that both arguments have merit. We will focus on one main goal which is providing information and strategies that will improve the quality of education students with autism receive in the music classroom. The diagnostic discussions can be left to biomedical researchers.

How Do I Know I Am Teaching a Student with Autism Spectrum Disorder?

According to federal law, parents are not required to disclose a child's diagnosis to all teachers. However, parents and students often choose to disclose this information. Some local and schoolwide policies allow teachers access to this information and, depending on the state, the diagnosis may be included in your accommodation or Individualized Education Program (IEP) information. Whether or not you are made aware of the diagnosis, you should

focus on the teaching and learning relationship, not the label given to the student. As always, seek out a special education professional first with questions regarding a student in the music classroom who may have autism. It is because of this label-free trend in special education that many music educators consider the six domains of learning: communication, cognition, behavioral, emotional, sensorial, and physical (Hammel & Hourigan, 2017), rather than rely on specific labels and etiology attached to those generic labels.

Vignette 1.2 Emily

Emily had been teaching for 25 years. She had a graduate degree in music education and was very close to earning her Kodaly Certification. She felt confident in her teaching until a special school for students who struggle with behaviors and emotions closed in her district. This meant all the students were then sent to various elementary schools around the district. Emily had never worked with students who have Autism Spectrum Disorder (ASD) and demonstrate more severe behaviors. Even though she had participated in professional development on the topic and read several books, it was very different when students discussed in her graduate work were actually in her classroom. Emily had been trying to get her students with ASD to demonstrate steady beat with a mallet and drum. The students were not able to do this, and their behaviors were increasingly concerning. Finally, Emily realized that she was not winding her objective back far enough (Hammel, Hickox, et al., 2016). She thought about the current skill levels of the students and wound back her expectations to make sure they were aware when the rhythm chants began. It became clear that the students were taking longer to process the beginning of a music activity than Emily had previously thought. That must have made the seemingly instantaneous expectation to use a mallet on the beat very frustrating for the students. Emily made cards that said Yes Music and No Music. The students were then asked to raise the card that said Yes Music when the music began. After a few weeks, the students were raising the card at the very beginning of an activity. From there, Emily asked the students to clap on the beat, tap a drum on the beat, and finally, use the mallet again. After several months, music class was much less anxious for everyone and Emily was happy to have some specific data regarding the current skill levels of her students.

Early Intervention

As mentioned earlier, autism is a spectrum disorder. Because of this, each person with autism displays different behaviors, and will possess varying degrees of skills and deficits. This makes diagnosis, therapy options, and educational planning difficult for families and professionals. The most successful plan is to start with treatment and therapy options as early as possible.

Physicians and educators are becoming increasingly aware of various signs of autism, and the availability of early intervention services is increasing (NEC, 2001). The professionals who are qualified to provide early intervention include physicians, special educators, general educators, psychologists, speech pathologists, music therapists, and developmental physical/occupational therapists.

Early intervention, consistent treatment, and therapy plans are important in the lives of young children with autism. The longer a family or professional team waits to begin intervention, the less likely it is that the student will progress. There are many philosophical and practical considerations when choosing a treatment plan or set of plans. Some plans work very well for some children. It is worth bearing in mind that autism is a very individual disorder and there is no one method for addressing it. There are a few well-known methods of treatment and intervention that also apply to an inclusion or self-contained music classroom.

Many music educators teach students at the prekindergarten or preschool level. Young students with autism may be involved in intense early-intervention programs during this time and may have limited access to music programs. When they do have access, they may be fatigued and unable to participate as fully or as often as other students in the class who do not spend as much time in therapeutic or intervention settings. Some young children (ages one to three years) may spend many hours in intensified therapy. In addition, if any of the characteristics mentioned earlier manifest themselves in the classroom, it is advisable to seek a licensed professional (e.g., a special educator or occupational or speech therapist) to express specific concerns. Music educators are not necessarily autism experts. There are trained professionals in the school community, such as social workers, special education administrators, and therapists, who are charged with the responsibility of contacting parents and scheduling necessary steps involved in providing a diagnosis or service. They are the first contact in regard to these questions.

Cautionary Considerations

- Do not force a young child with autism to participate in an early-childhood or early-elementary music class. This child may need time and space in the music room before feeling comfortable enough to participate.

Typical Interventions and Treatment Models

Because autism manifests differently in each individual, when an educator has taught *one* student with autism, they have learned about only *one* student with autism. The educator may then proceed to learn about a second student with autism and find that each student enters the music classroom with a wide array of needs. As part of that learning process, it is critical that music teachers understand the life of a typical child with autism during the time that child is not in the music classroom.

