

imagine

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THE EARLY CHILDHOOD ONLINE MAGAZINE OF
THE AMERICAN MUSIC THERAPY ASSOCIATION

2010

imagine

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to improve access to and distribute
knowledge and information about
early childhood music therapy in
clinical terms.

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editorial



imagine, Editor

Dr. Petra Kern, MT-DMtG, MT-BC,
MTA, NICU-MT

New Beginnings

Welcome to the inaugural issue of *imagine*, the first annual online magazine dedicated to early childhood music therapy, sponsored by the American Music Therapy Association (AMTA). I am delighted to present you with this informative, colorful, and cutting-edge online magazine that includes over 50 contributions from colleagues living and working in ten different countries!

Last year, members of the AMTA Early Childhood Network were exploring opportunities to further develop the previous early childhood newsletter to better serve our readers and the demands of a growing field. In particular, it was clear that dissemination of the latest research, trends, practice standards, and policies affecting music therapists was critical. In order to enact authentic, evidence-based, client-centered practice, early childhood music therapists need a professional, reliable and engaging source of both information and inspiration. Having this in mind, we set the following goals for *imagine*:

- to offer a clinical publication forum for practicing music therapists working with young children, ages zero to five,
- to distribute current knowledge and information about early childhood music therapy inside and outside the profession in clinical terms, and
- to improve access to knowledge and information about early childhood music therapy worldwide.

Recognizing the innovative and creative nature of early childhood music therapy, and also desiring to make worldwide connections, we felt that the best way to accomplish these goals was to offer an online multimedia publication including text, images, hyperlinks, audio and video clips. All articles have an interactive digital viewing mode allowing readers to turn pages like a hard copy magazine, adjust the size of the document, search for content, email the text to colleagues, link the text to websites and social network pages, and look for related articles. All of these features allow readers to access and view the work of colleagues not only in a more comprehensive and lively way, but also across borders!

This inaugural issue of *imagine* begins with letters of welcome, support, and reflection from leaders in the field of music therapy, early childhood education, occupational science, and from representatives of the Early Childhood Music and Movement

Association. These professional colleagues acknowledge the value of disseminating information and knowledge to improve the lives of young children and their families, and are pleased about the ways in which *imagine* will contribute to these efforts. Other features in this issue include a multimedia article by Dr. Darcy Walworth, exploring how families incorporate music into daily routines of children with autism, as well as articles addressing latest research done at the Nordoff-Robbins Center for Music Therapy in New York, Dr. Dena Register's research on identifying letters, a summary of NICU outcomes by Amy Robertson and an example of a clinical application by Tim Ringgold.

The practice section provides insight into the work of talented music therapy colleagues. Topics include serving teens and their babies, a music listening program for pediatric patients, ArtStories with indigenous Australian communities, the Friendship Club for preschoolers working on social skills, augmentative communication and assistive technology, Storybook DanceSM, and music therapy with multicultural and bilingual children. The idea section offers music therapy intervention ideas by Elizabeth Schwartz, Ruthlee Adler, Laurel Rose-Weatherford, and Beth McLaughlin. Our color of us series provides a global perspective on early childhood music therapy spotlighting Canada, Italy, Argentina, China, Singapore, Thailand, Taiwan, and Japan. In the resources section, colleagues recommend new literature, websites, and blogs.

In addition to this exciting first issue, I also invite you to discover the *imagine* website, which went live in February, 2010. Our rationale for having a website accompanying the online magazine is as follows:

- to ensure a permanent presence during the year,
- to provide information such as goals, guidelines, and contact information for authors,
- to include more multimedia content to accompany *imagine* articles, for enhanced illustration, and
- to allow access for a broad readership and hyperlinks to affiliated organizations and publications.

The website includes *podcasts, photo stories, and teaching episodes*, all of which are open for new submissions throughout the year. The website also hosts an *archive* (providing access to previous early childhood newsletters from 1996 – 2009), a *we go international* feature (highlighting early childhood music therapy in other countries), the *our favorites* section (featuring favorite CDs of our *imagine* authors), an *event calendar* for sharing early childhood event announcements, and *our network* which describes the purpose of the Early Childhood Network and how to become a member of our Facebook Group.

By now I suspect you are anxious to dive right into the pages of *imagine*. Before letting you go, however, I would like to thank our authors for their contributions and enthusiasm in being part of our new endeavor. None of this would have been possible without each of them. My special gratitude goes to Marcia Humpal and Lisa Jacobs who tirelessly revised the manuscripts and discussed upcoming challenges with me. My thanks also is extended to the national AMTA office staff and all colleagues who have provided feedback and support in getting *imagine* off the ground.

It is my hope that you will find the work of our *imagine* contributors both educational and inspiring. Please, take that inspiration and join us in sculpting an exciting and expanding future for Early Childhood Music Therapy, supported by a strong, creative community of professionals who are dedicated to providing effective interventions that enhance the lives of young children and their families. *imagine* is proud to be a voice of that community!

Yours,



Dr. Petra Kern, MT-DMtG, MT-BC, MTA, NICU-MT
Editor, *imagine*

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letters



**Ronna Kaplan, President
American Music Therapy Association**

Dear Readers,

It is with great pride and pleasure that I welcome you to the inaugural issue of *imagine*, AMTA's new online journal on Early Childhood Music Therapy.

As the first co-chair (with my esteemed colleague and friend, Marcia Humpal) of the AMTA Early Childhood Network, I applaud the vision of *imagine*. This multimedia creation is a dynamic undertaking, from the articles, to the podcasts, the information about the Early Childhood Network, and so much more. As both a practicing clinical music therapist and as the President of AMTA, I feel the *imagine* online sources offer a wealth of resources for our members and colleagues, as well as for families with young children. We have a fabulous editorial and business team in place, and the sky's the limit for what we can accomplish together in the future.

Who would have *imagined* these possibilities in 1994? I look forward to seeing the announcement of each new issue arrive in my inbox, visiting the website often, and recommending it to my colleagues and friends. Congratulations to Dr. Petra Kern and the *imagine* team as well as the entire Early Childhood Network.

Best wishes,

Ronna Kaplan, MA, MT-BC, NMT
President, The American Music Therapy Association

Dear Colleagues,

On behalf of the American Music Therapy Association (AMTA), we are pleased to welcome *imagine* into the realm of music therapy resources for the world to share. *imagine* has a rich and well-established lineage, having been preceded by decades of AMTA's *Early Childhood Newsletter*. This innovative and cutting-edge version, known as *imagine*, breaks many boundaries with its online format, international reach and dynamic editorial team of Dr. Petra Kern, Marcia Humpal, and Lisa Jacobs.

The vision of *imagine*, to enhance the lives of young children and their families through music by sharing knowledge, strategies, ideas, and government-related issues, is a most worthy aspiration.

We welcome your submissions and interaction with what we think promises to be a first-class addition to the toolkits of those working with young children. A special "Thank You" from the music therapy community to Dr. Petra Kern for her generosity, creativity and boundless energy as we embark upon this new journey together.

Best wishes for every success,



Dr. Andrea Farbman
AMTA Executive Director
Business Manager for *imagine*



**Andrea Farbman, Executive Director
American Music Therapy Association**



Marcia Humpal
First Editor, Early Childhood Newsletter
Co-founder Early Childhood Network
American Music Therapy Association
imagine, Editorial Assistance

Our Past Nurtures Our Future Direction

Marcia Humpal, M.Ed., MT-BC
First Editor, Early Childhood Newsletter
Co-founder Early Childhood Network
Olmsted Falls, OH

I am thrilled to be a part of the inaugural issue of *imagine*, AMTA's online magazine devoted to early childhood music therapy. It hardly seems possible that it has been 16 years since the germ idea for an early childhood music therapy network first popped into Ronna Kaplan's and my heads. That year, we submitted a proposal for an Early Childhood Roundtable session at the National Association for Music Therapy national conference. Our proposal was accepted, and we were astounded with the response that our session received.

After leading the second Early Childhood Roundtable the following year (1995), Ronna and I were proud to be asked to lead an early childhood network which had been endorsed by the NAMT Executive Board. The participants of this network overwhelmingly decided that a yearly meeting was not enough time to convey information and share success stories about the benefits of music therapy for young children. Therefore, the *Early Childhood Newsletter* was born, and I was its first editor.

Years passed quickly, and early childhood education and its sister discipline early intervention became widely recognized as specialty areas in their own rights. No longer were infants, toddlers, and preschoolers viewed as miniature versions of elementary school children. The National Association for the Education of Young Children (NAEYC) advocated for the unique needs of little ones. They were instrumental in advocating for Developmentally Appropriate Practices (DAP) that addressed young children's distinctive learning styles.

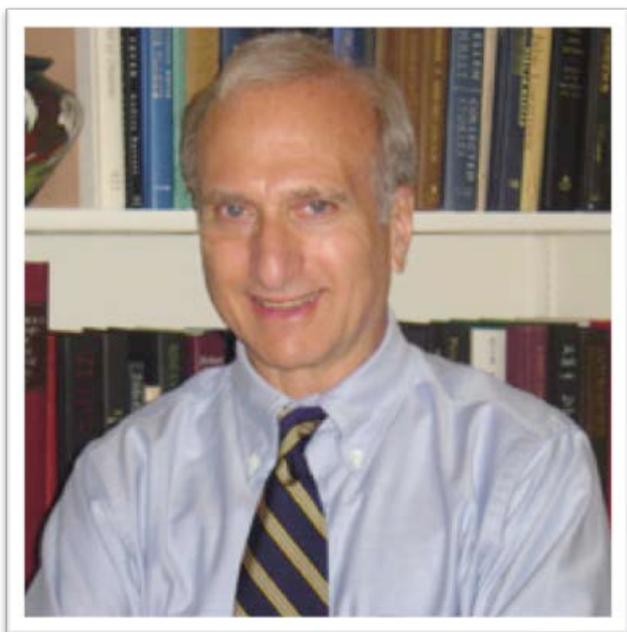
NAMT and later AMTA recognized that advancements in and recognition of early childhood education and intervention

could lead to job opportunities for music therapists. Continuing education opportunities in the form of Early Childhood Institutes, many varied CMTE offerings, and the publication of the monograph *Effective Clinical Practice in Music Therapy: Early Childhood and School Aged Educational Settings* (2006, Humpal & Colwell, Eds.) gave members access to research and resources specific to this population. Research supporting the benefits of music therapy for young children across a wide range of settings could be found among the pages of our own professional journals: the *Journal of Music Therapy*, *Music Therapy Perspectives*, and *Music Therapy* from earlier times.

Other organizations began to recognize the value of having music therapy represented in policy-making decisions. Music therapists represented the profession on national projects and initiatives such as Sesame Street's *Music Works Wonders*, MENC's *Start the Music*, and the International Music Products Association's (NAMM) "Active Music Making and Music Therapy Services: An Early Intervention and Readjustment Program Among Returning Military Personnel and Their Families." The *Journal of Music- and Movement-Based Learning* devoted an entire issue to *Music Therapy in Early Childhood*.

Early childhood music therapy continues to gain recognition and acceptance as the 21st century unfolds. As time marches on, it brings with it changes and advances. Seasoned professionals retire, and bright, vibrant and innovative others step up to take their places. I was so pleased that Dr. Petra Kern agreed to assume the editorship of our early childhood newsletter in 2006. She has taken the publication to new heights, and now we are standing at the cusp of a new era with this first edition of *imagine*, our ONLINE early childhood music therapy magazine.

I salute all of you who have supported early childhood music therapy throughout the years by writing, presenting, developing new music therapy programs and jobs, and most of all, for believing that we have so much to offer to the world's youngest citizens. Let the joys and the music continue to enhance your passion. Thank you for making our profession stronger and for giving me your support for these many years.



Michael Guralnick
Founder and Chair, International Society on Early
Intervention (ISEI)

Dear Colleagues,

I am pleased to extend greetings to our music therapy colleagues from the International Society on Early Intervention (ISEI). I congratulate you on the inaugural edition of your innovative online magazine, *imagine*.

The world community is joining forces to focus on effective early intervention practices. We have a responsibility to all young children to collaborate with and learn from professionals who represent a wide variety of cultures and disciplines. Through the pages of *imagine*, readers will find information that may inform, educate and inspire us all to tap the unique powers of music to reach, include and captivate all children.

Furthermore, ISEI encourages music therapists to take advantage of the vast array of research, resources and information that we continue to gather from experts around the world. Through collaboration, we can better meet the needs of the young children we serve.

My best regards to each of you,

Michael Guralnick, Ph.D.
Director of the Center on Human Development and Disability
Professor of Psychology and Pediatrics
University of Washington, Seattle, Washington

Dear Colleagues,

Welcome to an innovative early childhood online magazine called *imagine*. I congratulate the American Music Therapy Association for their insight and forward thinking to establish *imagine*. I also congratulate them for selecting Dr. Petra Kern as the inaugural editor; she has the skills and passion to make *imagine* become a great success.

