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Subject: Support for the Clinical Practice Guidelines on Autism Spectrum Disorder in Children and Adolescents

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Dear reviewers,

We are writing to express our support for item R6.30 stating “*Music therapy may be recommended as a complementary intervention approach for children and adolescents on the autism spectrum. Specifically, there is moderate level of evidence for an increased chance of global improvement, improved quality of life and reduced total autism severity, with low potential for harm. [EM6-28]*” (p. 114) in the current 2nd edition draft of the Clinical Practice Guidelines on Autism Spectrum Disorder for Children and Adolescents (CPG).

Introduction

The Association for Music Therapy (Singapore) (AMTS) was formed in 2007 with 11 founding members. With our current strength of 37 credentialed professional members, 1 associate member, and 7 student members, AMTS remains the sole professional music therapy organisation in Singapore. Our members, who are credentialed music therapists, work with children and adolescents on the autism spectrum in several Social Service Agencies (SSAs) such as Rainbow Centre, AWWA Schools, and Thye Hua Kwan Early Intervention Programme for Infants and Children (EIPIC) Centres. In addition, a number of music therapists serve children and adolescents on the autism spectrum in their private practices. Currently, about 30% of AMTS’ professional membership work with individuals with autism.

In reference to section 10.2 on the Allied Health Professionals document, we would like to point out that music therapists hired by social service agencies and healthcare organisations in Singapore are all professional members of AMTS, which requires them to have completed tertiary-level music therapy training and maintain up-to-date credentials from their country of training. As practising clinicians, we have witnessed first-hand the transformative power of music therapy in promoting social-emotional learning and enhancing the quality of life for individuals on autism spectrum. We firmly believe that its

inclusion in the CPG will significantly improve the comprehensive care and support provided to this population.

Item R6.30

AMTS is pleased to note that music therapy has been listed as a recommended complementary intervention approach for children and adolescents on the autism spectrum. Referencing the Cochrane review *Music Therapy for Autistic People* (Geretsegger et al., 2022), the CPG highlighted moderate level of evidence for an increased chance of global improvement, improved quality of life and reduced total severity with low potential for harm.

This recommendation in the CPG aligns with the findings in the National Clearinghouse on Autism Evidence & Practice (NCAEP)'s report *Evidence-Based Practices for Children, Youth, and Young Adults with Autism* by Steinbrenner et al. (2020). More specifically in the NCAEP report, Steinbrenner et al. (2020) listed Music-Mediated Intervention (including music therapy) as an evidence-based practice with strong evidence in using music to support outcomes in communication, social skills, play skills, school readiness, adaptive/self-help skills, motor skills and decreasing challenging behaviours in children from toddler to middle-school ages.

Item 6.2.4.2

We noted in item 6.2.4.2, the CPG stated "... no clear evidence for the outcome areas of social interactions, non-verbal communication, and verbal communication" (p. 114). We believe it is important to bring our awareness to the ecological validity of this particular finding. Of the 26 studies included in the Cochrane review (Geretsegger et al., 2022), 7 (27%) studies were conducted in Asia (3 China, 2 South Korea, 1 India, 1 Iran); the rest of the studies were based in North American, South America, Europe, and Australia. This point is important to note because of the inherent cultural differences in how Asians may interact and communicate (both verbal and non-verbal) with each other compared to people from the Americas and Europe. For example, there will be value differentials in non-verbal communication such as eye-contact in a more traditionally hierarchical culture in Singapore compared to most of the samples represented in 26 studies included in the Cochrane review. Thus, the situatedness of our interpretation of these particular outcome areas of social interactions, non-verbal and verbal communication must be titrated to fit the cultural ethos of our way of relational being in Singapore.

We also noted the two points mentioned, "There is scope to explore the effects of music therapy beyond the young adult age, as well as to investigate the longitudinal effects of music therapy as a treatment approach in autism." (p. 114). We agree with the recommended CPG that there is indeed scope to explore the effects of music therapy



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beyond the young adult age. As we think of the autistic individual holistically, having a good quality of life includes being heard, engaged, connected, and included into the social fabrics of Singapore society throughout their lifespan. These quality-of-life (QoL) parameters are crucial across one's lifespan; with this premise, there are existing music therapy research evidence for therapeutic outcomes in creating a sense of connectedness and community that have impacted older adults as well as persons with dementia (Baker & Ballantyne, 2013; Clements-Cortes, 2014; McClean et al., 2012; McDermott et al., 2014). We concur with the recommendation for a need to explore similar efficacies for children and adolescents on the autism spectrum beyond their young adult years. These outcomes are central for the holistic development and quality of life of persons on the autism spectrum.

