



## Columbia South America

### Snapshot

#### Area

1'138.910 sq. Km. located in the northern tip of South America. Colombia has coasts over the Pacific and the Atlantic Ocean. Its landscape is very diverse including beautiful mountains, flatlands, jungles, beaches. Culture varies from one region to another and from the big cities to the small towns.

#### Population

45,888,592

#### Official Language

Spanish. Some indigenous languages (around 80) are still preserved within the indigenous communities, and the creole language is used in the San Andres and Providence Islands.

#### Ethnic Groups

Indigenous: 1,378,884  
Afro Colombians: 4,261,996,  
Gypsies: 4,832

#### Median Age

26.3 years

## The Color of Us:

### Music Therapy for Young Children Around the World

Following last year's panel held at the 12. World Congress of Music Therapy in Buenos Aires, Argentina, "The Color of Us" will continue as a series in this newsletter. The purpose is to learn more about the current state of practice, research and education of music therapy for young children and their families around the world. This year, the editor Dr. Petra Kern, invited colleagues from Columbia, New Zealand, South Africa, and the Kingdom of Bahrain.

#### Juanita Eslava

Instituto Colombiano de Neurociencias  
Universidad Nacional de Colombia

Bogota, Columbia

*"Dale alegría a mi corazón, es lo único que te pido al menos hoy. Ya verás cómo se transforma el aire del lugar. Y ya verás que no necesitaremos nada más"*  
(Fragmento de Dale alegría a mi corazón. Compositor: Fito Páez).

Give joy to my heart, it is all I'm asking today. And you will see how the air will transform. And you will see that we won't need anything more  
(Fragment from the song Dale Alegría a mi corazón. Composer: Fito Páez).

### Demographics

Colombia currently has one program for music therapy. It is a master's program at the Universidad Nacional de Colombia (the largest public university in the country). The program was established in 2004 and has already graduated Masters in Music Therapy. The reason that we don't have an undergraduate program is that music therapy is not yet recognized as a profession (a problem we share with other countries in Latin America). However between music therapists who studied abroad (in USA, Spain, Germany, Argentina and Chile) and those recently graduated from the Master's program in Bogota, there are approximately 20 music therapists in the country and about 35 students enrolled in the program. Most of the students of the Master's program have their background in fields such as medicine, psychology, music, music education, and physical and occupational therapy. Music therapists are working in different settings such as psychiatry, hospitals, geriatrics, schools, special education, neuro-rehabilitation, among others. Not many of them work in the field of early childhood (approximately 7) most likely due to the lack of funding for projects in this area, but also because it is difficult to find places that believe in music therapy as a valuable element for early childhood intervention teams. Music education is usually widely accepted in early childhood programs, but music therapy is not yet.

Probably as the number of professionals grows in the country, and the recently created professional association develops systems of publication, reach out programs and promotion in general, music therapy will be fully accepted as a profession. This would result then in more funding, and more music therapists might grow interested in this clinical area. In early childhood most music therapy projects are related to populations with special needs (Down Syndrome, cerebral palsy, hearing and visual disabilities, autism, etc) but there are also professionals and students working with adoption agencies, hospitals and with the pre-school population in general. Some projects are also being developed for children that had to migrate from rural areas to big cities due to violence, and to children of families of lower incomes. A focus point is prevention rather than treatment. These are very important issues in our society and music therapy of course, has to respond to such needs.

### Background Information

Although there were some prior initiatives around the subject of early childhood, the law that currently regulates this matter is quite recent. The law 1098 (2006) is an effort to ensure that services are provided to this population regarding fundamental rights such as family, education, nutrition.

continued

Also, the policy statement for early childhood – a document presented in 2006 and included in the National development plan 2007-2011 (the route plan that articulates all policies that each government prepares for the 4 year period of each president) - enforces new routes to protect children ages 0-6.

