UNDERSTANDING AND TEACHING STUDENTS WITH AUTISM

by

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This dissertation is dedicated to my piano students with special needs, who have inspired me with their resilience

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Abstract

The goal of this study is to conduct qualitative research through in-depth interviews with three experienced professionals. These professionals include individuals who are currently teaching piano to students diagnosed with autism spectrum disorder (ASD), a speech therapist with years of experience working with clients with ASD, and an educator who is also autistic. The goal of this study is to build upon the knowledge and perspectives of the three professional's experiences with teaching individuals with ASD in the context of piano education.

These interviews provide a comprehensive panorama-including the interviewees' personal backgrounds, the sociodemographic profiles of the students they taught, as well as an exploration of the pedagogical techniques, instructional materials, and technological tools utilized in their practice. This synthesis concludes with the identification of the most effective teaching and clinical practices distilled from the collective insights of the three professionals.

By investigating effective strategies for working with students with autism in music education, this study will highlight some of the nuanced intricacies that are required in this domain. While there has been a growing focus on inclusive education and catering to diverse learning needs, the realm of music instruction for individuals with autism remains relatively unexplored. Through a comprehensive examination of tailored teaching methods, social interaction facilitation, and cognitive development enhancement, this study will also inform music educators of the best approaches for fostering meaningful and inclusive music learning experiences for individuals with autism.

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List of Abbreviations

ADD .....Attention-Deficit Disorder

AAC…….....……Augmentative and Alternative Communication

ADHD .....Attention-Deficit Hyperactivity Disorder

APA.....American Psychiatric Association

ASD.....Autism Spectrum Disorder

CDC.....Centers for Disease Control and Prevention

DSM.....Diagnostic and Statistical Manual

IDEA……..…….Individuals with Disabilities Education Act

IEP.....Individualized Education Plan

IFSP.....Individualized Family Services Plan

IRB.....Internal Review Board

SLPs……..…….…….Speech-Language Pathologists

CHAPTER 1: Introduction

The Need and Purpose of the Study

Since the year 2000, there has been a significant rise in the identification of autism. The Centers for Disease Control and Prevention (CDC) reported a 119.4 percent increase in autism cases from 2000-2010. Autism spectrum disorder is a developmental condition that now affects approximately one in sixty-eight children-with boys being diagnosed 4.5 times more often than girls, according to the CDC's finding in 2016. It is interesting to recognize that not too long ago, in 1994, autism was considered rare and was only identified in one out of every 1,000 children. Additionally, autism does not discriminate by race or ethnicity, yet it affects people from all racial and ethnic backgrounds equally.

Previously, students with disabilities were often taught separately from those without disabilities- and some received no education at all. Before 1975, Kurth (2015) stated that millions of children with disabilities were excluded from schools, and some states even barred students with specific disabilities from attending public schools. Dillenburger (2012) indicated that several decades ago, many children diagnosed with autism were considered unteachable and were placed in an institution; however, these same children are now learning alongside their non-disabled peers in schools with no issue. Legal actions played an important role in changing this situation. In 1917, the Pennsylvania Association for Retarded Citizens sued Pennsylvania on behalf of children with mental retardation- leading to a ruling that entitled students with mental retardation to a free public education in regular classrooms whenever possible.

In 1972, the impact was extended further through the Mills vs. Board of Education of the District of Columbia case. This case had a profound effect as it broadened the scope of inclusion to encompass all children with disabilities between the ages of five and twenty-one in Washington D.C. This legal decision marked a significant step towards ensuring equal educational opportunities for students with disabilities in the district. Yell, Katsiyannis, and Hazelkorn (2007) states that more than 1.75 million students with disabilities still were not receiving educational services. Consequently, these collective legal actions led to the passing of the Education for All Handicapped Children Act in 1975. This law required that children

with disabilities receive a free education that meets their specific needs, including special education and related services (Education for All Handicapped Children Act, 1975, p.775). This allowed the students to attend public schools alongside their peers without disabilities, promoting inclusivity and individualized learning. Initially, the Education for All Handicapped Children Act did not include autism as a recognized disability, making it difficult for autistic students to access services unless they fit into another category like mental retardation.

In 1990, autism was officially recognized as a separate category of disability. Under the Individuals with Disabilities Education Act (IDEA). Later, laws such as No Child Left Behind (2002) tried to remove testing limits and established high proficiency standards for all students. However, these standards proved challenging for students with severe disabilities. Federal regulations now mandate that all students, including those with autism should be educated in environments that minimize restrictions. Successful inclusion involves teaching students with and without disabilities together, and providing the necessary adjustments for those with disabilities to ensure effective learning for all.

Research indicates that numerous educators lack the necessary preparation to effectively teach children with ASD. This is often due to their limited familiarity with the characteristics of these students (Jiar Yeo & Teng, 2020) and their inadequate knowledge on how to support these students's success. The primary goal in writing this paper is to provide an educated and thorough perspective of autism and how piano teachers and music educators with little to no specialist knowledge can provide all students with a proper education. I have collected information about teaching music to students with ASD and conducted in-depth interviews with three experienced professionals. These professionals are nationally recognized for successfully working with students with ASD. One individual is currently teaching piano to students diagnosed with ASD, another individual is a speech therapist with experience working with clients having ASD, and lastly an educator who is autistic themselves. The purpose of these interviews is to gain insights and explore each of their experiences and perspectives in teaching and supporting individuals with ASD in the context of piano education.

The interviewees have earned degrees in Music Education, Piano Pedagogy and Performance, and Piano. In addition, one of the selected individuals has earned a master's degree in Communicative Disorder with a Specialization and Certificate in Augmentative and Alternative Communication (AAC) Certificate in Autism and one individual has earned a master's degree in Special Education with an Autism Emphasis.

The following interviews discuss the different characteristics of ASD, how they affect a child's education, how to collaborate with families, and research and evidence-based intervention strategies that will assist piano teachers and any other professional in the educational field that may benefit in understanding the complexity of ASD and the best current intervention practices that may assist these young students to get on the right path to reach their full potential. It is important to note that not every intervention will work for every child, as every child is different, and every child has their own set of challenges. The questions are focused on children age three to eighteen; however, the interventions can be adapted to fit the needs of older students.

Definition of Autism

Autism Spectrum Disorder (ASD) can be defined as a neurological disorder that affects how the brain works. As a result, certain characteristics can make life harder for kids with this diagnosis. Individuals with ASD often find it difficult with social communication and interactions, and they might also do things in a repetitive or limited way. Example of these include not pointing to objects to show interest, avoiding eye contact or a desire to be alone, repeating actions obsessively, having trouble expressing their needs using typical words and motions, and appearing unaware when people talk to them (CDC, 2017).

These are the main signs of ASD, but individuals with it often have other conditions too. Examples include emotional and behavioral problems, sleep problems, gastrointestinal problems, feeding and eating problems, sensory sensitivities, learning and intellectual disabilities, as well as other mental health diagnoses (as cited in Yu et al., 2020). Although many children without ASD present with these characteristics, the main difference is that these issues affect the functionality of everyday life.