The goals of *imagine* are to provide a publication mechanism for practicing music therapists to share their work with young children, to disseminate knowledge about music therapy for young children, and to improve access to music therapy information worldwide. These are laudable goals, and ones that are likely to be accomplished.

Nearly everyone acknowledges that music is an important part of our lives. The major question is: "How can music be used to the benefit of young children, including young children who have various developmental delays and disabilities?" I suspect *imagine* can, over the years, shed light on the answers to this question. If it does, then the young children will have a higher quality of life, and be happier and more competent. If this occurs, then *imagine* will capture the hopes we have for the field of music therapy and for related fields such as early intervention and early childhood special education.

Best wishes for a successful endeavor,

Mark Wolery, PhD
Professor of Special Education
Chair, Department of Special Education
Vanderbilt University
Nashville, TN



Mark Wolery
Chair, Department of Special Education
Vanderbilt University



Samuel Odom
Director, FPG Child Development Institute

Dear Dr. Kern,

Congratulations on the inaugural issue of *imagine*, the new online publication of the American Music Therapy Association. The appearance of this publication is a significant marker for the field of music therapy. One way that fields of interest establish themselves as professional disciplines is through documenting and sharing practices that work. Good ideas, scientific information, interpretations of policy, the craft of the discipline... all of these go into building professionalism and, if taken the next step, result in better lives for, in this case, young children. Perhaps you could think of *imagine* as an *accelerando*, which will move the field forward in a more rapid, but not unguided, pace.

When I was a preschool special education teacher in the 1970s, a music therapist would come to my class once a week for about a 20-minute session. It would always be in the afternoon, after naptime, and at a period of the day when these four and five year olds were not their most attentive. Normally a rowdy group, the music would for many children create a focused period of engagement that involved movement, rhythm, language through song, smiling and laughter, and as intended, music. I know the music therapist of those now distant sessions would have valued this publication because she was pretty much on her own—with training but not many colleagues or a professional venue such as *imagine* from which to draw or to which to contribute ideas.

Dr. Kern, your new publications will contribute much to the field of music therapy. I wish you the best in this important endeavor.

Best regard,

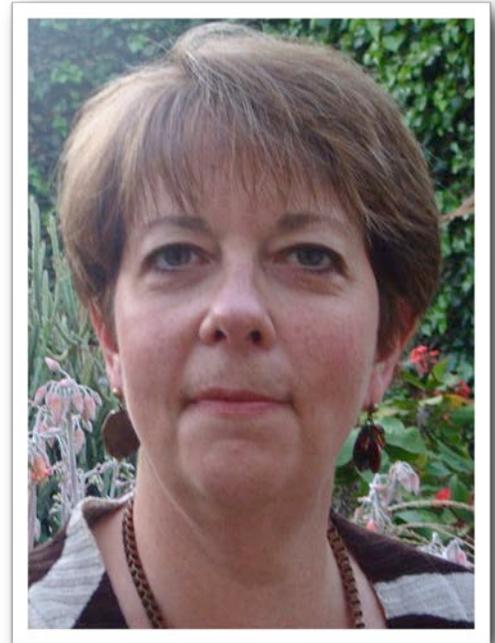
Samuel L. Odom, Ph.D.
Director, Frank Porter Graham Child Development Center
University of North Carolina at Chapel Hill

Dear Early Childhood Colleagues,

I am both honored and delighted to have a role in welcoming you to *imagine!* As an occupational therapist working in early childhood, I often have been both amazed at and excited about the ways in which music therapy and occupational therapy complement one another, seemingly working “hand in hand.” My experiences working collaboratively with a highly skilled music therapist have led me to have great respect for the field of music therapy, and also to appreciate the unique contributions of the music therapist to early childhood interventions. My favorite of those experiences centers around the work that my music therapy colleague and I did together to support children with a variety of disabilities to engage in outdoor play and social interactions with each other and their typically developing peers on the playground. Not only was our collaborative approach to intervention successful, but we also had a great deal of fun! Neither the success of the intervention nor the learning and laughing that occurred in the process would have been possible without the music therapist.

I believe that it is exceedingly important that you who have expertise in the therapeutic use of music with children get your passion, creativity, and knowledge – born of both research and professional experience – out there for others to see and hear. This simultaneously allows you to “grow” your profession by sharing and adding to work that has already been done, *and* to increase your visibility and validity outside the field of music therapy by educating others about the art and science of your work. I also believe that *imagine* promises to be an important tool for doing just that – growing and promoting early childhood music therapy. I congratulate you on the inauguration of this wonderful new magazine, and welcome you to this first exciting and informative issue!

Linn Wakeford, M.S., OTR/L
Assistant Professor for Occupational Science
Department of Allied Health Sciences
University of North Carolina at Chapel Hill



Linn Wakeford
Assistant Professor for Occupational Science

reflections



AMTA and ECCMA: A Developing Friendship

Rick D. Townsend, PhD
Managing Director, ECMMA

As a music teacher educator, one of my main goals is to prepare my pre-service teachers to manage the wide range of classroom personalities, learning styles, interests, aptitudes, skills, cultural backgrounds – in short – differences, that they will face when they arrive at their initial teaching assignments. The past twenty years have witnessed a marked increase in research dedicated to the needs of the first-year teacher, and most of the research focuses on the critical need for a close relationship between master teachers and their year one counterparts.

We know, of course, that the need for support does not conclude with that initial professional relationship. All of us, regardless of experience level, need specialized support at one time or another. This is where groups like the American Music Therapy Association (AMTA) and the Early Childhood Music and Movement Association (ECMMA) find our greatest common ground.

Of course organizations such as AMTA and ECMMA are about music, movement, culture, research, individual needs, group dynamics, and a host of other connecting factors. Mostly, though, we are about professional support. Whether considering advocacy in all its varying forms, professional development, special needs, facilities, staffing, budgeting, scheduling, methodology, or the simple need for an understanding ear, professional organizations such as ours are about support at the most critical professional junctures of our lives.

We also have our boundaries. AMTA, by definition, focuses on therapeutic uses for music, but crosses age boundaries from pre-birth through geriatric populations. ECMMA, on the other hand, specializes in early childhood (pre-birth through seven or eight years of age), while serving a very broad coalition of early childhood music and movement specialists.

ECMMA membership includes early childhood studio teachers, classroom teachers, general music teachers, physical therapists, music therapists, material and equipment providers, curriculum developers, researchers, college and university faculty, private piano teachers, early childhood specialists, daycare providers, and a host of other early childhood music specialists.

Recently, the editorial team of *imagine* and ECMMA have established a professional relationship to benefit our professional colleagues and the children and families we serve. Early childhood music and movement specialists often teach children with varying special needs, and ECMMA has learned that research and practices associated with AMTA often enrich their own members' classroom teaching strategies. Similarly, many music therapists provide services to the early childhood community, from pre-birth through the 7 to 8-year-old population served regularly by ECMMA members. These music therapists regularly incorporate and develop early childhood music and movement strategies for their therapy settings - and have learned many valuable lessons from colleagues who specialize in early childhood music and movement methodologies.

Believing that a formal line of communication will enrich both groups, the respective organizations have agreed to pilot possible partnerships over the course of one year.

How Will AMTA And ECMMA Members Benefit?

Communication. Collaboration provides a broader audience for communication. AMTA and ECMMA each have important information to communicate to their respective members. For example, conference and convention information, survey results, resource opportunities, and specialized advocacy information can be made available to members of both organizations.

Research and Publications. *ECMMA Perspectives*, published by ECMMA, is a quarterly, peer-reviewed journal for all its members. *Perspectives* is published in print, as well as online, every three months. While it is a member-only benefit for ECMMA members, over the course of next year, we will offer AMTA members free access to one article per quarter. Additionally, AMTA members desiring full access to the online

Perspectives journal may gain that access without having to join ECMMA for a discounted price of USD 25.00 per year.

imagine, published by AMTA, addresses specialized topics of interest to those working with early childhood populations. ECMMA members will have ready access to *imagine* issue content from within their member site.

Conferencing Opportunities. Both organizations provide a wide range of conference opportunities for their respective memberships. Having more, well-focused choices will result in richer opportunities for members of both organizations to take advantage of professional development opportunities. Further, the content of conferences and conventions will benefit from a broader group of presenters from which to draw. Finally, geographical challenges can be reduced by a larger selection of conferencing opportunities for members of both organizations.

I am pleased that we are able to offer these opportunities to members of the AMTA and ECMMA communities. We all hope that the benefits of this emerging relationship prove to be a win-win situation for all involved.

About the Author



Rick Townsend has served as Director of Instrumental Music and Director of Music Teacher Education at Maranatha Baptist Bible College in Watertown, Wisconsin since 1996, and as ECMMA Managing Director since 2007. He is also the early childhood chair for the Wisconsin Music Education Association. He has published method books for band, and been published by Lines and

Spaces, BandWorld, Wisconsin School Musician, and the *Journal of Music Teacher Education*. He earned his BA from Alma College, MMus from Central Michigan University, and PhD from Michigan State University, and has taught instrumental and vocal/general music, infancy through adult, for over 35 years.

Contact: director@ecmma.org



Imagine a Collaboration: Piecing it Together

Dorothy Simonis Denton, BM, MT-BC
Music Moves Therapy
Mansfield, Ohio

imagine...collaborating between music therapists and early childhood music and movement educators.

imagine...developing a forum in which we can freely share child development information, research, practical ideas, instruments and philosophies.

imagine...inviting children to music interaction as in the quilting bee, where everyone contributes to the whole process, and where the quilt is the sum of its many parts.

As music educators and/or music therapists working with young children, we are fairly new kids on the quilt block. We are at a stage where collaboration is exciting and rich with possibilities. There are many colorful threads! The historic framework for collaboration is in place, one example being a long, well documented relationship between the Orff and Dalcroze educational philosophies and the healing arts.

There are early childhood music educators that recognize the therapeutic benefits of music and movement for all children. Some educate themselves about the needs of the atypical children that participate in group classes, often relying on literature and research from the fields of psychology and music therapy. Others may also be formally trained educators or even music therapists. Furthermore, there are music therapists working in this dynamic sub-specialty who also work with typically developing children, and avail themselves of the collective teaching wisdom and the musical resources from seasoned early childhood teachers.

The Early Childhood Music conference in 1994 was totally devoted to the concepts of "collaborative vision, bringing

community to the table, family centered approach, and interdisciplinary work." Now in 2010 we understand that these concepts take time to develop and materialize. The work sometimes sits on the frame in the back room. Sometimes it is reframed and tightened. Sometimes it is re-imagined and the design shifts as we examine new theories and practice. *Imagine*, the online magazine gives us all a new forum, which invites us to sit around the quilting frame and focus on how to help the young child.

Therapists and educators both understand that children's learning involves an integration of brain, body and heart no matter what their individual differences. We have research that speaks to the ubiquitous nature of musical play and the use of songs in all cultures. In both professions we employ the use of our voice and coordinate it with movement to engage the entire brain and impact the entire nervous system of a child. We are also beginning to understand the primacy of relationship in the young child's development. Although our own beginnings are still imperfectly understood, the saliency of early communicative efforts such as the smooth reciprocal timing of a baby's vocal sounds with postural and gestural expressions, can inform the work of both professions.

Our strategies promote the integration and organization of the body through the ear. Our work rests on the understanding of music's transformative ability, regulatory function and emotional resonance. We can find common ground, appreciating music's unique importance to human development as we listen, observe and learn from the child.

An educator working with typically developing children may be more like a quilter using well defined patterns. The strips come together fairly quickly; the pattern of development emerges somewhat predictably. Typically, the educator in early childhood music excels in the group process, helping to stitch together a strong community of family support through music making. Creative teaching in the classroom involves each child in the enfolding musical and joyful relational context. Even though a well defined lesson plan is developed, the master educator learns to be "in the moment," adjusts to the group dynamics, transitions smoothly and improvises to meet the children's sensory needs. The educated early childhood teacher draws on well established philosophies (e.g., Orff, Dalcroze, and Montessori) and the recent research (e.g., Gordon, Trehub). They may have steeped themselves in the study of gesture, movement education, linguistics, yoga, sound science and the ear. They already know the importance of dipping into other fields for inspiration and new connections.

The emphasis is on the musical contribution to the whole, utilizing what each child already knows, in a way that makes sense to him. The tools of the trade are all the musical elements embedded in a rich culture of folk songs and dances, instruments as well as experiences that are developmentally appropriate. Early childhood teachers are just beginning to explore the idea of formal assessment; often

these are simply assessments of the child's musical abilities. The challenge for the educator is to adapt and improvise the music and movement in ways that invite and support each child and parent. The emphasis is on the music itself, on advocating and perpetuating musical traditions, and on support and service. The educator is the individual that is coordinating the quilting around the frame.

