

THRIVING *with* RETT

MUSIC THERAPY GUIDE

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“I’ve paired you with a 3-year-old girl with Rett Syndrome,” my undergrad music therapy professor said. “It’s an incredibly rare syndrome, one you’re not likely to see again. But they’re finding that these girls REALLY love music.”

She was right about the child loving music. But over the 20 years since undergrad and internship, I discovered it was not nearly as rare as we’d thought; I’ve had the pleasure of working with 17 girls with Rett Syndrome, from 18 months old to 22 years. And by and large, yes, they are incredibly receptive to music therapy.

So what is music therapy?

The American Music Therapy Association defines it as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.” In other words, a trained music therapist will use music (singing, playing, listening, composing, and it goes on), not for music education purposes, but to help develop and/or maintain non-musical skills.

The practice of music therapy has changed radically over the years; it has gone from being a more “palliative” practice, more for social and emotional stimulation (which is good! Very good, but there is more to it)—to a more brain-focused discipline. Studies have shown that the human brain is changed with exposure to music.

But why music as therapy?

Think of it this way ... what happens when we hear a song with a catchy beat? We start tapping our feet, sometimes unconsciously. Ah! Rhythm is processed in the same part of the brain as motor functions ... and our bodies and brains LOVE steady beat. This is huge for those with Rett, because exposure to a steady beat helps organize their movements, which will help with gait, with hand usage; even sometimes with breathing. Music is a multisensory experience (think: listening, vocalizing, touching or

playing instruments, moving and dancing to a beat). This is important because on those days where perhaps the body is not cooperating, maybe the eyes are—and the child can communicate via eye-gaze (putting interactive songs on devices is amazingly empowering, and again, the steady beat will help keep their nervous systems organized, which will help with their control!).

On the days where perhaps the eye-gaze is not so accurate, perhaps tapping or kicking at a drum will be the way to go. Exposure to the many textures, weights, and materials of different musical instruments helps cut down on sensory defensiveness, and increases purposeful hand usage and strength. The very social experience of music-making, whether in individual therapy, or in a group, is very appealing, as well. The music therapy session is tailored to each individual’s unique needs and strengths, and will be adapted for maximum participation and success.

How do you get music therapy services?

For those children 3-22, in school settings, it CAN be added to your child’s IEP, but only after an assessment by a qualified, credentialed music therapist. It IS a related service under IDEA, but you may have to strongly advocate for this service. Should you decide to go privately, yes, you can find a music therapist locally by contacting the American Music Therapy Association (AMTA) at www.musictherapy.org, and they will be more than happy to help you out.

Additional Resources:

Scholarly research on Music Therapy and Rett Syndrome can be found here:

<https://www.sciencedirect.com/science/article/pii/S0929664618304273>

In addition to the AMTA, I am always happy to answer questions. I am on Facebook (Mid-South Music Therapy Services), or www.midsouthmusictherapy.com. You can also e-mail me at midsouthmusictherapy@gmail.com