Limitations of the Study

The study was limited to interviews with three individuals who specialize in working with individuals with ASD:

- Dr. Scott Price, D.M.A.
- Ms. Samantha Lin, M.S., CCC-SLP
- Ms. Keely Schmerber, M.S., ED

The interviews centered around inquiries about the methods these professionals employ when instructing or assisting students or clients with ASD. While they did touch on broader music-related aspects, the study primarily focused on their personal experiences.

CHAPTER 2: Methodology

Design and Procedures

The document is structured into four chapters, accompanied by a bibliography and appendices. Chapter one encompasses the introduction, study's purpose and necessity, study limitations, and design and procedures. Chapter two outlines the study's methodology. Chapter three contains interview transcripts with prominent piano pedagogues and music therapists, discussing their personal experiences and pedagogical strategies when working with individuals with autism. Chapter four concludes the study, summarizing findings, offering conclusions, and suggesting directions for future research.

The study aimed to gather insights from experienced professionals working with individuals with autism, creating a reference document for piano students and pedagogues encountering such students. The document would serve as a guide, aiding in decision-making and the development of practices that can be incorporated into existing curricula. The research involved interviewing three nationally recognized professionals known for their success in working with individuals with autism, with the goal of understanding and learning from their approaches in this context.

After conducting the interviews, I analyzed the responses to identify and summarize effective practices for teaching music reading to piano students with ASD. The study's summary outlines the purpose and implications of each interview section.

The best practices are concluded through a summary of each question and section. To determining these practices. The following are the interview questions that were used in the study.

Section 1:

a. How long have you been teaching/ working with students with autism spectrum disorder?
b. What prompted you to begin teaching/ working with students with autism spectrum disorder?
c. What resources did you consult to begin teaching/ working with students with autism spectrum disorder?
d. What educational process or training did you undertake to begin teaching/ working with students with autism spectrum disorder?

Section 2:

a. How many students with autism spectrum disorder do you currently teach/ work within your studio or program?
b. Do you teach private lessons or group classes or both? / Are your sessions with your clients one-on-one or group?
c. What are the ages of students with autism spectrum disorder that you teach/ work with?
d. What is the gender ratio of male and female students with autism spectrum disorder currently studying in your studio or program?
e. What do you characterize as being at the low, middle, or high functioning levels?
f. What other students with special needs (i.e. ADD/ADHD, Down syndrome etc.) are you currently teaching or have taught/ working with or have worked with?

Section 3:

a. Do you require parental involvement during lessons/ sessions?
b. Do your students have regular practice times/ routines?
c. What repertoire levels (i.e. elementary, intermediate, late intermediate etc.) of students with autism spectrum disorder do you currently teach?
d. What method books or materials do you use in your lessons/ sessions with the students?
e. Do you create your own instructional materials or resources? If so, please describe them.
f. Do you also teach them theory or use any theory books?

g. Apart from collaborating with parents to enhance the understanding of the student, who else do you collaborate with?

h. How often do you communicate with parents to discuss students' progress?

Section 4:

a. Do you use online resources to teach symbolic notation/ reading?

b. If you use online resources, what kind of resources do you use?

c. Do you use any games or activities when teaching the students/ working with the clients?

d. What are the steps you use to teach a new piece of music/ new concept to a student with autism spectrum disorder?

e. In your experience, what was the most challenging part of teaching/ working with a student with autism spectrum disorder?

CHAPTER 3: Interview Transcripts

RESPONDENT 1: Dr. Scott Price

The following are the complete interview responses by Dr. Scott Price.

Section 1:

a. **How long have you been teaching students with autism spectrum disorder?**

   About 24 years.

b. **What prompted you to begin teaching students with autism spectrum disorder?**

   It was a referral from a local piano dealer and the parents were asking for lessons and I was just like "sure, why not! Let's give it a try". So, it was just a phone call and connections in the community that got me started with this.

c. **What resources did you consult to begin teaching students with autism spectrum disorder?**

   Back then there were no resources. So, I started studying education literature and whatever I can find such as music education literature and medical literature. I read a lot of what Temple Grandin had written just to get some insights. Also, I learned a lot from the parents. They were the main resource in allowing me to understand how their children navigated their everyday. What worked and what didn't work, and we tried to incorporate the things that worked in the lessons.

d. **What educational process or training did you undertake to begin teaching students with autism spectrum disorder?**

   There were no training or classes of special education during that time. It was all basically starting with a small group of students and doing some very detailed qualitative studies on many different fronts at that time and working with the parents and working with music therapists that the students were working with as well.

Section 2:

a. **How many students with autism spectrum disorder do you currently teach in your studio or program?**

   In my program, which is the Carolina Life Song Initiative, and currently we have twelve students. It often ranges from ten to twelve in any given semester. Lessons typically are thirty minutes but sometimes it goes longer to forty-five minutes. It all really depends on the students' interest level, attention span, and how well they can function in one sitting.

b. **Do you teach private lessons or group classes or both?**

   Private.

c. **What are the ages of students with autism spectrum disorder that you teach?**

   Right now, the youngest one is four years old. But he was three when he started. Oldest student right now is twenty-three. However, I have had adults in the past.

d. **What is the gender ratio of male and female students with autism spectrum disorder currently studying in your studio or program?**

   Currently right now out of the twelve students, eleven are male and one is female.

e. **What do you characterize as being at the low, middle, or high functioning levels?**

   Usually, all the students who come to me have a diagnosis from a team of professionals. So, they will come to me, or the parents will share with me this information. They will tell me what level they are on based on the new criteria for the DSM-5. Either level one, level two, or level three. If parents do not voluntarily share this information, then you can say "is there anything you would like to share with me to help me better understand your child". By asking it this way, you are not attacking, it doesn't introduce any guilt, or shame into the conversation.

f. **What other students with special needs (i.e. ADD/ADHD, Down syndrome etc.) are you currently teaching or have taught?**

We try to help anyone who contacts us. We have students who have various levels of vision impairments. We have students who have hearing impairments and one who is completely deaf. We have had ADD/ADHD with Down syndrome and students with autism.