It is important for the educator to understand the difference between working therapeutically and working as a board certified music therapist. The models are different in training and implementation. The music therapists may work with pieces that are more irregular in shape. There may be holes in the fabric and unraveling threads. The therapist often is part of a team that includes family and other healthcare or educational professionals that work together for the child who is having developmental difficulties. The work may resemble a "crazy quilt" process where pieces of understanding from each adult is butted up against another and stitched in an intuitive order. Typically the music therapist often focuses on the individual child with unique needs. The child with developmental disabilities may have musical abilities that are intact, giving the therapist a hoop on which to hold. A formal assessment process and treatment plan will be designed. The goals and objectives for each child will be clearly delineated in written form and subsequently influence the way the music/movement plan is employed.

Trusting that most children respond to musical experience, the music therapist will use the same musical materials as an early childhood instructor: Singing, moving, playing and listening. However, the elements of music are the tools used to achieve goals that are not necessarily musical. Examples include increasing confidence, directed movement, and enhancing memory. A music therapist will design musical sound encounters to reinforce the child's strengths and address his needs. The child's response informs the direction of the musical strategy.

Music becomes a primary way of encouraging, motivating, alerting and pinning down a relationship with a child who needs extra help. The therapist is part of a group that is stitching together the layers of support for the child that may need extra reinforcement and encouragement.

Both disciplines, focused on the child under six, are working toward improving functionality. Children interacting with others through music create quilts that are ongoing works of art displaying integration and coherence. The threads that bind both professions include a love of children and a desire to help them help themselves. Both fields require a global understanding of child development. Therapists and educators work auditorily to offer experiences that make very basic connections from nervous system to the brainstem. We are all influenced by newer research discoveries of science as well as from our musical training. Through musical problem solving and movement stimulation we use our craft to regulate, channel and modify impulsive behaviors of the

child. Rhythm and movement make strong connections between their internal and external worlds. The laughter and joy associated with music making can strengthen mind and spirit; it is strong medicine!

Music therapists and educators have recently made conducting and utilizing meaningful research an organizational priority. Collaboration between researchers and practitioners in early childhood music, (music therapists, other therapists and mental health professionals who work with young children) must also be a priority. We must make a concerted effort to inform ourselves, through organizations like the ECMMA and AMTA, to bridge the gap between research and practice.

Who needs to communicate the importance of music education and music therapy? **We all do!** We can only strengthen each other by collaboration in our resolve to make music accessible to ALL children. We must acknowledge our own strengths and weaknesses and clarify our limits in order to contribute to our understanding of when to refer a child on to specific other therapists. Music therapy has been shifting to a broader, more cultural and community based paradigm. Imagination and creativity will generate many new discussions on the broader social musical community, a larger "us." The conversation needs to include early childhood music educators who are working in a group model.

The child and his needs are our focus. This comes at a time when there is an explosive increase in neurologic difficulties. We must be aware of what each discipline has to offer. We must identify the holes that need plugging. Our hands must support the child with love and concern while we also hold, shape and mold each other. *imagine* can be a voice for all who deeply care about children and their families.

About the Author



Dorothy Simonis Denton, B.M., MT-BC is the director and owner of a private practice, Music Moves Therapy, at Music Moves Studio in Mansfield, Ohio. She is also the current North Central Representative of the Early Childhood Association (ECMMA) as well as on its certification board. A graduate of the Cleveland Institute of Music and Baldwin Wallace College, she has Orff Certification and Dalcroze Eurhythmics training as well. She has DIR™/Floortime training, which

is a model for early intervention and children with special needs. Her certifications include PECS® and Therapeutic Listening®. She has a special interest in children with developmental disabilities, especially those with hearing impairments and children on the autism spectrum.

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Collaboration in Music: Therapy and Early Childhood Music Educators

Andrew Knight, MA, MT-BC, NMT
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Early childhood educators, special educators, early childhood music educators, and music therapists are currently finding unique collaborative opportunities in providing services to young children with special needs. For example, researchers and clinicians have found positive effects of music therapy on children with autism spectrum disorder (Kim, Wigram, & Gold, 2009; Lim, 2010), children with challenging behaviors (de Mers, Tincani, Van Norman, & Higgins, 2009), and toddlers' bonds with parents (Standley, Walworth, & Nguyen, 2009) among other areas. With young children, music therapists often focus on specific special needs as diagnostic criteria to create functional treatment goals and objectives.

Board-certified music therapists are trained to engage with, among many other populations, preschool age children of all abilities and their families, often using live music-making instrumentation for early childhood (EC) sessions. Many music therapists who already work with preschool-aged children in one-to-one or small group settings might consider the value of adding inclusive music therapy groups with neurotypical children and the benefits that may be derived by all children and families in this setting. Furthermore, investigating other existing early childhood music curricula and programs may open doors and opportunities that may be mutually beneficial.

Community Music Professionals (CMPs) include, but are not limited to, music therapists, music educators, and early childhood music educators (not necessarily in school districts). However, these three are neither mutually exclusive nor jointly exhaustive. As an example, an individual could have double majored in music therapy and music education, earned board certification for music therapy and state licensure for music education, and taken some type of specialized training (e.g., Music Together®). In this sense, an individual could serve all three roles. But becoming one of these roles is not dependent on being in another role. One does not need to be an educator or therapist to be a Music Together® teacher, for instance. This network may or may not be prevalent or well connected, depending on the rural or urban nature of a specific area. However, all three groups of professionals may benefit from peer supervision and seeing their own work through the eyes of someone with different qualifications, credentials, and/or backgrounds.

Music therapists may embrace certain approaches such as Nordoff-Robbins or behaviorism in typical sessions. In this sense, the idea of a music therapist submitting to following a curriculum as a formal educator may sometimes seem restrictive. However, several EC music education curricula are inclusive as to the different genre of music, instrumentation, and focus of each song or activity. The music therapist may

convert these activities into interventions given their educational background and expertise. For instance, a session based off a curriculum could include a very dyad-based improvisatory song that is facilitated as an improvisation. The therapist is the live musician, and the parent is encouraged to interact with the child to elicit a response that is physical, cognitive, or otherwise, depending on the goals and objectives of the child.

More descriptive research may help service providers and consumers understand where the music therapist "fits in" to a community EC education "scene." The importance of early intervention and the effectiveness of music therapy must be better understood. There is a critical need for individuals to serve children and their families with the medium of music, regardless of the individual's ability level. Music therapists are well suited to engage the EC community with an established base of research since the profession was established in the middle of the 20th century.

Given the entry-level professional competencies required for board certification, music therapists are in a primary position to collaborate with other CMPs in facilitating these groups. Music therapists should be encouraged to work with music educators, early childhood music educators, and EC educators to share information, learn from each other, and foster a culture that emphasizes the importance of music for all children, regardless of ability.

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About the Author



Andrew Knight is assistant professor of music therapy at the University of North Dakota and a registered Music Together® teacher. His current early childhood work is with a "Toddler Language Circle" for children with language delay or impairments in collaboration

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reports

2009 Early Childhood Music Therapy Special Target Population Network

Meeting Report from 11-13-2009

Angela Snell, MT-BC
Co-Chair Early Childhood Network
Monroe, MI



1. Welcome and Introductions

Dr. Petra Kern and Angie Snell, Early Childhood Network Co-Chairs, welcomed all those in attendance and gave time for each person to introduce themselves. 17 colleagues from 12 states (AZ, CA, CO, FL, IL, MA, MD, MI, NY, NV, OH, WA) and one colleague from Korea were present at the 2009 Early Childhood Music Therapy Round Table. Items handed out included: Attendance List, Sign-up Sheet for the Early Childhood Magazine 2010, and a flyer about the Early Childhood Network.

2. Info to Early Childhood Network

2.1 Facebook

Dr. Petra Kern reported the Early Childhood Music Therapy (ECMT) Facebook group has been very successful. As of November 2009, over 90 people worldwide signed up for the ECMT Facebook group (by-invitation-only). The group agreed to try to be more active in their comments and interactions in order to improve the overall benefits of the Facebook group to ECMT members. ECMT members who have not signed up to the ECMT Facebook group were encouraged to do so. Those members needing assistance on how to sign on and navigate interactions on Facebook were encouraged to go to the AMTAS booth at the 2009 AMTA Conference for a tutorial.

2.2 Newsletter

Petra Kern, ECN Newsletter Editor, thanked Lisa Jacobs for assistance in editing the last edition of *imagine* and extended gratitude to all those who contributed to the content. The group thanked Dr. Kern for her vision, layout, and passion for the newsletter, noting that the forthcoming early childhood music therapy publication is the first online magazine for AMTA. Dr. Kern also thanked Marcia Humpal, the first ECMT Newsletter Editor, for her support and encouragement.

Many people, including non-music therapists, are reading the ECMT newsletter throughout the world. A recent example included a journalism student who found the newsletter and called to inquire about doing an article on music therapy in early childhood.

Dr. Kern provided an outline of the newly developed *imagine* website (imagine.musictherapy.biz) including the annual magazine, an archive of all previous EC newsletters (from 1996–2009) as well as information about the EC Network, ongoing photo stories, podcasts, teaching episodes, and international information on early childhood music therapy. The group discussed the benefits of free access and future growth of the online magazine including future avenues to generate financial support (e.g., paid advertisement).



3. Year 2009 in Review

3.1 Presentations

A sample of professional presentations mentioned for 2009 includes:

- ☀ 2009 AMTA Conference. Petra Kern, Beth Schwartz, & Beth McLaughlin – Early Childhood Sharing Our Strategies session, Nov. 13
- ☀ 2009 AMTA Conference. Jean Nemeth & Angie Snell – School Aged Sharing Our Strategies session, Nov. 14
- ☀ 2009 AMTA Conference. Ronna Kaplan – Lullaby 101, Nov. 15
- ☀ 2009 AMTA Conference. Lori Gooding – Building Skills Through Music: A Music Therapy Based Social Skills Intervention Program, Nov. 14
- ☀ 2009 AMTA Conference. Petra Kern & Beth McLaughlin – Think Green: Applying Low-Cost and Eco-Friendly Interventions in Early Childhood Music Therapy, Nov. 14
- ☀ 2009 CAMT Conference in Quebec, Canada. Petra Kern – Songs on the Playground: Effective Strategies for Musical Outdoor Play
- ☀ Guajuato, Mexico. Kamile Geist co-presented a keynote address with Eugene Geist on Math and Music Research in March of this year
- ☀ 2009 Cleveland Milestones Conference. Marcia Humpal & Ronna Kaplan – Using Music Therapy with Young Children
- ☀ 2009 Autism Society Association. Ronna Kaplan – Music Therapy to Promote Social Skills for Individuals with Autism Spectrum Disorders
- ☀ 2009 Autism Society Association. Ronna Kaplan & Lori Lundeen-Smith – Music Therapy to Promote Self-Determination Skills
- ☀ 2009 AMTA Conference, and 2009 Occupational Therapy Conference. Becky Wellman – Co-Treatment of Music Therapy, Occupational Therapy, and Physical Therapy
- ☀ 2009 Inauguration Ceremony. Petra Kern – Keynote address and workshop at the inauguration ceremonies of the Bachelor degree program in music therapy at the Universidad Federal de Minas Gerais, Brazil
- ☀ 2009 Chinese Professional Music Therapy Association. Petra Kern – Keynote address and workshop at the International Forum on Crises Intervention in Chengdu, China.
- ☀ 2009 Division of Early Childhood conference in New Mexico. Petra Kern – *Tuneful Transitions*
- ☀ 2009 AMTA Conference. Angie Snell & Laurel Rosen-Weatherford – CMTE continuing education session called Separate is NOT Equal: Heading Into the Future with REAL WORLD School Music Therapy, Nov. 12
- ☀ 2009 Michigan Music Educators Early Careers Conference. Angie Snell & Laurel Rosen-Weatherford – A Musical Crash Course on Special Education, Saturday, Oct. 10
- ☀ 2009 Michigan Schools Vocal Music Association and Music Educators Summer Workshop. Angie Snell – Working with Special Learners in the New Millennium July 22
- ☀ 2009 Ohio University Guest Presenter. Beth Schwartz collaborated with Kamile Geist to lecture to Kamile’s students on content from Beth’s book *Music Therapy, and Early Childhood: A Developmental Approach*
- ☀ 2009 School Staff Presentation. Diane Hannibal presented on the use of music in the classroom to support the integration of students with special needs.

3.2 Research Initiatives

Early Childhood Network members shared the following research initiatives:

- ☀ Dr. Kamile Geist is working on a survey of music therapy and speech and language collaborative work
- ☀ Dr. Becky Wellman is doing a case study on primordial dwarfism with sickle cellism present
- ☀ Dr. Petra Kern has a music therapy consulting business that includes services for research projects, music therapy courses, mentoring, playground consulting, and special projects.

3.3 Government Relations

Angie Snell reported that there has not been any information regarding the reauthorization of IDEA 2004. She encouraged members to remain diligent in keeping themselves informed and involved in local, state, and national education initiatives. The many challenges facing school financing and compliance with education laws such as No Child Left Behind are forcing schools to re-structure and re-think education approaches. In addition to access to general education, the Federal education laws have a stronger emphasis on achievement in the general education curriculum for students in special education. School music therapists need to provide special education services that support student access and achievement in the least restrictive environment. This includes supporting skills students need to learn from “highly qualified teachers” in curriculum content areas.