Depending on when or if a child is diagnosed, students with autism may be involved in one or more therapies and interventions mentioned in this chapter. Therefore, when trying to engage students with autism, it is useful to understand the ways therapists and other providers communicate and engage with the student. The information provided in this chapter is an overview of various models used to treat and educate students with autism. Knowledge of these models allows music educators to look deeper (if needed) if they see something similar used to educate a child with autism. It is easier for a student on the spectrum to learn within a consistent paradigm or learning environment. For example, if students are used to earning rewards in their other behaviorist-style classrooms and therapy sessions, music teachers may find it easier to structure lessons in a similar way. As always, music educators are encouraged to consult with the special education area in their school when implementing these ideas in the music classroom. The education of a student with autism is most effective when a team of teachers including special education, therapy, and music educators are consistent in their expectations, approaches, and reward systems.

Applied Behavior Analysis and Discrete Trial Training

Behavior analysis focuses on the principles that explain how learning takes place in people. Professionals who study behaviors in persons with autism create discrete sets of micro-behaviors and determine whether or not a behavior is conducive to the process of learning (Autism Speaks, 2013). Often, positive reinforcement is used to reward desired learning behaviors, while other behaviors are not reinforced or are ignored altogether. Simply put, behaviors that are appropriate and move a person toward a learning goal are reinforced. This is often referred to as behavioral conditioning.

Applied Behavior Analysis (ABA) through Discrete Trial Training (DTT) is the science of behavioral conditioning in a therapeutic or classroom situation. Tasks, information, skills, and sequences can be taught by creating small steps (discrete trials) or pieces from a larger set of behaviors. Teachers and therapists who use ABA in their work provide many opportunities for a student to respond behaviorally. Each step and positive response by the student is rewarded. An appropriate reward is any item or form of positive reinforcement that causes the student to increase the amount and frequency of a desired behavior.

There are conflicting accounts as to the origin of ABA. Dr. Ivar Lovaas, a professor at the University of California, Los Angeles, a leading researcher on autism and founder of the Lovaas Institute (http://www.lovaas.com) created a method of ABA treatment in the late 1960s. Each skill within a set of skills is taught as a discrete and separate task. A very basic way of explaining the heart of this method is that a child learns he or she must do something to get something in return. For many children with autism, this is the beginning of their experience with ABA. By increasing the amount, time, distance, and complexity of tasks, students can begin to learn sequences, as the teacher fades into the background and decreases the frequency of rewards. A caution about using a reward system is to observe for satiation: if a reward is used too often, or in too great a quantity, a student may lose interest in that particular reward. A second caution is to be sure the reward chosen truly functions as a reward for the student.

A modified ABA or DTT model can be used successfully in the music classroom. Any behavior can be taught, and with time, repetition, and patience, students with autism can be shown the skills and behaviors used in music. Many music teachers begin by combining sign language with auditory directions. Some students begin their first new behavior by learning to walk into the music classroom. Upon successfully entering the classroom, the student may then be taught how and where to sit, when to stand, and what the procedures are for beginning class (Hall, 2013). A music educator can work with students this way in a classroom environment; however, it is more effective to use ABA when there is an aide or another adult in the classroom to provide prompts and rewards. Applied behavior, as it applies to music learning and basic behavior, will be discussed in detail as this text progresses (see Chapter 5). Verbal Behavior Analysis (VBA) is an extension of ABA and is often used with students on the spectrum. The same principles apply only with language, focusing on teaching a child that using language will get them what they want or need. Specific applications of ABA techniques with classroom behavior will be discussed in Chapter 5.

Classroom behavior is an area where ABA techniques can be used with success. Each positive behavior (e.g., raising your hand, taking turns) can be reinforced with a reward (e.g., choice time with drums or with a toy). Behaviors that a music teacher would like to curtail, such as talking out of turn and loud outbursts, can be ignored with the goal that students will realize certain behaviors are rewarded and others are not. Again, specific applications of ABA techniques with classroom behavior are discussed in Chapter 5.

Treatment and Education of Autistic and Related Communication-Handicapped Children Curriculum (TEACCH)

Dr. Eric Schopler, a former professor at the University of North Carolina at Chapel Hill and a noted expert in teaching students with autism, developed the Treatment and Education of Autistic and Related Communication-Handicapped Children (TEACCH) curriculum (www.teacch.com). The overall goal of TEACCH is to create learning environments for students with autism that are accessible and familiar. Teachers and professionals develop classrooms that specifically complement the strengths, preferences, and interests of students with autism. They then use this environment as the baseline for all educational and social goals. Often, these environments are very

visual and extremely structured with predictable routines that are oriented toward the specific needs of the students. The structured setting includes a "rule" or way of doing for each separate skill throughout the day. Picture or word schedules are always available, and each student has a specific task to complete every minute of the day. Students are allowed more time to complete tasks and can begin to learn to redirect their off-task behaviors themselves rather than repeatedly being given an ABA prompt. Picture Exchange Communication Systems (PECS) are used often in TEACCH classrooms as students learn to ask or show to respond or indicate a request. A detailed explanation of PECS is offered in Chapter 3.