Section 3:

a. **Do you require parental involvement during lessons?**

   I do. I always have a parent there during the lesson. And as much as possible, I like for the parents to schedule the lesson time and to also to assist to be present as much as possible during the practice time.

b. **Do your students have regular practice times and routines?**

   Yes, they do. It is part of their schedule to practice every day and they have a specific routine that is discussed during the lesson.

c. **What repertoire levels (i.e. elementary, intermediate, late intermediate etc.) of students with autism spectrum disorder do you currently teach?**

   Beginners and all the way up to early advanced repertoire. I have students playing Rachmaninoff's Preludes and a Mozart Concerto.

d. **What method books or materials do you use in your lessons with the students?**

   No method books. But I give as much music as possible for their given level. I don't gravitate towards a certain method book, but I try to have a well-rounded repertoire for them to play. All my students begin to approach note reading through improvisation exercises, so they have acquired and aural repertoire of patterns. Both rhythm patterns and melodic patterns. So, when we get to the book, we are just assigning labels to what they already know. And for some students, flashcards work well and then we transition them to the book.

e. **Do you also teach them theory or use any theory books?**

Yes! We don't use a theory book but instead we teach them improvisation. They are aurally learning these chord progressions, scales, and intervals. So, they are not using their intellectual side.

f. **Do you create your own instructional materials or resources? If so, please describe them.**

I have an improvisational curriculum that I have developed over the years. Not only is it an activity but it's also a teaching tool to help the students understand materials aurally and physically before they put a label to a concept. If they have the motor skills, I will blow up a big staff paper for them to write music.

g. **Apart from collaborating with parents to enhance the understanding of the student, who else do you collaborate with?**

Music therapists are wonderful to work with. They have a different role from a piano teacher but those can complement each other and can help each other out. I have also worked with the students' teachers (from school), speech therapists, behavioral therapists, occupational therapists, and other family members.

h. **How often do you communicate with parents to discuss students' progress?**

At least once a week and sometimes multiple times during the week.

Section 4:

a. **Do you use online resources to teach symbolic notation?**

Generally, I don't. For some, technology is a trigger and a distraction.

b. **If you use online resources, what kind of resources do you use?**

(Does not apply)

c. **Do you use any games or activities to teach symbolic notation?**

Flashcards are used sometimes. Generally, if it is a game, it will not be related to the keyboard or piano. The games are used to alleviate anxiety, frustration, or intensity of the lesson. An example would be to say, "do you want 30 seconds to jump around the room?".

d. What are the steps you use to teach a new piece of music to a student with autism spectrum disorder?

The five-step plan even when the music becomes more complex and we have two lines going on, we'll take right hand first then left hand. Then the student will tell me which hand they want to do first, and then it becomes a question of coordination between the hands. If they're playing hands together and separate, I'll guide the student's tracking by pointing at the music, concealing what they've played and moving my fingers while saying "together, right hand, left hand" or finger numbers. This helps them track with their eyes and direct attention to what they might need to look at. It is me helping them direct their attention and their focus in many various techniques.

e. In your experience, what was the most challenging part of teaching a student with autism spectrum disorder?

There is nothing challenging about a student learning a piece. It is all about me as a teacher being able to function and adapt my teaching in the right ways. So, the challenge is all on me as a teacher and my knowledge base and it has nothing to do with the student because I know the student is brilliant and they just want to learn. I just must find a way to get out of my own head and find a way to make it work.

RESPONDENT 2: Ms. Samantha Lin

The following are the complete interview responses by Ms. Samantha Lin.

Section 1:

a. **How long have you been working with kids with autism spectrum disorder?**

   I've been working with them since 2017. It has been six years.

b. **What prompted you to begin working with kids with autism spectrum disorder?**

   I initially pursed a psychology major for my undergraduate degree, and upon graduation, I explored psychology-related job opportunity This led me to discover Applied Behavior Analysis (ABA) Therapy, where I realized that many of the children, I worked with could benefit from improved communication to reduce their behaviors. This realization inspired me to delve into Speech Therapy. I believe that providing a means of communication can significantly improve their challenges and behaviors.

c. **What resources did you consult to begin working individuals with autism spectrum disorder?**

   In addition to the knowledge, I acquired from school and hands-on experiences, I've found valuable insights from platforms like Instagram and Facebook. Many pages on these platforms, run by individuals with autism, share their personal experiences. Other than this, I actively read about recent research, evidence-based case studies, and leverage my own experiences working with clients, individual interactions and observing their progress.

d. **What educational process or training did you undertake to begin working with clients with autism spectrum disorder?**

   During my time in graduate school, I pursued an Autism Certificate program that provided a deeper understanding of how individuals with autism learn. This program emphasized hands-on experience, allowing me to gain practical insights. More recently, I've been engaging with

inclusivity groups on platforms like Facebook such as 'Autism Inclusivity'. I've found great value in joining groups where autistic individuals share their perspectives, as this offers a unique and authentic learning experience beyond traditional therapy approaches. I want to highlight that it's important to listen to the voice of autistic individuals. In my early stages as a clinician, I'm becoming acquainted with inclusive practices that center on embracing neurodiversity. This involves understanding that autistic individuals don't require "fixing"; instead, they embody a wide spectrum of human diversity. I choose to use the terms "autistic individuals" or "autistic kids." Numerous autistic individuals assert proudly that "we are autistic, and this is our identity." They stress that being autistic in not a weight they carry or a burden to bear. It is crucial to lend a keen ear to these perspectives and listen attentively, as they contribute to fostering a more inclusive and understanding environment.

Section 2:

a. **How many clients with autism spectrum disorder do you currently work with in your clinic?**

   At least half of my caseload is autistic and currently I have thirty-two clients.

b. **Are the sessions one-on-one or group or both?**

   I currently conduct one-on-one sessions, although I've led group sessions before. Group session pose challenges due to the individuals needs and sensory differences of each autistic person. It's demanding as attention is divided, making it challenging to accommodate everyone effectively.

c. **What are the ages of clients with autism spectrum disorder do you work with?**

   I have experience working with various age groups, ranging from elementary to high school students. Currently, my focus is on working with children aged zero to three years old.

d. What is the gender ratio of male and female clients with autism spectrum disorder currently in that you work with?

Among the thirty-two clients, only four are female.

e. What do you characterize as being at the low, middle, or high functioning levels?

I have shifted away from categorizing individuals based on terms like low, middle, or high functioning. Instead, I focus on understanding their sensory needs. These traditional terms are considered outdated within the autistic community. Taking their sensory and emotional regulation into account is of utmost importance. Just imagine if we were feeling stressed and emotionally uneasy—would we be in the right mindset for learning? That's why I emphasize comprehending their sensory inclinations.

f. What other clients with special needs (i.e. ADD/ADHD, Down syndrome etc.) are you currently working with or have worked with?

I've had the opportunity to work with a diverse range of students, including those with ADHD, Down syndrome, other developmental delays, and individuals with neurological-based challenges.

Section 3:

a. Do you require parental involvement during the sessions?

My foundational principle is to have at least one parent actively engaged. I don't simply expect them to be present during sessions, but I emphasize their active involvement and understanding of our objectives. This empowers them to extend the strategies we work on into the home environment effectively. In my field, parental involvement is incredibly impactful, leading to effectiveness and quicker progress. Parents play a vital role in communication and speech development.

b. Do your students have regular practice times and routines?

Many of the autistic children I work with are non-verbal and use tools like sign language or iPads for communication. To facilitate their growth, it's crucial for parents to consistently use the communication device during sessions at home as well. This requires extensive parent training, emphasizing the importance of their involvement. Therefore, the focus often shifts more towards the parents rather than solely on the child.

c. What repertoire levels (i.e. elementary, intermediate, late intermediate etc.) of students with autism spectrum disorder do you currently teach?