Becky Wellman shared her experience in decision makers’ use of the term “mandated service.” She pointed out that no service is a ‘mandated service’ unless required on the IEP. Members were encouraged to habitually check the AMTA website for government relations information and updates.

3.4 Publications

Members shared the current and forthcoming publications:

- ☀ Beth McLaughlin’s book chapter was recently published in *Courage, Heart, and Wisdom*, a book focusing on what brought practitioners to specialize in treating Autism Spectrum Disorders.
- ☀ Becky Wellman recently wrote an article on teaching non-music teachers how to effectively use music in their teaching.
- ☀ Petra Kern wrote an article on evidence-based practice in early childhood music therapy: A decision-making process coming out in 2010 in *Music Therapy Perspectives*.
- ☀ Petra Kern contributed to the Resources with Reason series of *Young Exceptional Children*.
- ☀ Angie Snell authored the Special Education Q & A Column in the 2009 Michigan Music Educator (Winter and Summer Editions), a publication of the Michigan Music Educators Association.

3.5 Music and Product Sharing

The following was shared by meeting attendees:

- ☀ Diane Hannibal recommended a series of books called *Songs for Learning* that contain age-appropriate musical material to support older students’ learning of colors, body parts, and other academic content such as USA locations, the solar system, and animal classification.
- ☀ Members recommended membership in the International Society of Early Intervention (ISEI) listserv and website. ISEI provides access to a Professional Resource Library.
- ☀ The website to Technical Assistant Center on Social Emotional Intervention (TACSE) was recommended for information on the Pyramid Model. The site also is a resource for proactive approaches on hot topics in early childhood (e.g., fidelity data, the child’s physical environment, and cultural awareness).
- ☀ Storybookdance.com.
- ☀ Brain Dance by Anne Green Gilbert.

About the Author



Angela M. Snell, MT-BC, has specialized expertise in all areas of school music therapy, including assessment, program design, special education law, inclusion and community initiatives for Pre-K through Post-Secondary students. She is a local, regional, and national presenter, author, and advocate on related topics.

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Special Target Populations Network Session 2010

The next meeting will take place at the
2010 Annual AMTA Conference on

Friday, November 19, 2010
12:30 - 2:15 PM
Cleveland, OH

See you there!



National Children's Mental Health Awareness Day: Promoting the Inclusion of Creative Arts in Early Child Development

Beth McLaughlin, LCAT, MSE, MT-BC
Wildwood School
Schenectady, New York

On Thursday, May 6, 2010 Marcia Humpal, Beth McLaughlin, Ronna Kaplan, and Elizabeth Schwartz represented AMTA at the 5th Anniversary of National Children's Mental Health Awareness Day. Awareness Day 2010 was organized by the Substance Abuse and Mental Health Services Administration (SAMHSA), a division of the U.S. Department of Health and Human Services and marked the first time that early childhood was the focus of this event. Marcia Humpal worked with Judy Simpson and the event's organizers to help coordinate the music portion of the afternoon. The purpose of this day was 'to promote positive youth development, resilience, recovery, and the transformation of mental health services delivery for children and youth with serious mental health needs and their families' (<http://www.samhsa.gov/children/index.aspx>).

pre-schools and day care centers. After a period of 20 minutes, children were transitioned to a new group until all groups had participated in each activity. Marcia shared the podium with representatives of art and dance therapy and spoke eloquently of the important benefits of developmentally appropriate music experiences for young children to support healthy social and emotional development. Additionally, a tip sheet was prepared and distributed to parents and caregivers describing purposeful and positive ways to experience music with young children. This tip sheet, entitled *Music and the Young Child - A Healthy Partnership* is included with this article. The event was a wonderful demonstration of how the arts can create an environment that engages young children in constructive, nurturing, and meaningful experiences.

The Awareness Day was developed to highlight the following:

- ▶ innovative programs that effectively meet the needs of children with mental health needs,
- ▶ ways in which mental health initiatives support positive development, recovery and resilience for children and youth, and
- ▶ how children with mental health needs can prosper and succeed in their communities.

The evening program was a forum consisting of two panels that included parents and experts from the medical, psychological and educational communities. They provided a dialogue that highlighted both the importance of bringing attention to the social-emotional needs of children from birth and examining children's mental health development from each of their individual perspectives.

Promoting Positive Mental Health in Early Child Development

Healthy social-emotional development is a strong indicator of a child's success in school. In order to provide the building blocks for a lifetime of success, families and professionals are encouraged to:

- ▶ Integrate mental health care into every environment that impacts child development from birth,
- ▶ Encourage the nurturing of the social and emotional well-being of children from birth,
- ▶ Provide information to the public about critical milestones of a child's social and emotional development from birth.

AMTA joined colleagues from the American Art Therapy Association and the American Dance Therapy Association to serve as national supporters of this event. These associations embarked on an experimental program that provided music, art and dance to three groups of 15-20 children from local

Young children who receive appropriate supports to their social-emotional needs through early intervention have more success in the pre-school and school environment, develop healthier relationships in school, and, as adults, are more likely to become contributing members of their community through vocation and educational attainment. These children take pleasure in things, are trusting, confident, receptive to the support of others and are able to both express a range of emotions and communicate constructively.

How Does Music Therapy Support Mental Health and Social-Emotional Wellbeing in Young Children?

- ▶ Music therapy is an environment that is shaped by the elements of music to stimulate and engage young children through all their senses in developmentally appropriate ways.
- ▶ Music therapy is a relationship between the child and the therapist, the parent, or the caregiver, that is calming, nurturing and intentionally designed to support the developmental needs of the child.
- ▶ Music therapy encourages socialization through structured musical exchanges, self-expression through non-verbal musical explorations, and communication through interaction with the musical environment.
- ▶ Music therapy teaches a child to trust the environment through music that is familiar, supporting their need for repetition, imitation and reciprocity.
- ▶ Music therapy helps build confidence in children by acknowledging their ideas and responses to music, encouraging independence and self-initiation.
- ▶ Music therapy can compete with behaviors to motivate children to engage in shared music making, promoting peer awareness, cooperation, and communication.

As noted above, SAMHSA has encouraged the community of professionals and caregivers to inform the public about the importance of social-emotional development starting at birth. The mission of AMTA is “to advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world” (www.musictherapy.org). This mission is supported by

providing opportunities for education and training, professional publications and through public media. Inherent to any discussion about music therapy for the young child is the importance of critical milestones and the role of music in enabling their development. Our participation in National Children’s Mental Health Awareness Day was another opportunity to further our mission while responding to SAMHSA’s charge.

Tips on Music and the Young Child

A “Tips” handout for parents, early childhood educators, arts therapists, government workers, and media is available on the next page.

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About the Author

Beth McLaughlin is internship director and coordinator of music therapy services for children and young adults with autism and complex learning disabilities at Wildwood School in Schenectady, New York. She is a contributing author to the AMTA Monograph *Effective Clinical Practice in Music Therapy: Early Childhood and School Age Educational Settings*.

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tips

Music and the Young Child: A Healthy Partnership

All young children love music. They experience music by hearing it, by moving to it, by banging to it, and by playing with their voices. Music is a part of the young child's world.

Music can:

- ▶ nurture attachment,
- ▶ provide a safe environment for realizing, exploring and sharing creativity,
- ▶ calm when words cannot,
- ▶ offer an outlet for coping with emotions,
- ▶ give structure and information in a non-threatening way,
- ▶ provide opportunities for making a unique contribution to a group experience, and
- ▶ foster self-confidence and feelings of success.

Little ones enjoy being sung to:

- ▶ With a quiet lullaby at nap time and bedtime as you rock. Keep the beat slow and steady. Many young children will find this special time very calming.
- ▶ About activities of her day – no need to use the same words each time. Making up words that describe her activity is fun for both of you and demonstrates your interest in your child's world.
- ▶ With children's songs that are familiar to him (such as "Row, Row, Row Your Boat"). Sing them over and

over. The song's familiarity is predictable and comforting.

- ▶ With your favorite songs. She will enjoy seeing you enjoy and share music, too.
- ▶ As you transition between activities or places. The music will help your child accept and anticipate change.

Little ones enjoy sounds:

- ▶ That have surprises (like "Pop! Goes the Weasel"),
- ▶ That rattle or ring or come from music boxes or musical toys, or from things found around the house (such as pots and pans),
- ▶ That are in their environment - such as trains or birds singing,
- ▶ That they can make with their bodies (like clapping, tapping or patting), and
- ▶ That help them express themselves and their feelings in a safe and acceptable way.

A few tips for using music with your little one:

- ▶ Don't be shy about singing – your child will respond to the rhythm, melody and the joy with which you sing...and he will welcome the chance to share this time with you.
- ▶ Match your child's energy level – upbeat songs when she's ready for play and lullabies when she's tired.
- ▶ Repeat, repeat, repeat....do it again, and again, and again. Children learn through repetition.
- ▶ Expose your little one to many different types of music. Borrow CDs from the library or listen to examples online before purchasing – find the ones that you and your child like most.
- ▶ By making music with your child, you can share traditions of your culture.
- ▶ Let your child lead; comment on and praise his ideas. This validates him and builds self-esteem and confidence.
- ▶ Relax and enjoy this special time for interacting and sharing with your little one.

Take time to share music with your child from the cradle and throughout life!



Representatives of AMTA at the 5th Anniversary of National Children's Mental Health Awareness Day.

featured



Darcy Walworth, Ph.D., MT-BC, NICU-MT

Incorporating Music Into Daily Routines: Family Education and Integration

Darcy Walworth, Ph.D., MT-BC, NICU-MT
Florida State University

The challenges faced by children on the autism spectrum are varied within the areas of social interaction, communication and repetitive or restrictive behavior. This article will focus on intervention recommendations made by the National Research Council Committee on Educational Interventions after reviewing the research literature addressing effective intervention techniques for children on the autism spectrum. The incorporation of these recommendations into clinical practice and into the home environments will be highlighted as well, with comments from a family who has successfully integrated music therapy techniques into their home.

The National Research Council (2001) recommends that intervention interactions should teach functional skills in a conventional, non-threatening environment with natural reward systems, which is attainable for music therapists working with children who enjoy music. Engaging in music making is a naturally occurring reward for many children, and serves as a motivator for using language, socializing, and playing instruments in functional and appropriate ways.



Watch *Motivation to Communicate*

Determining the appropriate intervention techniques for each child is an individualized process that involves input from all treatment team members and must include family members (Lord & McGee, 2001). Parents are not the only meaningful participants in the therapeutic process, however; peers need to be present to aid in clients generalizing skills to peer settings (Bartak & Rutter, 1973).

How do music therapists incorporate peers and family members into the therapeutic process? One option is to restructure the therapeutic session of individualized services into group sessions with peers and family members present. The addition of peers and family members provides many natural and meaningful situations for communication to

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occur. Conducting music therapy sessions in the home environment with siblings or family friends is another option. This is the method utilized for this article.

The importance of setting up the environment to allow maximum involvement from the child is paramount when providing intervention in the home. Choosing the room or space within a room to conduct the music therapy session can greatly impact the amount of involvement from all group members. When interventions happen in the home environment, the motivation to communicate is naturalized and is easily replicated after the therapy session ends.



Watch *Motivated by Guitar*

The recommended meaningful outcome measures for children are 1) making gains in initiating spontaneous communication while involved in a functional activity and, 2) generalizing those gains across activities in which they are involved, people with whom they are interacting, and different environments in which they find themselves (Lord & McGee, 2001). If children can successfully show these gains, their ability to communicate and socialize effectively will more often result in reciprocal interactions and joint engagements with others. There are specific strategies that have been empirically found to support initiation and generalization of skills (Hwang & Hughes, 2000; Koegel, 1995; McGee, 1999).

Arranging the environment can serve as a prompt or a cue to initiate social interaction. Music therapists have the advantage of being able to place favorite instruments or manipulatives out of reach to encourage children to communicate their desire for the object. Immediately imitating a child's actions is called *contingent imitation* and is naturally built into many music games and songs. Children are reinforced for actions and emotions shared when they are imitated. Utilizing a *time delay* after providing a stimulus will encourage children to respond before the therapist gives a verbal prompt to a child. Finally, *natural reinforcers* have the ability to structure the entire interaction around objects and events that children desire thus increasing their motivation to be engaged and

interact in meaningful ways. Because music is naturally reinforcing for most children, the music used within sessions is able to structure the interaction to engage children in more meaningful ways. A child is actively engaged if he/she is oriented to the social stimuli presented in a productive activity while staying well regulated without becoming upset or over stimulated. Usually for this to occur, an adult or child partner provides balance and support during the interaction and creates enough demand for the child to find the interaction interesting.