TEACCH can work very well in a self-contained music classroom. Music teachers who apply this method will often choose songs, games, and activities that are based on the interests of their students. By creating an environment that is focused on these student interests, music teachers begin from a position that is familiar to the student. This interest can also be strengthened through the use of visuals. These visuals can include puppets, manipulatives, teacher-created cards and videos that demonstrate the desired behaviors and actions for the student. One effective strategy is to take pictures of the individual student participating in each desired activity. The pictures can be laminated and put together to create a book by punching a hole in the pictures and attaching them to a metal ring. This book then becomes the lesson sequence. The student works through the visual lesson sequence using the pictures of himself as prompts. Tools such as Boardmaker (www.Boardmakeronline.com) includes many line drawings, which are often easier for a student with autism to interpret as facial expressions because unnecessary information has been removed. Students with autism may choose two or three pictures to indicate a desired activity. The cards are also effective when students wish to communicate that they need a break or to use the restroom.

It is more difficult to adapt PECS to an inclusion classroom without an aide or other adult present. However, students with autism are often able to apply TEACCH strategies from their special education classroom to the music classroom. The use of PECS, a picture schedule, a very well-known and often-repeated set of activities and songs, and a consistent schedule are all excellent strategies to use when teaching music to students with autism. In this way, the strategies effective in a self-contained classroom can be applied to the inclusion classroom with the assistance of an additional adult or fellow student. These teaching techniques will be discussed at length throughout this text.

DIR/Floortime

The Developmental, Individual Difference, Relationship-based (DIR®) Model is a specific framework that helps clinicians, parents, and educators develop a specific intervention program tailored to the unique challenges and strengths of a child with autism (http://www.icdl.com). This intervention plan is based on the child's developmental level and the individual differences of the child. All the therapies and interventions associated with this paradigm are relationship-based, meaning their techniques are based on strengthening a child's ability to initiate and maintain relationships with others.

While at the National Institute of Mental Health, Dr. Stanley Greenspan developed the Floortime model (Hall, 2013). This model uses the exchange of signals between teacher and student as the basis for learning behaviors and information. It then builds sequences of behaviors in students through a combination of structured trials, relationship-building exercises, and frequent positive reinforcement, often using activities that a child finds uniquely interesting.

Students and teachers engage in joint-attention activities (the teacher and student taking interest in the same item or activity) with the student taking the lead in performing activities. Teachers often find ways to include social and academic goals as part of this play process (Hall, 2013). For an example, a child may be interested in firefighters. The teacher or therapists would begin by allowing a student to play with a fire truck. If the child is verbal, the teacher may ask, "May I have a turn with the fire truck?" thus establishing a turn-taking event. The therapist or teacher may extend this activity by sharing the truck back and forth with the child or going as far as talking about what the fireman would say or do, all to extend the joint interest in playing with the fire truck. These joint-attention activities can be lengthened and often become more sophisticated as the student progresses. Therapists then move through communication and socialization skills, all based on the relationship and interest of the student.

The Floortime approach may not be as easy to transfer to the inclusive music classroom as other approaches. In a self-contained setting, it may also be difficult to create meaningful personal relationships within a group of students. The most useful transfer of this model is that when students are given the option to lead, and a teacher happily follows, a playful and joint-attention activity can result: music. This is an excellent step is developing a

relationship that will allow productive music making to take place. In addition, a key concept of Floortime is closing as many circles of communication as possible (Hall, 2013). Musical call and response would be an example of generalized Floortime concept in the music classroom.

Students with autism also have a tendency to become fully invested in one specific subject or activity. If this subject is something musical, or can be connected to music in some way, the Floortime technique can be used in the music classroom. For example, allow a student who is interested in pipe organs to learn everything there is to know about pipe organs. Learning how organs are made, organ composers, places where there are great organs, organ music, and so forth, allows the student to explore this topic based on their interest. An advantage of this technique is that students can work on an individual level and independently. Much of this style of teaching is similar to constructivism. We offer extensive discussion and techniques in our previous book, *Teaching Music to Student with Special Needs: A Label-Free Approach* (2017, p. 123) as well.

Cautionary Considerations

- Do not determine or predetermine the therapy you think best for a particular student. Instead, attempt to incorporate elements of that therapy into the music classroom or ensemble to provide stability and consistency. Remember, unless you are a licensed therapist, you are not able to provide therapy. The information in this section is provided to help you remain consistent in your classroom. Always consult the special education team.