(Not Applicable)

d. What method books or materials do you use in your sessions with the clients?

Effective materials for them include visual aids such as schedules, images, and simple sentences that enhance comprehension.

e. Do you also teach them theory or use any theory books?

(Not Applicable)

f. Do you create your own instructional materials or resources? If so, please describe them.

Visual cues like pictures or brief descriptions of upcoming tasks prove beneficial. Using Boardmaker or tools like whiteboards are also valuable. However, many of my approaches are sensory-focused, involving actions like adjusting the lighting, matching, or reducing energy levels to aid their regulation.

g. Apart from collaborating with parents to enhance the understanding of the student, who else do you collaborate with?

Parents are the best to work with and they know best. I work closely with them to gather insights: "What kind of assistance do they need? Do they thrive with continuous movement or prefer a stationary approach? Which textures provide comfort? Are specific sounds

problematic?" Through this approach, I strive to establish an environment that honors their sensory and emotional requirements, cultivating an ideal setting for learning.

h. How often do you communicate with parents to discuss clients progress?

Parents will sit in on the session and will be there to at the end to discuss their kid's progress.

Section 4:

a. Do you use online resources with your clients?

Indeed, I utilize numerous apps designed for autistic children on iPads to assist with speech development.

b. If you use online resources, what kind of resources do you use?

There are several widely recognized apps designed to support speech development in autistic children. For instance, "Proloquo2Go" is a popular choice that offers customizable communication boards and symbols to help non-verbal individuals express themselves. "TouchChat" is another app with communication grids, symbols, and text-to-speech capabilities, facilitating expressive language growth. "LAMP Words for Life" focuses on motor planning and vocabulary development using the Unity language system. Additionally, apps like Toca Boca engage children interactively to enhance communication and language skills. "Autismate" is a comprehensive option covering communication, behavior, and social skills development, offering customization options. It's important to note that app effectiveness can vary based on individual needs, so selecting those that align with the child's specific requirements and learning style is essential.

c. Do you use any games or activities with your clients?

Speech therapists employ a variety of games and activities designed to cater to the unique needs and interests of autistic children, fostering their speech development. These activities include imaginative play, interactive board games that encourage turn-taking and

communication, reading picture books to enhance language comprehension, engaging in creative art and craft projects to promote self-expression and conversation, and utilizing sensory materials like playdough or water for describing sensory experiences. Social scripts and role-play scenarios offer opportunities for practicing conversation skills, while flashcards and matching games contribute to vocabulary building and language associations. Sing-along sessions and music activities can help with rhythm and language patterns. These activities are tailored to the child's interests and abilities, ensuring a personalized and effective learning experience under the guidance of the speech therapist.

d. What are the steps you use to teach a new piece of music to a student with autism spectrum disorder?

(Not Applicable)

e. In your experience, what was the most challenging part of working with a client with autism spectrum disorder?

Working with autistic children indeed presents various challenges. While parents have a good understanding of their children, certain aspects, like sensory preferences, might remain uncertain. For instance, a child might require constant movement or a specific chair, like a wobble chair, to regulate themselves, even if it means not staying in one place. An example from today's session involves a child who struggled due to the early darkness preventing outdoor time. The session focused on her self-regulation. However, productivity wasn't the main goal. During the session, she displayed the behavior of putting objects in her mouth to regulate herself. This highlights the need to be flexible and adaptable, focusing on supporting their needs rather than changing them. The approach is about constant adjustment and finding ways to assist in their journey.

RESPONDENT 3: Ms. Keely Schmerber

The following are the complete interview responses by Ms. Keely Schmerber.

Section 1:

a. **How long have you been teaching students with autism spectrum disorder?**

   Six years.

b. **What prompted you to begin teaching students with autism spectrum disorder?**

   I had the privilege of creating a summer program tailored to the needs of an eleven-year-old student with autism, who was adopted from Ethiopia. Throughout the entire summer, he came to my home where I provided lessons in both piano and art. Interestingly, it was during this summer that I discovered that I, too, have autism. While this realization initially surprised me, I soon recognized the potential to make a meaningful impact by sharing my personal insights with others who have autism. Drawing from the strategies that my mentors and professors had used with me over the years, I felt a strong desire to give back to students and pass along the support and guidance that I had received.

c. **What resources did you consult to begin teaching students with autism spectrum disorder?**

   When I first started, I started reading Temple Grandin's books, which provided me with profound insights. Growing up, my mother homeschooled me and worked extensively with students who had special needs. Drawing from the strategies my mom had employed with me and her students, I passed them along in my work. One approach involves tapping into the student's interests. Often, schools and professionals tend to focus on the challenges faced by students with autism. My perspective is different—I emphasize their strengths and believe that by focusing on these strengths, the challenges can naturally diminish. People with autism often exhibit stimming behaviors, which professionals may try to reduce. Instead, I propose a different approach: understanding that stimming can be embraced and redirected

into appropriate contexts. For instance, if a student is engaging in hand movements, it might simply be a way for them to express themselves. By providing suitable outlets, the stimming behavior might naturally decrease. The key is to transform inappropriate behaviors into opportunities for growth by channeling them into appropriate situations.

d. What educational process or training did you undertake to begin teaching students with autism spectrum disorder?

There were no training or classes of special education during that time. It was all basically starting with a small group of students and doing some very detailed qualitative studies on many different fronts at that time and also working with the parents and working with music therapists that the students were working with as well.

Section 2:

a. How many students with autism spectrum disorder do you currently teach in your studio or program?

In the program, Adult Center for Transition (ACT), we currently have six students. A little bit more about what this program is, the "Adult Center for Transition" is a program specifically designed to support individuals with special needs as they transition into adulthood. The program focuses on providing education, employment preparedness, self-advocacy training, and access to community resources to help these individuals develop the skills and tools they need to succeed in their adult lives. This includes areas such as literacy, mathematics, workplace readiness, personal growth, and more. Through person-centered planning and various strategies, ACT aims to empower individuals with special needs to define their career goals and become more independent, contributing members of society.

b. Do you teach private lessons or group classes or both?

Both. We have individualized lessons and small groups.

c. **What are the ages of students with autism spectrum disorder that you teach?**

Currently they range from eighteen to twenty-four years old.

d. **What is the gender ratio of male and female students with autism spectrum disorder currently studying in your studio or program?**

(Did not answer)

e. **What do you characterize as being at the low, middle, or high functioning levels?**

While each disability varies greatly, the concept of "low functioning" often involves frequent stimming behaviors, challenging actions, self-injury, and difficulties in comprehending others. Additionally, it can encompass struggles in expressing oneself, even when utilizing an Augmentative and Alternative Communication (AAC) device. AAC devices serve as tools or systems intended to aid individuals with communication difficulties or impairments in effectively expressing themselves. Despite the assistance of AAC devices, those classified as low functioning may still encounter significant challenges in communicating and conveying their thoughts and needs. A prevalent theme I've noticed is the deficiency in social skills. This often includes challenges in comprehending another person's perspective and potentially crossing social boundaries. Addressing these issues becomes crucial when working with students, as honing their social skills, and promoting an understanding of others' viewpoints are vital aspects of their development.

f. **What other students with special needs (i.e. ADD/ADHD, Down syndrome etc.) are you currently teaching or have taught?**

I have taught around seven students that had either ADHD or Down syndrome.