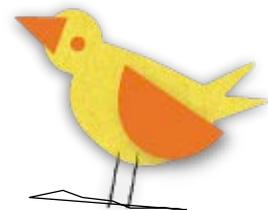


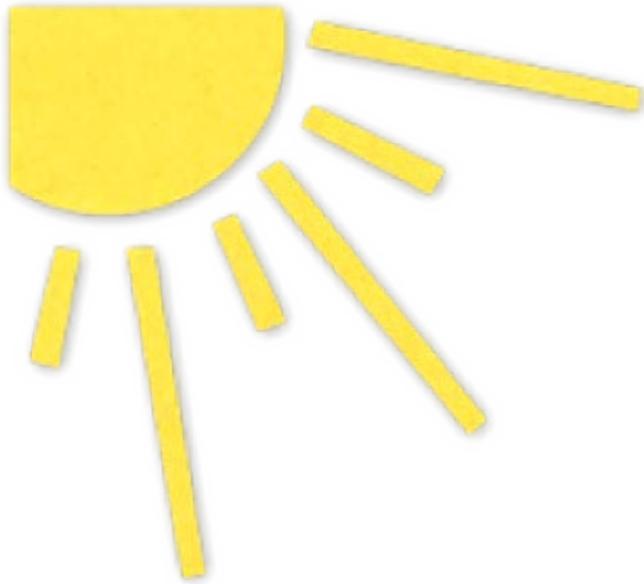
Watch *Transition Within Activity*

The National Research Council (2001) recommends specific activity structures and supports to increase active engagement during interactions. Activities that have a *clear beginning, middle, and end* have been found to be successful in engaging children. Music therapists commonly use interaction techniques that display a distinct beginning and ending. The chord structures of songs naturally follow this progression and are predictable for children who need cues for when a song is ending.

Predictability within and across activities is another structure that is important for successful engagement. Music therapists can structure the progression of songs within sessions to be similar between visits to aid children in predicting what will happen during the session time (for example, hello and good-bye songs, instrument play, and imaginary play with hand motions).

This featured article is available as a full multimedia article on the *imagine* website.





Incorporating activities that have *clear roles for child and partner with balance of turns* is also recommended. For example, call and response songs provide a clear role of “leader” and “follower” and can alternate between child/partner/therapist. Many music activities incorporate this into the structure of the song, or can be easily modified to cue turn taking with instrument play or singing.

Activities that promote *joint focus of attention and joint interaction* as well as *repeated and varied opportunities for language learning* are recommended. Music therapists are able to select music interventions that incorporate joint attention/engagement and language learning for every music intervention provided in sessions. It is encouraging to note that the activity structures recommended by the National Research Council can naturally occur in the therapeutic interventions provided by music therapists working this client population.



Watch *Music as Communication*

When providing intervention for children on the autism spectrum, encouraging spontaneous communication during social activities where play skills utilizing appropriate use of toys occurs is a priority (Lord & McGee, 2001). Most preschools, kindergartens and elementary schools still provide music time where all children engage in making music together. Many music therapists in early childhood settings focus on social, movement, cognitive, and communication goals when providing interventions for young children. Children on the autism spectrum can engage in social interactions while playing instruments appropriately with their peers. Songs can be structured to allow spontaneous communication that is appropriate to the social music group setting (e.g., singing songs that incorporate greeting new

friends or waiting patiently for turn taking). Music therapists working in the early childhood setting can focus on intervention strategies that facilitate generalizing cognitive and social goals into children’s natural environments. Additionally music therapists can create positive approaches for problem behaviors that children exhibit. Music can provide the structure for very smooth transitions when a child typically might become dysregulated.



Watch *Routine*

Developmental approaches for providing interventions focus on naturalistic teaching strategies. This requires interventions to be provided in natural environments. While many clinicians use a clinical setting to provide intervention services, the developmental framework suggests that skills acquired by children in the clinical setting may not generalize to other settings as quickly or easily as if they were learned in a natural environment. Another guideline within the developmental framework is to use a family-guided approach to address the needs and concerns of the family unit. Families are able to articulate their priorities for their child’s development, and can provide very useful and important information about challenges their child faces outside of the therapeutic interaction with the music therapist.

The impact of involving families into the intervention sessions is long lasting. Parents are able to positively impact their child’s joint attention skills and language skills through engaging in higher levels of synchronization during play when their child is preschool-aged. Children with Autism Spectrum Disorder were followed and found to have better joint attention skills a year after the parent play behaviors were observed with their preschooler. Additionally, the children had better language outcomes when evaluated 10 years and 16 years after the play observation (Siller & Sigman, 2002). This was attributed to the parent’s ability to respond verbally to their child’s attentional focus without interrupting the ongoing toy engagement. Allowing the child to remain engaged in their toy play was important. This is one area of parent education that music therapists can help facilitate by modeling responses to children’s attentional focus while continuing the activity within sessions.



Watch *Music in the Home*

Children who frequently become dysregulated or show problem behaviors may benefit from incorporating music as structure into their home routines. Having predictability between home activities and musical cues for transitions provides the support structure many children need to stay regulated. Parents are able to continue the intervention strategies utilized within music therapy sessions between visits.

Empowering parents to incorporate music into their daily routines may have lasting impacts on children who need support structures throughout the day. Many parents feel they are not musically talented enough to sing to their children at home. By incorporating the parent and siblings into music therapy sessions, the parent will learn the songs used and the techniques for actively engaging their child.



Watch *Music Ideas from Music Therapy*

When children receive music therapy interventions in the home environment, they are able to learn skills in a natural environment that do not require generalization from a clinic setting to the home. Simply changing the location of the session can enhance their skill development greatly. Involving siblings and other peers in music therapy sessions not only provides appropriate peer modeling for communication and social skills, but also gives socially appropriate ways for interacting through music. Peers and siblings will have more interaction tools ready to use when engaging with each other after participating in music therapy sessions.



Watch *Love of Music*

Due to the inherent structure present in the interventions they provide, music therapists have the ability to naturally incorporate the recommendations of the Committee on Educational Interventions from the National Research Council. To help children make the greatest possible gains over time, equipping families with the tools to continue the interventions on their own is a valuable and needed strategy. Music therapists can empower families to utilize music in the home and during difficult transition times outside of the home, thereby providing supportive structures for their children.



Watch *Parent Image*

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Resources

- <http://firstwords.fsu.edu/ASDglossary/ASDabout.html>
- <http://firstwords.fsu.edu/flags.html>
- <http://firstwords.fsu.edu/presentations.html>

About the Author

Dr. Darcy Walworth is the Program Director of the FSU/IRCC Partnership for Music Therapy program. She actively researches the effects of music therapy in medical and early childhood settings with emphasis in medical procedural support, autism treatment, and developmental outcomes of premature infants. She has published in music therapy and nursing journals and has presented papers at regional, national, and international conferences.



research

Developments in Research at the Nordoff-Robbins Center for Music Therapy

Nina Guerrero, M.A., MT-BC, LCAT, NRMT

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Since its establishment at the Steinhardt School of Culture, Education, and Human Development at New York University in 1989, the Nordoff-Robbins Center for Music Therapy has pioneered research methods to study developmental processes in music therapy. An extensive body of qualitative studies published by Nordoff-Robbins therapists has been a leading force in the evolution of theory and clinical techniques in the field of music therapy internationally. Recent efforts at the Center have expanded the research program to include quantitative methods for investigating the effects of music therapy. Vital to this expansion is collaboration with outreach sites—particularly centers for early intervention and early childhood special education—which will allow us to examine music therapy outcomes that can be reliably rated by different observers across a variety of settings, and to identify the music therapy processes that produce these outcomes. Collaboration with other disciplines is essential to our conceptualizing the therapy outcomes to be measured in various domains of human development.

The Nordoff-Robbins approach to music therapy utilizes both improvised and pre-composed music. Aspects of clients' self-presentation and physical and emotional presence are reflected in the therapist's music as a means of engaging them. Following a client's initiative, the therapist musically joins in with the client and thus invites the client to enter into creative musical interaction, both instrumental and vocal. Within this musical interaction, the therapeutic relationship develops, and clinical goals are addressed in such domains as cognition, receptive and expressive communication, emotional awareness and expression, social interaction, and gross and fine motor functioning (Nordoff & Robbins, 2007/1977). We are attempting to study this therapeutic process systematically in terms of observable behaviors on the parts of both clients and therapists, and to quantify the effects of therapy in a manner appropriate to its complex, dynamic qualities of musical and interpersonal exchange.

Current research projects at the Center investigate the effects of Nordoff-Robbins music therapy on the communication and social interaction abilities of young children with developmental delays, particularly autism spectrum disorders (ASD). Communication and social interaction, which are among the core areas of difficulty in ASD, may be cultivated through the medium of music with its range and depth of expressive qualities and dynamic form. Our research involves three major components: 1) development of a manual and training protocol for the implementation of Nordoff-Robbins music therapy in early childhood special education and early intervention settings, 2) development and validation of observation instruments for studying children's communication and social interaction, and for studying therapists' intervention strategies, and 3) implementation of efficacy studies.

Development of a Treatment Manual

Although Nordoff-Robbins music therapy has become internationally renowned in the fifty years since the initial collaboration of Paul Nordoff and Clive Robbins, it has yet to undergo the process of "manualization" for treatment of a target population. Our manualization project entails developing a curriculum and procedures for training music therapists to implement Nordoff-Robbins music therapy in special-needs preschools, drawing upon published Nordoff-Robbins materials and the long-standing advanced training program at the Center. Creating a curriculum that can be systematically implemented is an essential step toward quantitatively investigating the effects of music therapy, and ultimately toward making evidence-based music therapy services widely available to young children with ASD and other developmental delays.

We plan to undertake a three-year project of manualization. In the first year of the project, we will develop relationships with six preschools providing special education and early intervention services in the New York City metropolitan area. We will conduct a needs assessment and program feasibility study to design a program that optimally complements and supports the existing educational and therapeutic services at each school. During the latter half of the year, senior members of the Nordoff-Robbins staff will begin providing music therapy at the schools. Preliminary versions of a curriculum and fidelity of implementation measure will be created through an iterative process involving review of existing Nordoff-Robbins case studies and training materials, incorporation of treatment goals and program specifications generated by the needs assessment and feasibility study, and observation of senior Nordoff-Robbins music therapists at the schools. The curriculum will be organized in terms of goals and intervention strategies for developing children's communication and social interaction abilities at different stages of therapy.



In the second year, the curriculum and fidelity of implementation measure will be field tested with a group of music therapists who have no prior training in the Nordoff-Robbins approach. This group will be trained via the curriculum to provide music therapy at participating schools. They will receive ongoing supervision by the senior Nordoff-Robbins therapists, and their videotaped sessions will be monitored using the fidelity of implementation measure. The curriculum and fidelity measure will be iteratively revised during the second year on the basis of trainees' performance at different stages in the course of therapy.

In the third and final year of the project, the revised curriculum and fidelity measure will be used in training a new group of music therapists at participating schools. A pilot study will be conducted at the schools to investigate effects of the music therapy program on children's communication and social interaction skills, both in music therapy sessions and in the classroom. The curriculum and fidelity measure will be revised during the third year based on findings of the pilot study.

The materials and procedures resulting from this manualization project can be subsequently adapted for implementation in diverse settings, including medical facilities and community mental health centers, thereby expanding the scope of Nordoff-Robbins clinical practice and research.

Development of Measurement Instruments

Music Therapy Communication and Social Interaction Scale

The Music Therapy Communication and Social Interaction Scale (MTCSI—Hummel-Rossi et al., 2008) has been developed at the Nordoff-Robbins Center to rate children's communication and social interaction behaviors as observed during music therapy sessions. Coding requires close analysis of videotaped sessions, with categories including children's simultaneous participation in musical or other expressive activity with the therapists or peers; turn-taking; reciprocal verbal exchange and reciprocal musical exchange; communication of affect via facial expression, gesture, movement, and touch; and other indicators of children's response to or initiation of communication and interaction. Created by an interdisciplinary research team of psychologists and music therapists at the Center, the MTCSI is intended for use by trained observers from various disciplines, including creative arts therapists, psychologists, educators, and speech, occupational, and physical therapists.

Therapist Intervention Strategy Assessment

In the manualization project described above, we will create an instrument to measure fidelity of implementation of the curriculum: the Therapist Intervention Strategy Assessment (TISA). Over the three-year course of the project, the TISA will be progressively refined on the basis of detailed study of



videotaped sessions conducted by senior therapists and trainees at participating preschools. The TISA will focus on the particular intervention strategies employed by therapists to elicit and support children's communication and social interaction behaviors at different stages of therapy, including intervention strategies to promote

turn-taking, reciprocal verbal communication, and reciprocal musical communication.

Reflections on Selected Efficacy Studies

Past research on outcomes of music therapy for children with developmental delays has sometimes been conducted through case studies (e.g., Aigen, 1997, 1998; Ansdell et al., 2004; Bruscia, 1991). Some quantitative investigations have been limited by small samples and have tended to focus on narrowly defined target behaviors, using prescriptive short-term behavioral interventions (Accordino et al., 2007; Wigram & Gold, 2006). Nonetheless, a comprehensive review (Whipple, 2003) found a variety of beneficial effects of music in the treatment of children and adolescents with ASD across 29 American studies with varying treatment approaches. In a small subset of these studies which met criteria for quantitative meta-analysis (Whipple, 2004), therapy utilizing music was found to have relatively high effects on social, communicative and cognitive skills, across a variety of treatment designs, treatment approaches, subject age ranges, and types of music employed. In general, there remains a need for more experimental studies of a broad scope, which examine in greater depth the effects of music therapy in such domains as communication and social interaction.