In particular, QoL indicator was stressed upon by Associate Professor Karin Mössler (The Grieg Academy Music Therapy Research Centre, University of Bergen), one of the authors of the Cochrane review (Geretsegger et al., 2022). In a personal phone conversation with the first author T.X. of this response document, Dr. Mössler offered insights into the salient impressions of their systematic review (K. Mössler, personal communication, June 14, 2023). The main highlights of the personal conversation culminated to one pertinent summary: the need to engage in a neurodiverse paradigm shift to not view disability as an ailment or disorder residing within a person, but rather, disability as a social construct embedded in societal structures that define, support, and sustain the concept of disability in our daily lived experiences. This statement encourages us to explore the humanity of persons on the autism spectrum, and to value their "perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns," which is the definition of QoL according to the World Health Organisation (WHO, n.d.).

Music therapy, being an evidence-based practice (EBP) profession, embodies this ethos fully with our emphasis on incorporating scientific evidence with the expertise of trained and credentialed music therapists to tailor clinical decisions according to the preferences and aspirations of the people we work with. The latter portion of this response document will elaborate on this point about QoL and the inclusion of the voices of persons on the autism spectrum, and their families/caregivers on determining consequential determinants of QoL. But first, we would like to comment on a few other items in the CPG where music therapy has embedded into various therapeutic modalities. Specifically, we are happy to note that Developmental Interventions (R3.4), Naturalistic Developmental Behavioural Interventions (NDBIs) (R3.7), Play-based intervention (R3.8) and Social skills intervention (R3.12) have been recommended for children and adolescents with autism in the CPG. Music therapists have been using music as modality to deliver the above interventions with children and



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adolescents with autism to achieve the goals of social engagement and social communication.

Item R3.4

In support of item R3.4 Developmental Interventions, music therapists employ the use of DIRFloortime framework into its clinical practice to improve parent/ adult-child synchrony and reciprocity while considering developmental capacities of the child within the context of an adult-child relationship to improve social communication (Carpente, 2016). Carpente's (2016) findings from a series of four DIR-based Improvisational Music Therapy (IMT) case studies are consistent with evidence from other IMT studies showing its effectiveness for improving social communication skills in children on autism spectrum. This study is the first in music therapy to demonstrate improvement on social communication among children with autism using a standardized, criterion play-based observation tool as an outcome measure. While the sample size of this study is small, these results suggest improvements in social communication after receiving IMT delivered by a music therapist, generalized to a toy play-based context in an environment not associated with music therapy.

Item R3.7

Item R3.7 Naturalistic Developmental Behavioural Interventions (NDBIs) illustrates that learning takes place in the context of play, and interventions aim to promote social engagement and adult-child interaction. Improvisational Music Therapy (IMT), as a client-led intervention, creates opportunities for social interaction and communication through a collaborative process of music-making between the client and the therapist (Bruscia, 1987; Geretsegger et al., 2015). A study by Carpente et al. (2021) investigated child-led IMT within a developmental approach that provided a framework similar to early mother-infant interaction. One common IMT technique used was imitation to improve engagement during adult-child interactions. Imitation in IMT involves the therapist echoing or reproducing a client's response after it has been expressed. IMT invites the child to be an active creator of music, playing a vital role in the direction of the musical interaction and process. This study examined the impact of a specific technique used in IMT, imitation, to address the clinical goal of improving engagement with individuals who are minimally verbal. The researchers noted similarities between engagement that occurs during IMT and the engagement that occurs during non-musical interactions. Both involve social skills such as sharing joint attention and taking turns. These similarities can suggest that IMT may be an effective option for improving engagement in minimally verbal children with autism (Carpente et al., 2021).



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Item R3.8

Item R3.8 Play-based interventions encourage naturalistic and engaging contexts to teach children and adolescents on the autism spectrum critical social skills. Music Therapy naturally involves the use of a variety of materials such as musical instruments and/or props such as scarves, stuffed toys in its sessions to promote interactive play such as storytelling or imaginative role-playing. The intersection of play and music-making creates a shared experience for children to participate by listening, sharing and negotiating with others, all while creating music in the moment (Thompson et al., 2019). The creation of musical experiences be it structured or freely improvised in the session fosters relationship-building and attunement between the therapist and the child. Finally, the listening to, creation of or response to music is intrinsically a motivator for the children involved (Thompson et al., 2019).

Item R3.12

Item R3.12 Social skills intervention, where social skills may be directly modelled by peers, caregivers and/or professionals, or reinforced through positive feedback when behaviour is elicited in an appropriate context. Group music therapy can create opportunities for cooperative play between individuals with autism. Musical cues and prompts are given by the therapist to facilitate peer-to-peer interaction and/or joint attention with peers or with manipulatives such as a musical instrument, e.g., xylophone. Activities facilitated within group music therapy sessions also create opportunities for turn-taking between peers. A study was conducted to examine the impact of a music therapy group intervention on the social skills of children on autism spectrum (LaGasse, 2014). This is the first randomized controlled trial of group music therapy intervention for social skills in children on autism spectrum. The outcomes from this study offer initial evidence that music therapy group sessions targeting social skills may improve joint attention, and eye gaze toward other persons (LaGasse, 2014).