Section 3:

a. **Do you require parental involvement during lessons and/or practice?**

Definitely! I involve the parents by showing them what we're working on, and then they can take on the role of a coach at home to support and assist the students further.

b. Do your students have regular practice times and routines?

Yes, they do.

c. What repertoire levels (i.e. elementary, intermediate, late intermediate etc.) of students with autism spectrum disorder do you currently teach?

I like to teach classic music pieces, such as Bach's Prelude and Fugue, instead of using simpler songs like "Butterfly," "Caterpillar," or "Puppy." I want to avoid pieces that students might think are only for younger kids, as they may not be as interested in learning them. I follow the Suzuki method and focus on real classical pieces that match their musical development and goals. This way, they can feel proud of their progress and enjoy learning more advanced compositions. I also focus on improving their ability to read music as they play. Personally, being someone with autism, I've faced challenges in sightreading. The more severe a person's disability is, the tougher sightreading can be. My own teacher used to stress learning through listening and it's common for people with autism to have perfect pitch. So, I emphasize developing perfect pitch and mastering learning pieces by listening and playing.

d. What method books or materials do you use in your lessons with the students?

I follow the Suzuki method and choose classical pieces that fit their music level and goals. I like the Suzuki method, especially the approach of learning the bass clef before the treble clef. This way, students first grasp the foundational notes that form chords and keys. I usually begin with the bass clef and then move on to the treble clef.

e. Do you also teach them theory or use any theory books?

Yes, but learning it by ear. Aurally, learning these chord progressions, scales, and intervals.

f. Do you create your own instructional materials or resources? If so, please describe them.

In the program I'm currently involved in, I've developed some creative elements. For instance, I aimed to introduce students to recognizable business logos commonly seen in the community, such as McDonald's, Walmart, and Dairy Queen. To make this learning

engaging, I designed a 'Logo Bingo Sheet' that incorporates their learning objectives into a game with visual cues. This approach effectively transforms learning into a fun activity that aligns with their needs. Also, I do role-play scenarios. I do PowerPoint with a lot of videos and pictures. Students respond well with visuals. I stay away from a lot of print.

g. **Apart from collaborating with parents to enhance the understanding of the student, who else do you collaborate with?**

   Their therapists and teachers are involved, but parents usually know their needs best.

h. **How often do you communicate with parents to discuss students' progress?**

   At least once a week but more if there is a need.

Section 4:

a. **Do you use online resources to teach symbolic notation?**

   Generally, I don't.

b. **If you use online resources, what kind of resources do you use?**

   (Does not apply)

c. **Do you use any games or activities to teach symbolic notation?**

   Flashcards is helpful and a lot of visuals.

d. **What are the steps you use to teach a new piece of music to a student with autism spectrum disorder?**

   It all depends on the student, but I typically use the Suzuki method of letting them learn it by ear first and hearing it. The Suzuki method teaches music by ear and focuses on listening, imitating, and practicing. Students learn piano like they learn their own language – by listening and copying.

e. In your experience, what was the most challenging part of teaching a student with autism spectrum disorder?

I've noticed that some students find it hard to play both hands together, even if they can play them separately. I've tried different methods to help. Guiding one hand while they play the other has worked, as well as practicing each hand alone, with me playing one while they do the other. Breaking the music into smaller parts, like just three notes, and then adding more step by step, has been useful in helping them coordinate both hands.

CHAPTER 4: Summary and Conclusion

Summary of Transcript Interviews

Dr. Scott Price

- *Professor of Piano and Piano Pedagogy; Coordinator of Piano Pedagogy, University of South Carolina*
- *Founder and Creator of the Carolina LifeSong*

Ms. Samantha Lin

- *Speech-Language Pathologist in Early Intervention and Augmentative and Alternative Communication (AAC), Recess Therapy*
- *Master of Science in Communicative Disorder with Specialization in AAC and Graduate Certificate in Autism Spectrum Studies*

Ms. Keely Schmerber

- *Faculty of the Adult Center for Transition, Rowan College, South Jersey*
- *Master of Science in Special Education with an Autism Emphasis*

Section one of the interview consisted of 4 questions. Participants were asked four questions related to their teaching background and their current professional activities.

Question A was designed to know how long the respondents' have been teaching and working with students with ASD. It provides valuable context for understanding their level of experience and expertise in this field. All three of the interviewees responded.

a. **How long have you been teaching/ working with students with autism spectrum disorder**?

   Dr. Scott Price taught for twenty-four years in a private piano studio setting.
   Ms. Samantha Lin have worked with them one-on-one for six years in school settings, hospitals and currently in a private clinic.
   Ms. Keely Schmerber have worked with them for six years in both a private one-on-one setting and in group settings.

In answer to this question, the interviewees' experiences encompass a diverse range of years spent teaching and working with individuals with ASD, spanning from five to twenty-four years.

Question B was designed to determine the respondents' motivation for teaching students with special needs. All three of the interviewees responded.

b. What prompted you to begin teaching/ working with students with autism spectrum disorder?

Dr. Scott Price shares that their involvement in providing piano lessons to a student started through a referral from a local piano dealer. When approached by the student's parents, they decided to give it a try. This opportunity came about through a simple phone call and community connections, marking the beginning of their involvement in teaching piano.

Ms. Samantha Lin completed an undergraduate degree in psychology and then explored job opportunities in the field. Discovering Applied Behavior Analysis (ABA) Therapy, they recognized the potential benefits of improved communication skills for children with challenging behaviors. This led them to pursue a deeper interest in Speech Therapy, driven by the belief that effective communication can significantly alleviate difficulties and behaviors in these children.

Ms. Keely Schmerber discusses their experience creating a personalized summer program for an eleven-year-old student with autism, who was adopted from Ethiopia. The program included lessons in piano and art and was conducted at the respondent's home. Interestingly, during this period,

Ms. Schmerber realized that they themselves also have autism. This self-discovery was initially surprising, but it led to a realization of the potential to help others with autism by sharing their personal insights. Drawing from the support and guidance they had received from mentors and professors throughout their life, Respondent 3 felt a strong desire to give back to students with autism and provide them with similar assistance.

The three respondents' stories highlight diverse experiences and motivations. Dr. Price's involvement in teaching piano was initiated through a referral and a willingness to try. Ms. Lin's academic background in psychology led them to explore Applied Behavior Analysis (ABA) Therapy, which further inspired them to pursue Speech Therapy due to the belief in communication's transformative impact. Ms. Schmerber's personal journey of creating a tailored summer program for an autistic student led to their own realization of having autism. This revelation motivated them to share their insights and provide support to others with autism, drawing from their own experiences and mentorship. Overall, it showcases how personal experiences, community connections, and self-discovery can shape career paths and aspirations.