Effects of Music Therapy on Communication and Social Interaction

During the academic year 2008-2009, we collected field data for a pilot efficacy study at *These Our Treasures School (TOTS)*, a therapeutic preschool in the southeast Bronx. Participants were 36 children, 2 through 5 years of age, diagnosed with ASD and other developmental delays. We employed a lagged-cohort control group design, in which approximately half of the children received music therapy in the fall only, and half in the spring only. We administered the Vineland Adaptive Behavior Scales, 2nd Ed. (Vineland-II—Sparrow et al., 2005) to the parents and teachers of all

children in the study at the beginning, middle, and end of the academic year. Additionally, in both fall and spring semesters, music therapy sessions were videotaped at the beginning, middle, and end of therapy, and the MTCSI was used to rate each child's communication and social interaction as observed in the videotaped sessions.

Data analysis, in progress, examines developments in communication and social interaction as measured on the Vineland-II over the course of the fall semester for children who received music therapy during that time (the experimental group), as compared with the children whose therapy had yet to begin (the control group). In addition, we will examine changes in communication and social interaction scores on the MTCSI over the course of music therapy for all participants. Correlations between MTCSI and Vineland-II score profiles will be analyzed. Preliminary findings indicate strong correlations between scores on the MTCSI and on key domains of the Vineland-II. These correlations are particularly robust for the subgroup of children in the sample diagnosed with ASD.

Effects of Music Therapy on Mirroring

Another current project aims to investigate possible effects of music therapy on behaviors, which may be indicative of mirror neuron activity in young children with ASD who have received music therapy at the Center. An important mechanism underlying the development of communication and social interaction is individuals' implicit ability to reflect or "mirror" each other's actions and expression. Various teams of investigators have located neurological mechanisms for the mirroring of gestures, language, and emotions—which they have termed "mirror neurons"—distributed across areas of both hemispheres of the brain. They have demonstrated that the faculty for mirroring is compromised in children with ASD (Rizzolatti et al., 2006; Ramachandran & Oberman, 2006). Shared music-making may provide a means to cultivate experiences of mirroring (Koelsch, 2009; Overy & Molnar-Szakacs, 2009); collaborative improvisation, in particular, encourages mutual matching and inter-responsiveness. Using select categories of the MTCSI, we will explore possible changes in behaviors involving musical and interpersonal mirroring in children with ASD over the course of music therapy. We hope to collaborate in the future with neuroscientists who have the capabilities for physiological monitoring of developments in children's mirror neuron activity.

Future Efficacy Studies

Through future on-site research and field studies at outreach sites, we will continue to investigate the efficacy of Nordoff-Robbins music therapy in enhancing the development of receptive and expressive communication in young children, including both verbal and non-verbal communication. We will examine effects of music therapy on such dynamics of non-verbal communication as joint attention, synchronicity and reciprocity, shared affect, and turn-taking. We will also design instruments and methods to study music therapy outcomes with

respect to cognitive and behavioral flexibility, emotional awareness and self-regulation, and sensory integration.

Dissemination and Collaboration

Presentations concerning recent developments in research at the Nordoff-Robbins Center have been well received by interdisciplinary audiences at annual conventions of the New York State Council on Exceptional Children, and Child Life of Greater New York. Forthcoming presentations will be given at a meeting of the Northeast Music Cognition Group at Yale University, and an international conference on autism and the creative arts at Hunter College, New York City.

In order to develop a battery of psychosocial and neurological measures to study in depth the effects of music therapy in such areas as communication, interaction, and mirror neuron activity, the Center seeks to establish collaborations with researchers in various fields. Possible collaborators include child development research centers, behavioral neuroscience institutes, family and children's mental health programs, and developmental pediatric practices.

Our continuing research partnership with TOTS and newly established relationships with other preschools for children with special needs will form the basis for a future multi-site collaborative study. Outcomes of this quantitative research will enhance clinical practice, and will augment the strong tradition of qualitative research in Nordoff-Robbins music therapy and the vast accumulation of parents' anecdotal reports regarding successful outcomes of their children's therapy.

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Building a Sound Foundation: Music Therapy Helps Children Identify Letters and Connect Them with Their Sounds

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One of my favorite things about working in an early childhood setting is walking into a classroom and hearing music that is either generated by the teacher and staff or, better still, by the children themselves. Music is such an effective tool for learning and practicing skills and information.

Many music therapists, music educators and early childhood educators have witnessed, in an informal manner, the influence that music can have on children's acquisition and mastery of literacy skills. In an effort to determine more specific effects as well as the type and amount of music necessary to effect lasting change, I was able to spend an entire school year working with six early intervention classes to investigate the effects of various music interventions and applications. The specific purpose of this study was to investigate the use of music to support early literacy learning in the early intervention classroom by designing and implementing music interventions to specifically teach and practice early literacy skills. In addition, the study compares student's test scores in this condition with those of student's in a "no music" and "music for recreation and music learning" conditions.



music for literacy learning. In the spring semester, the type of music contact was adjusted among the groups. The no music group received music for recreation and music learning and the remaining two groups received music for literacy learning. All groups met one time per week for a total of fifteen weeks, with sessions lasting approximately 30-40 minutes each.

Children in this study were enrolled in a public school setting that contained nine Early Intervention classrooms. Six intact classes were randomly assigned to one of three conditions after controlling across treatment conditions for 1) the number of students with Emerging Bilingual needs in the class and 2) the amount of experience that each teacher has teaching Pre-Kindergarten children. There were 24 children in the group that began the year as the no-contact control group. Group two (33 children) began the year with music for recreation and music learning and group three (30 children) began the year with music specifically designed to teach literacy skills.

During the fall semester, groups were defined as 1) no music, 2) music for recreation and music learning and 3)

The music activities or interventions planned for each group varied depending on the goal for that group. For example, music activities for the classes that received recreation and music learning did not include any children's books, manipulatives or visual materials with letters or words. In contrast, interventions included in the music for literacy skill sessions were constructed to include a wide variety of pre-literacy skills including, but not limited to, letter naming, book concepts and initial sound fluency. Incorporating multiple activities or interventions over the course of each session provided opportunities for each child to contribute and to excel in various ways. This also created an inclusive environment in which all children were able to find some meaningful way to contribute and participate successfully. Additionally, a variety of instruments, recordings and visual aides or

manipulatives were used in order to facilitate interaction with the academic material. Two-dimensional visual aides, puppets, props, and instruments accompanied print material to support student learning.

A total of 15 different session plans were implemented over the course of each semester for each treatment group with groups occurring once a week. Each plan presented new material and, as the semester progressed, revisited previously introduced interventions for review and practice. Session plans were organized to present and extend relevant material over a number of sessions.

The multi-sensory nature of these sessions was designed to provide numerous opportunities for students to be successful and to connect with the material regardless of their present level of literacy learning. Additionally, this curriculum sought to create a love and enjoyment of literature that entices the student to pursue further literacy-based learning in both traditional and artistic ways.

Children were pre-tested at the beginning of the semester, prior to any music involvement, using two subtests of the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) test. The DIBELS test is a widely used, standardized measure designed for benchmark assessment as well as student progress and is currently being used in the local public school system. The two subtests used for this study included 1) Letter Naming Fluency and 2) Initial Sounds

Fluency. Each test was timed and administered individually. Following the pre-test and the start of music interventions or activities, early literacy skills were evaluated again at the mid-year point (December) prior to the winter break and again at the end of the school year (early May).

The Letter Naming Fluency portion of the DIBELS consists of a page of upper- and lower-case letters arranged in random order in 11 rows of 10 letters each. Subjects are asked to name as many letters as they can in one minute. Subjects are given one point per letter for each letter named correctly.

The Initial Sounds Fluency portion of the DIBELS is designed to assess a subject's ability to "recognize and produce the initial sound in an orally presented word." The test administrator points to each picture on the page (four per page) and states the name of the picture clearly and then asks the child four questions about the starting sounds of the words on that page. For example, "Which picture starts with the sound k?" There are four pages of pictures (sixteen questions) and students are given 1-point for each correct answer. The amount of time it takes for the subject to answer is recorded using a stopwatch. The total number of correct answers is then multiplied by sixty and divided by the total number of seconds that it took the child to answer all questions to calculate the "correct initial sounds per minute." Both the Letter Naming and Initial Sounds Fluency portions are

developmentally appropriate for children during the Pre-Kindergarten year and were utilized as Benchmark scores for the local school district.

Though all groups made gains in their ability to identify letter sounds via the Initial Sounds Fluency sub-test, scores for the group of children that received music to teach reading for the entire year made more significant gains than their peers. Because the DIBELS test assesses aural/verbal skills of subjects and their ability to distinguish sound, these findings indicate a need for further investigation regarding the effects of music on this area of literacy learning. Additional research that focuses on heightened arousal and attention that occurs with the use of music would prove helpful in this particular cause. It remains unclear what specific music elements, manipulatives, visual aids or activities, directly effect children's responses and engagement in a group setting. However, the idea that the elements of aural learning involved in both music



Food for Thought

- 1. Homework:** Give the classroom teacher something to repeat throughout the week between session times. Provide specific, written instructions and, when possible, provide the materials needed to carry it out.
- 2. What's the Point?:** Be sure that your interventions target the skill or skills that you are working on. Ask yourself if the musical task in which you are asking students to engage meets your intended goal.
- 3. Transfer is Key:** Anytime that you can have the children take the information that they learned **IN THE GROUP** and use it **OUTSIDE THE GROUP** is ideal. For example, if I am working with a music based letter naming intervention and the child is consistently and confidently able to complete the task, I may ask them to look around their classroom and find that same letter somewhere else.
- 4. Document:** While test scores and benchmarks can be important, do not underestimate the power of changes that you are able to observe and document in a child's literacy, language, social, emotional and relational behaviors. Test scores don't always tell the whole story. Write down any anecdotal stories or information that make learning and growth visible and serve to document the work that you do.

and literacy learning are evident in the outcomes of this, and other studies. Though there were significant differences between groups for the Initial Sounds Fluency measure, groups that did not perform as well on the test showed a marked increase in their ability to discriminate letter sounds over the second half of the school year.

This focus on aural learning supports the need for learning environments that are focused on high-quality, language-rich interactions. The use of singing, storytelling and other positive forms of verbal interaction shape the way children look at and interact with their environment. Music provides a natural way to support this kind of learning environment in a structured, but creative manner. The interventions utilized in this study nurture these emerging skills and provide a cueing system for practicing these skills that may not be readily available in a more general play environment.

The test scores for each of the treatment conditions on the Letter Naming portion of the DIBELS test also indicated a great deal of growth over time, particularly in the group that received music for reading all year. However, the gains on this particular measure were not as prominent as for Initial Sound Fluency. Additionally, standard deviations for this measure were high, indicating that learning was not uniform among participants. Letter naming is a skill that was practiced repeatedly in the music sessions. Additionally, some of the interventions were adopted by the teachers and used by the classroom teacher when the music therapist was not there.

It should be noted that this skill is one that is typically expected by the end of the Kindergarten year. With an increasing pressure for "school readiness," there is an inclination for administrators and officials to focus solely on Benchmark test scores rather than on the individual achievement of each child. The fact that children made gains at all in this area

indicates that they are going into the Kindergarten year with some understanding of the material covered in that year. This is developmentally appropriate for a typically developing five-year-old child.

Music has the capacity to convey all types of information in a manner that is active, inclusive and engaging. Children of all ability levels are able to learn and practice new information in a way that maximizes their capabilities and is fun. The use of music to support literacy learning is intended to augment the other literacy-based activities that occur in the classroom. By utilizing a multi-sensory approach to teaching and reinforcing essential early literacy skill, we are helping children practice and utilize these skills in a way that is meaningful and engaging.

Literacy is perhaps the most essential skill that an individual can master. By creating opportunities for children to have positive, meaningful interactions with literacy at an early age, we are setting the stage for additional success and a love of reading. Additionally, we are fostering a love and appreciation of music and the enjoyment that it provides.

About the Author



Dena Register teaches music therapy at the University of Kansas. She presents nationally and internationally on her work and research in early intervention and literacy skill

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2010 AMTA Conference: Rock Out of the Past and Roll into the Future

Amy Furman, M.M., RMT
AMTA Vice President and Conference
Program Chair

The 12th Annual AMTA conference in Cleveland, OH will be Celebrating 60 years of music therapy as we *Rock out of the Past and Roll into the Future* with Music Therapy. There will be many opportunities to learn about and expand your skills in the area of early childhood music therapy. Here is a selection of the early childhood events at the 2010 annual AMTA conference in November 2010:

Institute

- ☀ Music Therapy in Literacy Learning: Addressing Functional Outcomes and Advocacy chaired by Dena Register, Ph.D., MT-BC Wednesday, November 17, 2010 from 3:30 – 10:30 p.m.