Both Law 1098 and the Policy for Early Childhood document determined the principles for protection of early childhood services in Columbia. The first principle is that family is the central axis for integral development of young children. Therefore the government must protect the family as the natural context for development of children. The second principle is that children have rights and that their rights are prioritized over those of the rest of society. Therefore the government must be sure children receive quality services in health and education, and protection against danger. Third, there is a principle of equity and social inclusion that must translate in the building of basic social conditions that will allow children to be subjects of rights. Fourth, the principle of co-responsibility and integrality establishing that family, society and government have shared and equal responsibility in the development of children, and that the policies in place must be articulated so that all efforts can result in an optimal development. It is very important for music therapists to be aware of these principles, as the services we provide must be framed by them. It is also critical to understand that it is in the spirit of the law itself that we can justify provision of music therapy services in all kinds of institutions working with early childhood. The principles at the core of the law are also at the core of our profession.

Another legislation particular to the matter of early childhood is the mainstreaming legislation that establishes that children with disabilities must be included into regular school settings to promote development. This poses different challenges for preschools and schools, as they must adjust their programs; create continuing training programs regarding disabilities for teachers and staff members in disabilities; and offer therapeutic services to be able to have inclusion for children with disabilities. Otherwise this could result in discrimination towards this population in educational settings.

## Common Approaches

Given that the group of music therapists in the country studied at such broad range of music therapy schools, one might find quite a variety of approaches used in practice. The philosophy and characteristics of the different settings will also determine the approach to be used. Some of the commonly used approaches include: Behavioral approaches, Developmental approaches, Creative music therapy, Plurimodal approach (Schapira), Benenzon model, Social and Community Music

Therapy, and Eclectic approaches. As can be seen, American, European, and Latin-American Music Therapy models and schools of thought influence our practice. In school settings it is also common to find approaches based upon music education programs such as Dalcroze, Orff, Suzuki and Kodaly. The methods more widely used are re-creation, improvisation and composition and those less used are the receptive method and its techniques. Related to our culture, there is also a strong reliance on techniques that derive from dance and movement. There is still very little use of technology due to of the lack of resources in the area.

## Prominent Publications

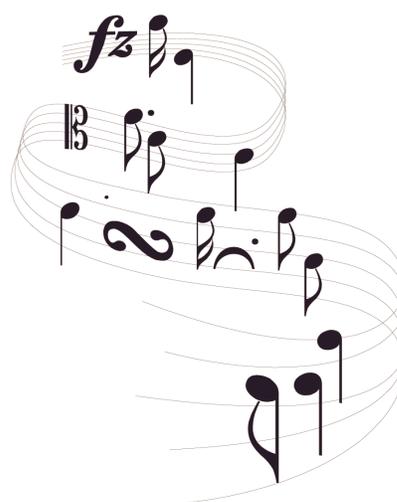
Eslava, J. (2006). Music Therapy in developmental disabilities. *Neuropediatrica Revisiones*, 4 (1), 28-34.

Some of the master theses in the field of early childhood in the country include:

Sanabria, L. (2008). Design and application of a music therapy program to stimulate the development of psychomotor skills in children 3-4 years.

Charry, A. (2008). Music Therapy and self-concept: Music as facilitator for the construction of the self in a child with a history of abuse, abandonment, and problematic behaviors. Case study.

Botero, N. (2008). Effects of a music therapy program in girls between 6-13 years old diagnosed with ADD and learning disabilities. Case studies.



## Snapshot (cont.)

### Children under 14

30.3% of the general population.

### Source

DANE. Colombian National Department of Statistics. Data from Censo 2005.



## About the Author

Juanita Eslava obtained her Master's Degree in Music Therapy from Temple University (Philadelphia, USA) in 2004 and moved back to Colombia that year. She is a music therapist at the Instituto Colombiano de Neurociencias, and a professor, thesis director and fieldwork supervisor in the Master of Music Therapy Program at the Universidad Nacional de Colombia. In her clinical practice she works with children with disabilities.

Contact: [juanaeslava@hotmail.com](mailto:juanaeslava@hotmail.com)