Question C was designed to learn what resources the respondents found to be helpful when they began teaching piano to students with special needs.

c. What resources did you consult to begin teaching students with autism spectrum disorder?

Dr. Scott Price *describes their resourceful approach to his work with children with autism. In the absence of formal resources, they delved into education and music literature as well as medical literature. Drawing inspiration from Temple Grandin's writings, they also valued insights from parents. By learning from parents about their children's experiences and what strategies were effective, Dr. Price integrated these successful approaches into their lessons.*

Ms. Samantha Lin supplements her formal education and practical experiences with insights from various sources. They mention gaining valuable knowledge from platforms like Instagram and Facebook, where individuals with autism share their personal experiences. They also actively engage with research, evidence-based case studies, and their own hands-on experiences in working with clients. This multifaceted approach informs their understanding and practice.

Ms. Keely Schmerber's approach is influenced by Temple Grandin's books and their own upbringing with a mother who homeschooled and worked with special needs students. She emphasize focusing on the strengths of students with autism rather than their challenges. Ms. Schmerber encourages embracing stimming behaviors and redirecting them into suitable contexts, recognizing these behaviors as expressions of self. Her philosophy involves transforming inappropriate behaviors into chances for growth by channeling them appropriately.

These three respondents exhibit distinct yet interconnected strategies for working with children with autism. Dr. Price demonstrates resourcefulness by utilizing available literature and seeking inspiration from Temple Grandin's insights. He also emphasizes the value of parental input in shaping effective teaching methods. Ms. Lin showcases a modern approach, leveraging online platforms like Instagram and Facebook to access personal experiences from individuals with autism. Combining these insights with research and hands-on experience enhances their holistic understanding. Ms. Schmerber approach is rooted in personal experiences and mentors, particularly her mothers work with special needs students. She emphasize strengths over challenges and advocate for embracing stimming behaviors, aligning with a philosophy that inappropriate behaviors can be redirected into opportunities for growth. Overall, these responses highlight diverse perspectives that collectively contribute to a well-rounded and adaptable approach to supporting individuals with autism.

Question D provides insights into the preparedness and knowledge of individuals entering the field of working with individuals with ASD, revealing whether they possess formal training or education pertaining to autism and its diverse facets. All three of the interviewees responded.

d. What educational process or training did you undertake to begin teaching/ working with students with autism spectrum disorder?

Dr. Scott Price recounts that there was no special education training available when they began, and they started by working with a small group of students. He conducted detailed qualitative studies across various areas and collaborated with parents and music therapists involved with the students.

Ms. Samantha Lin completed an Autism Certificate program during their graduate studies, gaining hands-on insights into autism learning. She actively engaged with inclusivity groups on platforms like Facebook, emphasizing the significance of learning from autistic individuals' perspectives for fostering a more inclusive environment embracing neurodiversity. As a developing clinician, she is adopting practices that view autism as inherent human diversity, valuing the identities of "autistic individuals" and "autistic kids," and advocating for active listening to and respecting these viewpoints to promote understanding and inclusivity.

Ms. Keely Schmerber explains that there were no special education training or classes available at the time they began working. Instead, she started with a small group of students and conducted detailed qualitative studies. She also collaborated with parents and music therapists who were involved with the students' education and therapy.

The respondents' stories collectively showcase the progression of approaches in working with individuals with autism, highlighting historical gaps in specialized training and the evolving emphasis on inclusivity, education, and collaboration. While Dr. Price and Ms. Schmerber both navigated periods without formal training, Ms. Lin approach represents a contemporary shift, utilizing education, digital platforms, and an emphasis on understanding autism from within the community to drive more holistic and inclusive practices.

Section two of the interview consisted of 7 questions. Participants were asked seven questions that gather information about the demographics and characteristics of students with autism spectrum disorder (ASD) that the respondents are currently teaching or have taught. They aim to understand the number of students with ASD in their studio or program, whether they teach private lessons, group classes, or both, the age range and gender distribution of these students, and the level of functioning they perceive within their ASD students (low, middle, or high functioning). The questions also seek to identify how many students meet the criteria for Asperger syndrome according to DSM-5, as well as whether they teach or have taught students with other special needs like ADD/ADHD and Down syndrome.

Question A was designed to quantify the scope of engagement with students on the autism spectrum, aiding in resource allocation and understanding the reach of their educational efforts. All three of the interviewees responded.

a. **How many students with autism spectrum disorder do you currently teach in your studio or program?**

   Dr. Scott Price, from the Carolina Life Song Initiative, states that they currently teach twelve students with autism spectrum disorder (ASD), and the number varies between ten to twelve per semester. Lessons are usually thirty minutes, but they can extend up to forty-five minutes based on students' interest, attention span, and functional capabilities.

   Ms. Samantha Lin mentions that around half of their caseload consists of autistic individuals, and she currently work with a total of thirty-two clients.

   Ms. Keely Schmerber describes the "Adult Center for Transition" (ACT) program, which currently has six students. ACT is designed to aid individuals with special needs in transitioning to adulthood by offering education, employment readiness, self-advocacy training, and access to community resources. The program focuses on literacy, mathematics, workplace skills, personal development, and person-centered planning to empower

individuals to define their career goals and enhance their independence and societal contributions.

These respondents collectively provide insights into their teaching environments and caseloads. Dr. Price's Carolina Life Song Initiative teaches around twelve students with ASD per semester, adjusting lesson durations based on individual factors. Ms. Lin notes a significant focus on autistic individuals, working with thirty-two clients. Ms. Schmerber's ACT program supports six students with special needs, offering a comprehensive transition to adulthood through education, employment readiness, and personalized planning. These accounts showcase the varying scales, settings, and methodologies of professionals dedicated to aiding individuals with autism and special needs.

Question B was designed to understand the different teaching format (private, group, or both) and session structure (one-on-one, group, or mixed), which shapes the instructional approach for individuals with autism spectrum disorder and impacts their learning experiences. All three of the interviewees responded.

b. Do you teach private lessons, group class or both/ Are sessions one-on-one, group, or both?

Dr. Scott Price only gives private instruction

Ms. Samantha Lin primarily conducts one-on-one sessions, highlighting the challenges posed by group sessions due to the diverse sensory needs and attention demands of autistic individuals, making effective accommodation difficult.

Ms. Keely Schmerber does both

Dr. Scott Price exclusively offers private sessions, while Ms. Samantha Lin focuses on one-on-one sessions due to challenges in accommodating diverse sensory needs and attention demands in group settings, and Ms. Keely Schmerber engages in both private and group sessions.