Cognitive Coaching

Coaching is another approach that has been especially effective with students who have autism and are functioning fairly well in school and home settings (National Research Council, 2001). This cognitive approach addresses the underlying causes and motives for behaviors. Students are asked why they engage in a particular behavior and are coached to try more successful ways of achieving their goals. Making students aware of how their behavior affects them and others is a primary goal of this method. Through daily or weekly

cognitive work, students are encouraged to think before acting and to make choices that are consistent with their overall academic and social well-being.

In a music classroom, coaching can work very well. Students with autism need frequent reminders, models, and reteaching. A student who receives even a few minutes of cognitive coaching at the end of a music class or ensemble rehearsal can begin to develop connections between the discussion and their behaviors (academic and social) in the next class. Coaching can also involve viewing videos of the student in class as the teacher talks about what is happening and what could perhaps happen in the future.

Students with autism often have great difficulty understanding how their behavior appears to and affects others. Through cognitive coaching, students can begin to see patterns of cause and effect in their daily interactions. For example, an eighth-grade choral student, Danyele, may initially be unable to discern why her choral director is disappointed in her. The teacher called Danyele's mother and expressed concern because Danyele had been very rude to another student in class. During class, Danyele told the other student that her shirt was ugly and that she thought it was funny that the student had received a lower grade on a music theory test. This disrupted class, caused the other student to cry, and caused other choral students to loudly chide Danyele for yet another set of poor choices. Through daily cognitive coaching, Danyele can begin to see the results of making careful choices in her words and actions.

This approach takes time, preferably daily coaching, and positive results can require several months or years of work. Once a student is able to cognitively comprehend these relationships, their behavior may be modified for a lifetime. Cognitive coaching is not a "quick fix"; however, it has potential for great success in the life of a student with autism.

Social Stories

Because students with autism have impairments in social and communication skills, they often need repeated rehearsal to engage in academic and social settings with others. Creating a social story can be effective in alleviating anxiety and increasing success for students with autism (Hall, 2013). A social story is very similar to a task analysis. Each step in the process of an event or procedure is depicted visually and a scripted story is created and rehearsed. These stories are sometimes laminated and made into a book that students

can use as they engage in the activity described in the story. We discuss music applications of social stories throughout this book.

A transfer to the music classroom may include a way to appropriately play a game. In first grade, many students sing and play the game Apple Tree. Jimmy may have great difficulty following the rules of a game and may cry if he is out during that game. A social story can demonstrate visually or aurally the steps in playing the game, the rules, and a story of a boy named Jimmy who can sing and follow the rules. In the story, Jimmy has fun following the steps in the game, and does not cry if he is out nor if he does not win the game. There are several examples of social stories for use in the music classroom throughout the book. They can be used for emotional, behavior, social, and academic needs.

There are many other treatment models in use for students on the autism spectrum. The selected models we have mentioned represent a few that are among the most common. Music educators are encouraged to collaborate with their special education team about types of therapies and treatments used for specific students. This will assist both the music teacher and the student in music learning.

Cautionary Considerations

- Do not engage a student with autism in a cognitive coaching situation for a longer period of time than the student is eagerly and fully participating in.

Conclusion

Music educators often seek to improve their effectiveness with students who have special needs. When the music teacher has information regarding the diagnosis and treatment models, and an ability to converse with other school professionals, it can be a joy to work with students who have autism. This overview introduced tools that are helpful when the music teacher is conversing with classroom teachers, special educators, and professionals to create the best learning environment for students with autism. This team approach will be addressed in subsequent chapters to include ways to advocate for music programs and all students, those with and without special needs.

Discussion Questions

1. What are the hallmark behaviors seen in a young child with ASD? How are those behaviors exhibited in a learning situation?
2. Which treatment or therapy discussed in the chapter suits your teaching strengths? How could you apply some of the ideas to your teaching situation (or future teaching situation)?
3. How can a music educator advocate for their students with ASD? What strategies are effective when connecting with special educators and staff members?

2

A Team Approach to Teaching Music to Students with Autism Spectrum Disorder

Chapter Overview

Successful inclusion of students with autism spectrum disorder into the music classroom depends heavily on the positive relationships formed among general education teachers, music educators, special educators, administrators, paraprofessionals, parents, and students. This chapter includes the following topics:

1. Learning about students with autism spectrum disorder
2. Establishing relationships with other special educators, therapists, and administrators
3. Establishing relationships with other staff members
4. Participating in meetings (including IEP meetings)
5. Understanding how the least restrictive environment applies to students with autism
6. Making use of student profiles as data

Some teachers are inherently team oriented. For others, the idea of working as a team can seem complicated and intimidating. Music teachers are often the only educators in a building that work in their area of concentration. As a result, music educators are not necessarily accustomed to collaborating on a daily or weekly basis with other professionals, especially special educators and therapists. Music teachers may have been placed on committees or teams with other teachers; however, establishing a meaningful place within those teams can be complicated. For those fortunate music educators who find working on a team to be integral and instructive to their teaching, adapting

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