Pre-conference Training

- ☀ NICU Music Therapy with Jayne M. Standley, PhD, NICU-MT, MT-BC, Andrea Cevasco, PhD, NICU-MT, MT-BC Darcy Walworth, PhD, NICU-MT, MT-BC, Olivia Swedberg, MM, NICU-MT, MT-BC, Miriam Hillmer, MME, MT-BC, Judy Nguyen Engel, MM, NICU-MT, MT-BC Wednesday, November 17, 2010 from 9:00 a.m. – 6:00 p.m.

CMTEs

- ☀ Say What You Sing: Using MT and SLP Collaboration and Co-Treatment to Facilitate Speech-Language Acquisition in Children
- ☀ Developmental Music Therapy Interventions for Infants and Toddlers: Evidence Based Practices and Recommendations
- ☀ No MT Left Behind: MT-MRB School Music Therapy Assessment and IEP Training
- ☀ Reunifying Families in Crisis through Music Therapy and Music Together

Concurrent Sessions

- ☀ Responses to Infant-Directed Singing in Infants of Depressed and Non-Depressed Mothers
- ☀ We're All in this Together: Collaborative Care in a Pediatric Hospital Setting
- ☀ Collaboration of Music and Speech Therapies with Pediatric Patients with Cochlear Implants
- ☀ Thinking Outside the Box; Combining Music and Play to Promote Cognitive Development
- ☀ Importance of Music and Movement for Infants and Toddlers with Special Needs
- ☀ Influence of music classes on language development of 3-4 year old children
- ☀ Using Music Therapy to Promote Bonding During End-of-Life Care of Infants
- ☀ Orff-Based Music Therapy with Children in a Mental Health Setting
- ☀ Music Therapy in the Pediatric Intensive Care Units

- ☀ The Role of Music Therapy in Interdisciplinary Pediatric Palliative Care
- ☀ A Music Therapy and Child Life Collaboration with the Neonatal Abstinence Syndrome Population: Research from Clinical Perspective
- ☀ Kids Rock Cancer – You Can Too!
- ☀ Ready, Set, Go! Music Therapy Experiences for Young Children
- ☀ Inclusion 2010: Applying the DEC Definition to Early Childhood Music Therapy
- ☀ Art is Education: Music Therapy and Arts Integration in the Public School
- ☀ Pediatric Palliative Care: Case Studies in Collaborative Care
- ☀ Principles of Social Skills Training: Applications for Music Therapy with Children with Disabilities
- ☀ Supporting Families to Support Children with Life Threatening Illness: A Musical Search for Evidence
- ☀ Integrated Practice: The Experience of the Dual-Certified Music Therapist/Child Life Specialist
- ☀ Intervention Reporting in Music Therapy for Children with Autism Spectrum Disorder
- ☀ Sound Experiences in Early Childhood Music
- ☀ Creative Legacy: Music and Art Therapy in Pediatric Palliative Care
- ☀ Imagine: Sharing Perspectives and Ideas for AMTA's New Early Childhood Online Magazine Roundtable





New Horizons: Music Therapy in the Neonatal Intensive Care Unit

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More than half a million babies a year, or 12.8 percent, are born prematurely in the United States. These babies face serious health issues such as breathing problems and, in some cases, death. After birth, most premature infants will be placed in a neonatal intensive care unit (NICU) where specially trained medical staff and equipment can care for the many medical problems that these babies face. There are also risks of lasting disabilities such as cerebral palsy, lung issues, vision and/or hearing loss, learning and behavioral problems. The earlier a baby is born, the greater the risk is for serious complications. However, there have been many advances in the care of premature infants that improve the chances of survival for even the tiniest babies. Among these advances, music therapy is proving to be an effective intervention for helping premature infants tolerate the world around them. Furthermore, music therapy may lead to faster development and a decreased length of stay in the NICU.

Over the past ten years, interest in the use of music and music interventions to affect the development of premature infants has grown considerably. Through years of research, music therapy pioneers, such as Dr. Jayne Standley from Florida State University, have shown that specific music therapy interventions have a significant impact on premature infants in the NICU. Not only are music therapists seeing the benefits, but clinicians and administrators are becoming more aware of the cost-saving benefits of having a NICU music therapy program within a medical setting. There is now a NICU MT certification available through the National Institute for Infant and Child Medical Music Therapy that offers specialized training for providing music therapy clinical services in the NICU. These NICU music therapists are helping to solidify and expand this growing area of music therapy.

There currently are many NICU music therapy programs at medical facilities throughout the United States. At the Walt Disney Pavilion at Florida Hospital for Children, the NICU MT program was implemented four years ago and was the first program to receive reimbursement for music therapy services in the NICU. There are four evidence-based interventions that are used: multimodal stimulation, PAL (pacifier activated lullaby), auditory stimulation, and parent education and training.

Multimodal stimulation is a music therapy intervention used to increase tolerance to the NICU environment and facilitate neurological development. An infant who is appropriate for this treatment must be 32 weeks corrected gestational age (CGA) and ready for minimal levels of stimulation. Multimodal stimulation consists of layering various types of stimulation over a period of 20 minutes. Infants are swaddled and sung live lullaby music for 30 seconds. If there are no signs of overstimulation, a pattern of cephalocaudal/proximal distal touching is added followed by vestibular stimulation or rocking. Visual stimulation is also implemented as eye contact is made throughout the entire treatment. Pleasure responses such as prolonged eye contact, smiling and snuggling are reinforced. Research has shown that premature infants who receive multimodal stimulation leave the hospital 10-12 days sooner for girls and 2 days for boys (Standley, 1998). Other benefits are increased oxygen saturation rates and weight gain.

Many parents feel that when their baby is admitted to the NICU, they do not have any control in the care of their baby and sometimes are even hesitant to interact with their child due to the baby's fragile state. Through parent education and

training, music therapy is helping parents of premature infants gain a sense of control over their child's care and developmental process. Parents are taught the music and multimodal stimulation progression as well as positive and negative signs of overstimulation. Whipple (2000) found that parents who were taught this procedure came to visit their child more often, felt empowered to enhance their child's development and had more appropriate parent interactions; in addition, their infants exhibited fewer stress behaviors.

For babies whose corrected gestational age is between 28-32 weeks and/or have multiple medical problems, live lullaby singing at the bedside can be very beneficial. Many of these infants are born with respiratory issues such as respiratory distress syndrome and bronchopulmonary dysplasia, which requires oxygen support from a machine like a ventilator or nasal CPAP 24 hours a day. Simply singing to one of these premature infants can offer many positive benefits. Cassidy and Standley (1995) found that premature infants exposed to music listening in the isolettes displayed higher oxygen saturation levels and decreased respiration and heart rates. The music also helps to mask environmental sounds and provides a good opportunity for auditory processing and neurological development to occur.

The first and vital rhythmic reflex a baby learns in the womb is the suck, swallow, breathe reflex needed for nipple and bottle feeding. Many premature infants born before the third trimester do not possess this sucking behavior which is a precursor for non-nutritive and nutritive sucking and must be learned while in the NICU. Usually nurses will begin to offer the pacifier around 30 weeks CGA to promote NNS and then the bottle or nipple at 34 weeks. Premature infants who have not learned the suck, swallow, breathe reflex or who have a uncoordinated sucking reflex tend to be deemed "poor oral feeders" meaning that they are unable to take food by mouth or only able to take in a small amount. Feeding time is a very stressful experience for these infants characterized by low oxygen saturation levels, high respiration and heart rates and even crying or pushing the bottle out of his/her mouth. Music has been shown to be an effective intervention when used as positive reinforcement on premature infants' sucking behavior. Dr. Jayne Standley, MT-BC of Florida State University helped to create the Pacifier Activated Lullaby (PAL), which reinforces premature infants' sucking behavior. When an infant provides a suck of predetermined strength on a pressure sensitive pacifier, lullaby music of a certain length will play and reinforce the infant, motivating the infant to suck more. Standley (2003) found that infants who were deemed poor oral feeders increased their feeding rates significantly after only one trial of PAL. At Florida Hospital for Children, premature infants who have reached 34 weeks CGA and have been deemed poor oral feeders are referred for PAL usage. The PAL is administered 30-60 minutes before the bottle or nipple feeding to increase sucking endurance, motivation and feeding rate when nipping. The PAL can also be used to reduce pain perception through NNS after painful procedures such as heel sticks.

Due to the effectiveness of NICU music therapy, services are now being reimbursed at some medical facilities. The music therapy program at Florida Hospital for Children was the first program to receive reimbursement for multimodal stimulation, parent training and PAL services. The reimbursement codes used for multimodal stimulation are from a set of health and behavioral codes (CPT® codes 96150 – 96155) that involve a wide range of treatment in areas such as cognition, behavior, social, and family with individual patients and in group settings. The PAL has its own reimbursement code (92526), which is labeled swallowing/feeding treatment. Most of the insurance providers that are billed by our hospital pay for this service and as a result the hospital receives a percentage back, which is why reimbursement for NICU music therapy was approved. It is important to know that billing practices vary from state to state and some facilities may not benefit from charging for these services. However, other facilities now have also been successful charging for music therapy services. The NICU music therapy services at FHC have created enough revenue to hire another full-time music therapist. Not only can NICU MT save the hospital money by decreasing length of stay, but it also can create revenue as well as help support the program.

If you are interested in learning more about music therapy in the NICU or receiving a certification in NICU Music Therapy, please contact the National Institute for Infant and Child Medical Music Therapy at www.music.fsu.edu./Music-Research-Centers/NICUMT.com. More information can be found in:

1. *Music therapy with premature infants: Research and developmental interventions* by Jayne M. Standley, 2003.
2. *Music, medicine & miracles: How to provide medical music therapy for pediatric patients and get paid for it* by Amy Robertson, 2009.

Many music therapists have received their NICU certification and are ready to start their own program. If you are interested in starting a NICU Music Therapy program, the following page can be used as a resource for administrators and clinicians.

About the Author



Amy Robertson is music therapy supervisor and clinical training director at Florida Hospital Orlando, Florida. Her medical music therapy program is now the first program in the U.S. to receive reimbursement for inpatient music therapy services. Amy is active in music therapy research and is dedicated to promoting the field of music therapy

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A Cost-Effective Approach to NICU Music Therapy

What is Music Therapy?

Music Therapy is the prescribed use of music by a qualified person to effect positive changes in the psychological, physical, cognitive, or social functioning of individuals with health or educational problems. Music therapists have obtained degrees in music therapy and have passed the national certification exam, awarding them the credential MT-BC (music therapist-board certified). Music therapists who work in the NICU are board certified and have received additional training giving them the skills and knowledge to provide evidence-based interventions for premature infants.

NICU MT Services

The following music therapy interventions provided in the NICU are evidence-based and have been found to be significant in the care and development of premature infants:

- Multimodal Stimulation:** the process of layering auditory, tactile (massage), and vestibular (rocking) stimulation based on premature infants' responses using live lullaby music.
Goals:
 - ▶ increase tolerance to NICU environment
 - ▶ facilitate neurological growth and development
- Parent Education and Training:** Parents of NICU babies are taught the multimodal stimulation progression with music as well as appropriate bonding techniques.
Goals:
 - ▶ increase sense of control when caring for child in NICU
 - ▶ promote positive bonding experience
- Auditory Stimulation:** for premature infants between 28-32 weeks who are ready for minimal levels of stimulation.
Goals:
 - ▶ increase oxygen saturation while decreasing respiration and heart rate
 - ▶ provide opportunity for auditory processing and neurological development

- PAL (Pacifier Activated Lullaby):** medical device created from music therapy research to reinforce positive sucking behaviors in premature infants who have been deemed "poor oral feeders". It is also used to decrease pain perception after painful procedures.

Goals:

- ▶ increase sucking endurance
- ▶ increase feeding rate when nipple
- ▶ reduce pain perception through non-nutritive sucking following painful procedure

NICU music therapy has been proven effective in **decreasing length of stay up to 10-12 days, increasing weight gain, oxygen saturation levels and overall tolerance to NICU environment, giving parents a sense of empowerment in the care of their child and increasing endurance and feeding rate for poor oral feeders**, as well as for other positive outcomes.

Data supports the use of music therapy in the NICU as a cost-effective service. The benefits of hiring a board-certified NICU MT is evident by providing increased specialized clinical services and possibly saving the hospital more than \$300,000 dollars per year with every 20 babies seen. Since NICU music therapy is now a reimbursable service, it is possible that the hospital can generate enough revenue to support a part-time or even a full-time music therapy position.

Resources

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What Happens when your first NICU Patient is also Your Child? A NICU-MT Dad's Journey

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You never truly know for what your training is preparing you. It's good to have a plan, but always remember that events can and will occur that require more of you than you can plan for.