Question C and D was designed to gather data about the age range and gender distribution of students with autism spectrum disorder being taught, aiding in adapting teaching approaches and understanding the student population's diversity for effective program development. All three of the interviewees responded for question C and only two interviewees responded for question D.

c. **What are the ages of students with autism spectrum disorder that you teach?**
d. **What is the gender ratio of male and female students with autism spectrum disorder currently studying in your studio or program?**

Dr. Scott Price teaches students with autism spectrum disorder ranging from four to twenty-three years old, with eleven male and one female student out of a total of twelve.

Ms. Samantha Lin's experience includes a wide age range, concentrating on children aged zero to three, and among their thirty-two clients, only four are female.

Ms. Keely Schmerber responded eighteen to twenty-four years old and choose to not respond to the question about the gender ratio.

It appears that there is a higher prevalence of males diagnosed with autism than females.

Question E was designed because it seeks to understand how the respondents categorize individuals with autism spectrum disorder into different functioning levels (low, middle, or high), which provides insights into their perceptions of individuals' abilities, needs, and support requirements, guiding the development of appropriate teaching strategies and interventions tailored to each level. All three of the interviewees responded.

e. What do you characterize as being at the low, middle, or high functioning levels?

Scott Price indicates that students usually arrive with a diagnosis and functioning level designated by professionals, using the DSM-5 criteria of levels one to three; if parents don't volunteer this, he suggest a non-intrusive query to encourage sharing without introducing guilt or shame.

Ms. Samantha Lin has moved away from labeling individuals based on functioning levels, instead prioritizing understanding their sensory needs, as these traditional terms are seen as outdated within the autistic community, and she emphasize the importance of considering sensory and emotional regulation for effective learning.

Ms. Keely Schmerber describes the characteristics associated with the concept of "low functioning," including stimming behaviors, communication challenges even with AAC devices, and difficulties in understanding others and expressing oneself. She emphasize the importance of addressing deficient social skills and promoting an understanding of others' perspectives in working with these students for their development.

In conclusion, these insights underscore the importance of personalized and evolving approaches in working with individuals on the autism spectrum, emphasizing the shift from traditional categorizations to sensory understanding and emotional regulation for effective and empathetic education.

Question F was designed provide insight into the respondent's broader experience with various special needs populations, highlighting their expertise and potential cross-applicability of strategies. All three of the interviewees responded.

f. What other students with special needs (i.e. ADD/ADHD, Down syndrome etc.) are you currently teaching or have taught?

Dr. Scott Price program is dedicated to supporting a diverse student body, which includes individuals with varying impairments like vision and hearing, as well as conditions such as ADHD, Down syndrome, and autism, highlighting their dedication to meeting a wide array of needs.

Ms. Samantha Lin has developed experience with a varied student population, which includes individuals with ADHD, Down syndrome, developmental delays, and neurological difficulties.

Ms. Keely Schmerber has taught around seven students who had either ADHD or Down syndrome.

The responses from these respondents collectively demonstrate a commitment to diverse student support, with Dr. Price's program addressing a wide spectrum of impairments and conditions, Ms. Lin gaining experience across ADHD, Down syndrome, developmental delays, and neurological challenges, and Ms. Schmerber teaching several students with ADHD or Down syndrome.

Section three of the interview consisted of 8 questions. Participants were asked eight questions that reveal insights into how educators address focus, behavior, lesson navigation, practice routines, instructional materials, parental involvement, collaboration with professionals, and communication with parents when teaching students with autism spectrum disorder, providing a comprehensive understanding of effective teaching strategies and support mechanisms.

Question A, B, C, G and H was designed to address strategies for maintaining focus, managing behavioral challenges, aiding navigation of lessons, involving parents, and establishing practice routines, providing insights into effective teaching methods, behavior management, parental engagement, and structured learning approaches tailored to the unique needs of individuals with ASD. All three of the interviewees responded.

a. **Do you require parental involvement during lessons/ sessions?**
b. **Do your students have regular practice times/ routines?**
c. **What repertoire levels (i.e. elementary, intermediate, late intermediate etc.) of students with autism spectrum disorder do you currently teach?**
g. **Apart from collaborating with parents to enhance the understanding of the student, who else do you collaborate with?**
h. **How often do you communicate with parents to discuss students' progress?**

Dr. Scott Price emphasizes parental involvement during lessons and practice times, aiming for the parents to be present as much as possible. Students maintain regular practice routines discussed during lessons. Dr. Price teaches students at various repertoire levels, ranging from beginners to early advanced, and collaborates not only with parents but also with music therapists, schoolteachers, speech therapists, behavioral therapists, occupational therapists,

and other family members to support the students' progress, communicating with parents at least once a week to discuss their development.

Ms Lin's principle of the approach is to actively engage at least one parent in the therapy sessions, emphasizing their understanding of objectives and empowering them to extend strategies to the home environment. This parental involvement is particularly impactful in the field, especially for non-verbal autistic children who rely on communication devices like sign language or iPads. Extensive parent training is essential, focusing on consistent device use at home and the importance of visual aids. She collaborates closely with parents to gather insights on her client's needs, sensory preferences, and learning environment, making it a joint effort that prioritizes the child's progress and well-being.

Dr. Keely Schmerber emphasizes parental involvement is encouraged to support students' progress by involving parents in the learning process. Students maintain regular practice routines. The teaching approach focuses on classic music pieces, following the Suzuki method, and emphasizing real classical pieces that match students' development and goals. There's an emphasis on improving music reading and developing perfect pitch to address challenges, particularly for individuals with autism.

In conclusion, these respondents emphasized the significance of parental involvement in both lessons and practice to enhance student progress. Regular practice routines are maintained to ensure consistent skill development. Embracing classic music pieces and using the Suzuki method, they tailor instruction to students' developmental levels and goals, highlighting the importance of improving music reading and cultivating perfect pitch. Collectively, their insights highlight the pivotal role of collaborative efforts and personalized approaches in fostering successful musical education for individuals with autism spectrum disorder.

Question D, E and F offer insights into the teaching levels, materials used, creation of resources, and additional tools utilized by educators working with students on the autism spectrum, highlighting personalized and effective teaching strategies. All three of the interviewees responded.

d. What method books or materials do you use in your lessons with the students?

e. Do you also teach them theory or use any theory books?

f. Do you create your own instructional materials or resources? If so, please describe them.

Dr. Scott Price's teaching spans from beginners to early advanced repertoire, with students playing complex pieces like Rachmaninoff's Preludes and a Mozart Concerto. Their approach avoids specific method books, instead offering a diverse repertoire tailored to each student's level. Note reading is integrated through improvisation exercises, and theory is taught through aural learning of chord progressions, scales, and intervals. The respondent's unique improvisational curriculum serves as both an activity and a teaching tool, fostering aural and physical understanding of musical concepts.

Dr. Samantha Lin's work focuses on practical and sensory approaches tailored to their clients' needs, with visual aids such as schedules, images, and simple sentences enhancing comprehension. While theory is not applicable, her instructional materials often include visual cues and sensory-focused strategies like adjusting lighting or energy levels to aid regulation, showcasing their adaptive teaching methods.

