



Photo © Deborah Benkovitz

# Alternative Learning Spaces

Music therapy rooms and their great impact on developing students.

Cathy Purple Cherry, AIA, LEED AP

**W**hat is music therapy? Music therapy is a multi-sensory experience whereby music is used for therapeutic results. A student visually connects with the shiny, brightly colored instruments; he or she hears a sound of the music; he or she experiences a feeling of holding the instrument; and he or she feels the vibration or movement of the instrument. It has been determined that music can influence a student's behavior by affecting the brain through sound and thereby impact other bodily structures. These effects are visible, identifiable and measurable, and are the basis for music therapy.

*When did music therapy begin as a profession?* The profession of music therapy was introduced just after World War II as an intervention to address traumatic war injuries. Since that time, universities and colleges have developed programs to train individuals on how to use music for therapeutic purposes.

*Who are the recipients of music*

*therapy?* Music therapy is typically provided to people of all age groups having serious disabilities, including behavioral disorders, developmental delays, autism, multiple handicaps or psychiatric disorders. Music therapy is also used for traumatic brain injury and stroke patients, individuals with cerebral palsy, as well as those with Alzheimer's and multiple sclerosis. Music therapy also is provided to individuals who are in crisis or who desire to use the therapy for reaching other goals. Lastly, music therapy is used to motivate physical movement amongst the geriatric population.

*How is music therapy applied in our school systems?* Our K-12 school systems integrate music as a component of the required curriculum. This type of music education program provides an emphasis on music education, awareness and appreciation for the arts. Music therapy differs in that music, specifically, is used to foster the development of a student's motor growth, communica-

tion, cognitive abilities, social skills and an enhancement of emotional health. Music therapy can increase gross and fine motor functioning through exercises performed to music, increase socialization, stimulate long-term memory and increase communication.

*What does a music therapy room look like?* Most often, music therapy is performed in a multipurpose space due to space limitations in our schools. Other times, the music therapy room is another space converted for this use and is too small for group teaching or lacks sound-proofing. The space or environment in which a music therapist works has an impact on the types of instruments that can be used. Smaller spaces restrict the use of larger instruments. Non-sound-proofed spaces restrict the use of loud instruments such as drums and horns.

A standard music room in our K-12 schools is usually a private room, may or may not have a piano, is used consistently for teaching, is not typically

soundproofed and does not typically have recording facilities. An ideal music therapy room is always private, always has multiple instruments including a piano, is always used consistently, is fully soundproofed and most often has recording facilities.

*What types of programs are offered through music therapy?* There are multiple types of programs that music therapy rooms provide to students, including early childhood programs, pain management, wellness programs, movement disorders exercise, psychosocial music therapy and neurological music therapy, to name a few. Music allows students the opportunity to express feelings of love, loneliness, anger and grief, as well as a myriad of other emotions. Music improves the psychosocial and spiritual well-being of a troubled or disabled student through singing, voice exercises and controlled and free body movements. It is also

known to improve social interactions when a group of students participates.

Tom Hawley, a music therapist who currently teaches at the University of Maryland, works with mentally challenged individuals. He typically works with no more than three individuals at a time, with sessions lasting approximately 30 minutes. Longer sessions for this population group are too long to maintain their attention. According to Hawley, an individual with special needs ideally is provided a six-square-foot area, if not more, for their personal space. This clear area helps to reduce conflict with any other students. The therapy is goal-oriented and targets the needs of the specific group. Frequently, Hawley incorporates a higher functioning individual into a group session to provide a leader. According to Hawley, it would be ideal to provide natural light. However, this light would need to be able to be controlled by window

coverings. In addition, cameras situated so as not to distract students would allow parents or therapy interns to observe the individual or group.

It is important to orient the room to reduce distraction. Ceiling fans are great for air movement. The floor surface should be carpet or rubber flooring for sound absorption and have no level change or platform. In addition, a hard surface area would be provided for dancing. For Hawley's therapy room, all musical instruments would be stored away so as not to provide a visual distraction for his group of students. In addition, the lighting should be controllable by a dimmer to make a space feel less institutional.

*So, how do we as designers develop the right classroom for music therapy in our school systems?* First and foremost, we must communicate with trained music therapists so that the space is personalized to the group

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whom the professional is teaching.

Debbie Benkovitz is one of the music therapists at Children's Hospital of Pittsburgh of UPMC. This new facility just opened in May 2009, and includes a music therapy room for the children staying at the hospital. Ms. Benkovitz is also the 2009-2011 president of the Mid-Atlantic Region of Music Therapy. She stated that the new music therapy room in the hospital is located on the sixth floor amongst other supportive spaces, including a large healing garden, a chapel, a family research center/library and a huge atrium space flooded with four floors of natural light. The atrium space can be used as a performance center to patients and families in the hospital. The new music therapy room is fully soundproofed, with double doors to allow for the relocation of the piano into the atrium for performances. Benkovitz expressed that the children are motivated to come to the music therapy room and thereby receive some physical exercise by simply walking to the room. She described the new therapy room as very colorful, with carpet inlaid with musical notes. She expressed the importance of lighting controls in the hospital setting due to the sensitivity of some of the children's eyes after medical treatment. Directly adjacent to this new room is a small office for two people. The door of this office contains a window to allow observation by an intern. The room also contains a sink to wash instruments, a necessity in maintaining a sanitary setting. The music therapy room is accessed by a keypad. This will permit the room to be used by other hospital staff as well for their own personal use or allow staff to enter for group lessons.

In my interview, I inquired about the use of mirrors in music therapy rooms. As a designer, I typically think of mirrors in performing arts rooms to allow the student to see their performance with their own eyes. We both came to the conclusion that if used, ideally mirrors should be covered with heavy draperies for sound attenuation or

movable so that they could be turned around to face a wall. As Debbie works with sick children, often it would not be appropriate for these children to see themselves. In the case of developmentally disabled individuals, it may be appropriate for these groups to watch themselves dance to music as this may increase their excitement for the activity. Therefore, the use of mirrors must be optional.

Although a luxury, if space is available, two therapy rooms should be provided: a big room for group instruction and a small room for an individual teaching. Any openings to the outside should be placed such as not to cause distraction. Ideally these windows are held high along the wall. The extent of glass must be controlled due to its lack of sound absorption. Music therapy rooms also should contain ample storage cabinets or a closet so that the musical instruments most often can be out of sight. At the Children's Hospital of Pittsburgh, some open storage is provided so that the children visibly connect with the colorful instruments upon entering the room. For Benkovitz's students (sick children), seeing instruments is a positive thing. For Mr. Hawley's students (mentally challenged), exposed instruments can be distracting.

Using these key elements in the design of music therapy rooms will create bright, lively and inviting spaces for our children. Music therapy rooms affect and change the lives of individuals of every age. As Mr. Hawley states, "Music impacts us from the womb to the tomb." SPM

**Cathy Purple Cherry**, principal of Purple Cherry Architects, is the mother of a 17-year-old son on the autism spectrum and the sister of a Down Syndrome brother. Through her lifelong interactions and observations of her brother and son, she has an acute awareness of relevant triggers and environmental issues that impact individuals with disabilities. For more information, visit [www.purplecherry.com](http://www.purplecherry.com).