Families and Caregivers

The recommended CPG also mentions the importance of Caregiver Support, Engagement and Training (CET) in supporting the QoL outcomes for children and adolescents with autism. We note that the guidelines recognise the current interventions that focus on facilitating parents' attunement and responsiveness to their child - with attunement being an important aspect that has been researched in music therapy (Geretsegger et. al, 2015; Mossler et. al, 2019; Mossler et. al. 2020; Mossler et. al, 2022) and enskilling parents to be more attuned to their children have been the focus in work of music therapists who work with families (Thompson, 2012; Thompson, 2017; Thompson et.al, 2013; Thompson & McFerran, 2013; Yang, 2015) as musical and emotional attunement between parents and children can help to foster regulation in children.



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Voice of the Person on Autism Spectrum

In recent years, with greater awareness of the neurodiversity movement and a shift towards the neurodiversity paradigm (Milton, 2012; Milton & Lopez, 2022) there has also been an increasing trend towards recognizing the value of lived experiences and including the perspectives of autistic individuals in shaping the understanding and provision of care for persons on autism spectrum. Autistic individuals possess valuable insights and first-hand knowledge of their own experiences, which can inform and guide the development of effective interventions and support systems. Music therapy research in recent years has also started to place emphasis and value in such discourse, with researchers such as Metell (2019), Davis (2022) and Leza (2023) sharing their perspectives and advocating for a non-medical treatment modality where autism symptoms need to be “treated” and instead focus on empowering the autistic individuals and their quality of life.

Metell (2019) recognises the marginalisation, battles with healthcare and social service systems and negative attitudes disabled children and families continue to face when the dominant discourse to families is that strongly influenced by medical model and based on assumptions of grief and tragedy. Lalvani and Polvere (2013) speak on empowering families and caregivers through their music therapy experience to lend support to families to make the accommodations they need so that neurodiverse individuals can thrive.

Autistic voices have also been better represented in recent music therapy research, with Mössler et. al (2023) including researcher on the autism spectrum into the research and writing process of their study on attunement dynamics with autistic children in music therapy. Similarly, Low et al. (2023)’s research included young autistic adults who shared their own lived experiences of music therapy. Davis (2022) and Leza (2023) have also advocated strongly to the music therapy profession as autistic music therapists themselves of what they feel the neurodiverse community is looking for in terms of music therapy work - which is towards less normalisation, and reduction of autism symptoms to focusing on “Maximisation” - which is to grow their child’s capabilities as an autistic person, as well as to recognise the trauma and co-morbidities (such as anxiety and depression) that an autistic person may experience during music therapy.

We believe that this respect for neurodiversity and the lived experiences are also important for caregiver support. By actively engaging and involving autistic individuals and their families in the decision-making processes, we can ensure that their needs, preferences, and perspectives are respected and incorporated into the clinical practice guidelines.

We strongly advocate for the inclusion of strategies in the clinical practice guidelines that promote the active participation of autistic individuals and their families in the development and implementation of care plans. Some key considerations include:

Empowering Autistic Individuals: Recognize the autonomy and self-determination of autistic individuals by involving them in treatment planning, goal setting, and decision-making processes. Their input should be considered alongside clinical expertise, ensuring a person-centered approach to care.

Promoting Collaboration: Encourage interdisciplinary collaboration and teamwork among healthcare professionals, educators, therapists, and autistic individuals and their families. Collaborative partnerships foster mutual respect, trust, and shared decision-making, leading to more effective and inclusive care.

Listening to Lived Experiences: Create opportunities for autistic individuals and their families to share their experiences, challenges, and successes. Their insights can inform research, policy development, and service provision, leading to more relevant and person-centered care practices.

Providing Education and Resources: Offer educational resources and training programs to healthcare professionals, educators, and caregivers that focus on understanding and valuing the lived experiences of autistic individuals. This will promote a culture of inclusion and empathy in the provision of care.

By actively incorporating the perspectives and experiences of autistic individuals, the clinical practice guidelines will not only enhance the quality of care but also promote a more inclusive and respectful approach to supporting individuals on autism spectrum. This approach aligns with the principles of person-centered care, respecting the autonomy, dignity, and unique needs of each individual.

We commend the efforts of the CPG workgroup in developing the Clinical Practice Guidelines for Children and Adolescents on Autism Spectrum in Singapore. By recommending music therapy as a complementary intervention, healthcare and education professionals will be provided with the necessary guidance to incorporate this evidence-based therapy into their worksites, promoting holistic care. Furthermore, it would raise awareness about the benefits of music therapy and encourage its integration into various healthcare and educational settings.



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The Association for Music Therapy (Singapore) (AMTS) is committed to supporting the implementation and dissemination of the clinical practice guidelines. We offer our expertise, resources, and collaboration to work with other healthcare professionals, educators, and caregivers in utilising music therapy effectively for individuals on autism spectrum. Together, we can ensure that individuals on autism spectrum receive the comprehensive support they need to thrive in all aspects of life.

Thank you for your attention to this matter. We appreciate your commitment to ensure the well-being of individuals on autism spectrum. Please feel free to reach out to us if you require any further information or support. We look forward to working together towards a more inclusive Singapore.

Yours sincerely,

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