Ms. Keely Schmerber follows the Suzuki method and selects classical pieces tailored to students' levels and goals, emphasizing learning the bass clef before the treble clef. She incorporates aural learning for music theory, focusing on chord progressions, scales, and intervals. She has creatively designed instructional materials, such as a 'Logo Bingo Sheet'

incorporating recognizable logos for engaging learning and utilizes visual aids like PowerPoint presentations and videos to enhance the learning experience.

In conclusion, the respondents gathered from these professionals with extensive experience in teaching individuals with autism spectrum disorder offer valuable guidance for piano pedagogues and music therapists. Their diverse approaches, ranging from adapting teaching methods to individual sensory needs and focusing on aural learning, to incorporating improvisation and creative materials, underscore the importance of tailored instruction. These experts' dedication to fostering inclusivity, understanding, and skill development through collaboration with parents, therapists, and the wider community demonstrates the multidimensional nature of effective education for individuals with autism in the realm of music.

Section four of the interview consisted of 5 questions. Participants were asked five questions that emphasized their use of online and printed resources including games and inquire about strategies for introducing new concepts. Additionally, this section aims to uncover challenges faced during the teaching process, providing insights into the unique techniques and considerations involved in music education for individuals with autism spectrum disorder.

Question A, B and C highlight the use of online resources, games, and activities in teaching symbolic notation to students with autism spectrum disorder, emphasizing the interactive and technology-driven approaches to enhance learning outcomes for these students.

a. **Do you use online resources to teach symbolic notation?**
b. **If you use online resources, what kind of resources do you use?**
c. **Do you use any games or activities to teach symbolic notation?**

Dr. Scott Price generally avoids using online resources for teaching symbolic notation, as technology can be triggering and distracting for some students. He occasionally use flashcards and non-keyboard-related games to teach notation, which serve to alleviate anxiety and frustration during lessons. These approaches are aimed at maintaining a positive and engaging learning environment for students with autism spectrum disorder.

Ms. Samantha Lin highlights apps like "Proloquo2Go," "TouchChat," and "LAMP Words for Life" that aid speech development in autistic children. These apps offer communication boards and symbols for expressive language growth. She also mentions games and activities used by speech therapists to foster speech development, encompassing interactive board games, imaginative play, reading picture books, creative projects, sensory activities, social scripts, role-play, flashcards, matching games, and music activities. These approaches are tailored to enhance communication skills, language development, and self-expression while aligning with the child's interests and abilities.

> *Ms. Keely Schmerber does not frequently use online resources for teaching symbolic notation. They do not apply online resources. However, she utilize flashcards and visual aids as effective tools for teaching symbolic notation through engaging games and activities.*

In summary, the responses from the three respondents offer valuable insights into their diverse approaches to teaching students with autism spectrum disorder. While Dr. Price avoids online resources and employs flashcards and games, Ms. Lin highlights the use of specialized apps and a wide range of tailored games and activities. Ms. Schmerber prefers visual aids and flashcards for teaching symbolic notation. These approaches underscore the individualized and flexible methods educators employ to create effective and engaging learning environments for students with autism spectrum disorder.

Question D asks about the steps to teach a new piece of music to a student with ASD and it reveals the instructor's specialized techniques and strategies, highlighting how they adapt their teaching to the unique learning needs of these students. Two out of three respondents answered this question.

d. What are the steps you use to teach a new piece of music to a student with autism spectrum disorder?

Dr. Scott Price employs a five-step plan for teaching complex music to students with autism spectrum disorder, focusing on hands separately before coordinating both hands, and using techniques like guided tracking with finger movements to direct their attention and focus effectively.

Ms. Samantha Lin did not respond because it was not applicable

Ms. Keely Schmerber approach to teaching new music to students with ASD involves employing the Suzuki method, which emphasizes learning by ear, imitating, and practicing, allowing students to learn piano as they learn language – through listening and imitation

Dr. Price utilizes a structured five-step plan to teach complex music to students with autism spectrum disorder, emphasizing hands separately before coordinating both hands and employing guided tracking techniques for focused learning. Ms. Lin did not respond to this question, while Ms. Schmerber employs the Suzuki method, emphasizing learning by ear and imitation, akin to language acquisition, to teach new music to students with ASD.

Question F allows educators to share their firsthand experiences and insights regarding the unique challenges they have encountered when teaching students or working with individuals with ASD. By understanding these challenges, the educational community can develop more effective teaching strategies, interventions, and support systems tailored to the specific needs of individuals with autism, ultimately enhancing their learning outcomes and overall educational experience.

f. In your experience, what was the most challenging part of teaching a student with autism spectrum disorder?

Dr. Scott Price says that the most challenging aspect of teaching students with ASD is not related to the students themselves but rather lies in the teacher's ability to adapt and effectively impart knowledge, emphasizing the need to overcome personal obstacles and find effective teaching approaches.

Ms. Samantha Lin expresses that when working with autistic children, challenges arise due to uncertainties about sensory preferences and individual needs, necessitating flexibility and adaptability in teaching methods, as exemplified by a child needing specific movement or tools like a wobble chair for self-regulation.

Ms. Keely Schmerber expresses that the most challenging aspect is when helping students with ASD coordinate both hands. And explained that even if she can manage them separately it is difficult for them to play together. Therefore, she has found success in using techniques like guiding one hand while the student plays the other, practicing each hand alone while the instructor plays the other, and gradually breaking down music into smaller parts to enhance hand coordination.

Instructors encounter challenges when teaching students with autism spectrum disorder, as highlighted by Dr. Price, who emphasizes the need for the teacher to adapt and find effective teaching approaches. Ms. Lin's experience underscores the importance of flexibility in meeting individual sensory preferences and needs, while Ms. Schmerber discusses the difficulty students with ASD face in coordinating both hands while playing the piano, and shares strategies to address this challenge.

Conclusion

When working with autistic students, individualized teaching is essential for their academic and social development. The approaches of the three professionals emphasize tailoring lessons to each student's unique interests and needs, making learning engaging and effective. Visual aids, schedules, and social stories enhance comprehension and communication skills, helping students navigate routines and social situations. Effective communication, using clear and patient language, and understanding non-verbal cues, fosters meaningful connections.

In conclusion, this paper provides evidence-based practices to support children with ASD. Insights from professionals and their experiences offer practical understanding and adaptable interventions. The study highlights the importance of individualized teaching, visual aids, and effective communication.

Through interviews with Dr. Scott Price, Ms. Samantha Lin, and Ms. Keely Schmerber, we see how personal experiences and a commitment to inclusivity shape their careers. Dr. Price's expertise underscores the impact of combining pedagogy with real-world experience. Ms. Lin's focus on inclusivity through social media reflects evolving methodologies, while Ms. Schmerber's journey as an autistic musician illustrates the power of self-discovery in advocacy.

In summary, this study emphasizes individualized teaching, visual supports, and effective communication for autistic students. It equips educators and professionals with practical tools and highlights the dedication of those supporting autistic individuals in music education and beyond.

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