Such is the story of my daughter Bella's birth. She was born on May 27, 2009 with an extremely rare genetic disorder called Recessive Dystrophic Epidermolysis Bullosa, or RDEB. Bella does not produce the protein required to bind her skin to her body, which results in her skin blistering and peeling off with the slightest bump, rub, or touch.

As a music therapist, I prepared as best I could for the birth. First, my wife and I selected a program of relaxing music that we listened to every night while I massaged her. The plan was that during her C-section, when we played the same music, it would elicit a relaxation response. This worked extremely well with the birth of our first daughter, Ali. Second, each night, I played a birth song that I wrote for Bella to mommy's belly. I also recorded the song, and had it playing at the moment of her birth so that there would be one familiar stimulus at that very awkward transition from fetus to infant. Third, every night while my wife read bedtime stories to Ali, I played Schubert's "Ave Maria" on my classical guitar in the background so that Bella heard mommy's voice and music every night.

In addition to all this, in a move that was at first purely for professional development, I completed my NICU MT training in Orlando, FL in February 2009. It has always been my passion to use music therapy during birth and death to assist the soul in its transitions in and out of physical experience, so this training was perfect to support me in that goal. What is unusual is that the training was also taking place the weekend after Bella's birth in June, AND on the same weekend as HealthRHYTHMS training in February for which I was already registered. So, the team at the National Institute for Infant and

Child Music Therapy graciously moved up the NICU training for myself and one other colleague. I went to Florida, completed my training, and thought to myself that I would start a NICU MT program at the hospital at which I worked after I came back from family leave. Little did I know...

Within fifteen minutes of Bella's birth, I was standing next to her isolette in the NICU of our local children's hospital. Feeling helpless, and in total shock, I felt cut off from my child. I returned to my wife's room dizzy and overwhelmed, but within a few minutes of returning, I formed a plan. Drawing on a technique I learned at my first regional MT conference, I recorded my wife saying positive affirmations into my Garageband program on my MacBook. I also recorded her reading the same bedtime stories to Ali, Bella's big sister, while I played that same "Ave Maria" in the background. Then, I looped the affirmations and stories over the song so that there was about 30 minutes of Mommy, Ali, and Daddy recorded. I then published it to my iTunes, synced it up my iPod, connected my iPod to a portable mp3 player that fit nicely inside the isolette, and just like that, Bella could hear her family while "trapped" inside her isolette.

When I returned to the NICU, I had my guitar and my mp3 player in hand, and no longer felt like a helpless new parent. I was a certified NICU music therapist, and I KNEW the effect music has in the NICU not just for the patients, but also for the parents and the staff. For the next eleven days, I shared my skills not just with Bella, but with all the infants in her pod. I walked the unit playing classical guitar to the tempo of the patients' heartbeats. I even received a referral from a parent who called in to say, "If Tim is going to be here today, would he play for my child?" The medical director, the director of nursing, the neonatologists, the nurses, and parents of other patients all welcomed the presence of music into the NICU. It transformed the ambience of this most intense medical setting from sterile and chaotic to tranquil and melodic.

I always thought I would be providing NICU music therapy with a staff's badge on, not a parent's bracelet. Regardless, my training allowed me to provide for my daughter in a most unique way. By contributing to the setting, I felt like I was supporting those who worked there and returning the favor of their care for my daughter, as well as being an advocate and ambassador for music therapy in the NICU. You never know where your training will come in handy!

About the Author

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This article is also available as podcast.

practice



Sound Minds: Musical Bonding for Teens and Their Babies

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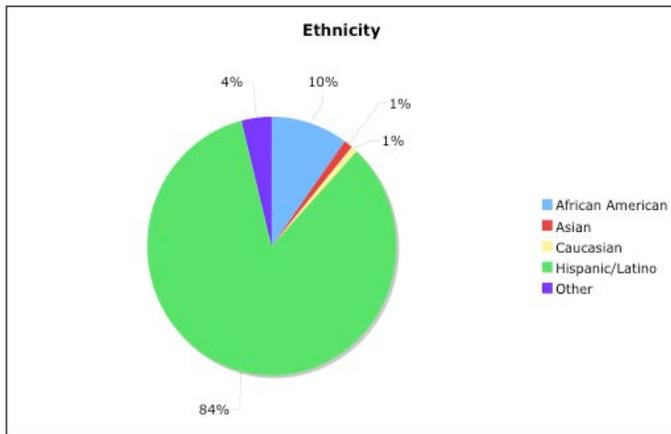
Barbara Reuer, PhD, NMT-F, MT-BC
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Resounding Joy Inc., a non-profit organization based in San Diego, provides music therapy, recreational, and supportive music services to under-served populations. Resounding Joy's *Sound Minds* is an early-intervention program which uses goal-directed music experiences to encourage and teach teen parents how to bond with their babies and increase school readiness for infants 0 to 3 years old. This program was started through an "Innovative Grant" funded by First 5 San Diego from November 2008 - January 2010 to provide music equipment and direct services twice a week for children and teens in four different schools.

First 5 San Diego utilizes state tax revenues to promote the health and wellbeing of children from the prenatal stage through five years of age. It aims to assure them access to health care, growth and development screening, dental care, obesity prevention, quality childcare and early education programs as well as family support (First 5 San Diego, 2010). First 5 San Diego's programs and services are funded through San Diego County's share of revenues from Proposition 10, an initiative approved by California voters in 1998 that taxed cigarettes and other tobacco products.

The proposed goal of the grant was to impact 110 families; however within the 14-month grant period, *Sound Minds* reached 313 families with 4494 children contacts and 2952 mother contacts of direct music therapy services. The following graph depicts the overall ethnic diversity of the *Sound Minds* program:



The Academy of American Pediatrics (2001) states:

Compared with older mothers of similar parity and socioeconomic status, adolescent mothers tend to vocalize, touch, and smile at their infants less, to be less sensitive to and accepting of their infants' behavior, and to hold less realistic developmental expectations. [...] Adolescent mothers who have more social support exhibit less anger and use less punitive methods of parenting than adolescent mothers with fewer social supports. [...] Since adolescent mothers may not be trained in appropriate stimulation techniques and may be coping with stress in their own lives, ongoing education and support by other nurturing adults is imperative to help prevent negative [outcomes] in their offspring. However, children of adolescent parents, with or without paternal involvement, remain a group at risk, with a 33% rate of school dropout, 31% incidence of depression, 16% incidence of incarceration, and a 25% risk of adolescent parenthood (pp. 430-431).

- ☀ Only one-third of teen mothers receive a high school diploma
- ☀ Nearly 80% of unmarried teen mothers end up on welfare
- ☀ The children of teenage mothers have lower birth weights, are more likely to perform poorly in school, and are at a greater risk of abuse and neglect
- ☀ The sons of teen mothers are 13% more likely to end up in prison while teen daughters are 22% more likely to become teen mothers themselves (Public Service Broadcasting, 2010).

The statistics seem overwhelming; the cycle of poverty is a difficult one to break. However, music therapy programming can be an integral component in early-intervention programs

not only for the infants of teens, but also for educating and providing musically-based tools to the teen parents. These proposed objectives of *Sound Minds* aim to produce the following outcomes:

- 1. To facilitate interactions between the parents and infants/toddlers through music in the home** – Music experiences are known to be an effective way to provide parents with a positive model of developmentally appropriate ways to interact with their child.
- 2. Increased school readiness for the infants/toddlers** – Music therapy techniques are effective in maintaining the children's interest and attention while addressing several different goals at once: improving language, motor, and social skills.
- 3. Increased use of goal-directed music experiences within the California School Age Families Education Centers** – The consistent use of these music techniques in the infant center classrooms by staff will help work towards breaking the cycle of academic failure.

On the first day at *Sound Minds*, the infant center teacher seemed skeptical and said, "We'll see if this actually works. The mommies are...pretty angry. It is nearly impossible to get them to positively interact with their babies." The teen parents are permitted by their homeroom teachers to attend music therapy twice a week with their infant(s); sessions typically lasting between 25 and 30 minutes for each class: Infants, mobile infants, and toddlers (usually about eight to ten children and their parents per session). In the event that a parent does not participate or interact with their child during the group, they are asked to leave; however with the reminder that they are welcome to attend the next session to give it another try.



It took approximately ten sessions for the teen mothers to trust and begin to take more of an active role in the session, rather than just going through the motions. The music therapists took time to study photographs to help memorize the ever-changing roster of moms and babies (usually about 50 moms and 50 children at any given time); knowing the moms' and babies' names is extremely important to them. Verbal positive reinforcement during sessions and for using music at home was a great self-esteem booster for these teens and proved to be a very well-received motivator. In fact, they began to offer anecdotal

stories about how their toddler made an empty gallon jug into a drum, how they wrote a 'naptime song,' etc. As the rapport improved, the "experienced" teen mothers became role models and leaders for the new moms in the program, creating an effective form of peer teaching. They also enjoyed learning about how music was healthy for their child's development:

My daughter exercises her little brain in music class. I love seeing her jump around, yell out, and express herself. This class helps your child's development and soothes your baby in every way. I would recommend this program because its fun to see your child grow and to learn how to interact with your child in the right ways. - Teen Mother

Session data for the program is collected through Likert scales (with pre-determined benchmarks on the 1-5 scale) before and during the music therapy sessions to monitor mothers' participation levels. In order to reach a score of "5 - full participation", teen parents must interact with their child through: singing, gentle touch, finger-play/actions, encouraging their baby, and maintaining engagement throughout session. Clinical data also is gathered for every child in the areas of language, motor, and social skills, both before and during sessions. For the one-year project, there was an increase in functionality skills during sessions compared to pre-session readings: 19% in language, 21% in motor, and 25% in social areas. Music therapists, teachers, and staff observed the correlation between the consistencies the mothers' use of music at home/participation during class which resulted in a greater improvement in their children's developmental skills.

How is Sound Minds unique compared to other available parent-child interactive music sessions?

Board-certified music therapists facilitate sessions and are trained to make developmental assessments and to adapt sessions to fit the needs of the teens and infants. The collection of detailed data displays the positive outcomes of the work being accomplished during sessions.

In addition, there are many multi-media projects developed to encourage parent-baby musical bonding at home. Music recordings of session songs, as well as instructional videos, are allocated to every teen. Monthly homework assignments

are assigned to provide ideas about using music in a variety of ways with their child (e.g., in the bath tub, on the bus, during transitions). Lastly, each teen parent completes periodic questionnaires to show if/how they are using music at home with their child.

Each of these elements plays an important role in the overall program. As of March 2010, three of the schools began receiving direct services again (once a week each), thanks to the persistence of Resounding Joy's grant writing efforts and a generous donor. Due to many requests from therapists, Resounding Joy Inc. is refining *Sound Minds* curriculum so that it can be made available to music therapists - getting music-making into the hands, hearts, and homes of these teens and their babies.



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Watch Good-bye Song

Quotes from Participants

Language

- ▶ "I sing to my baby in Spanish and English. My mom sings to him a lot, too."
- ▶ "I now can use the 'more, thank you, eat, and all done' signs with my daughter because we learned them in class. It's fun to see her use them at home."

Motor

- ▶ "We do the shaker songs at home with anything that makes a rattling sound!"
- ▶ "To keep my baby busy, we'll do *Wheels on the Bus* while riding the bus."
- ▶ "I make up songs when we go for walks about us walking."
- ▶ "I use music more now. We sing at bath time and bedtime and sometimes make up songs for fun."
- ▶ "We've started doing *Wheels on the Bus* while we brush our teeth – I say, *the wipers on the bus go swish, swish, swish* and my daughter copies that to help brush her teeth side to side and up and down."

Social

- ▶ "I saw something new in my son that when you clap and he sees you he does the same thing. He likes to copy me during music class."
- ▶ "My baby falls asleep faster when I sing to her because she gets relaxed."

Staff

- ▶ "Thank you so much for coming and sharing great songs and teaching us beautiful music! The toddlers have progressed so much since you have been with us this year. I hope the program will be back next year!"
- ▶ "You have also made a difference for me and my daughter at home because we sing all the songs together at home that we learn!"

 **Sound Minds Homework** 



Sing "*Wheels on the Bus*" with baby at least once each week
(Can you come up with new verses?)



Headphones on: A Music Listening Program for Pediatric Patients

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Disruption of Everyday Life

Children undergoing medical treatment are facing many challenges over which they have little or no control. Disruption of daily routines, being away from family and friends, medical examinations and procedures, incidence of pain, or side effects of treatments can lead to anxiety, fear, and influence the normal development of children. Besides medical treatments, various interventions are offered to children in pediatric health care facilities to prevent negative side effects of hospitalization and to support the patients' and family members' physical, cognitive, emotional, and social well-being (Wolfe & Waldon, 2009).

Pediatric Music Therapy

For many years, music therapy interventions have been effective and valid treatment options in medical health care, such as in the Intensive Care Unit (ICU), Neonatal Intensive Care Unit (NICU), Pre-, Intra-, and Post-operation, for medical and dental surgery, chronic pain management, and pediatrics (Standley, 2000).

Clinical research demonstrates that music therapy interventions have been successfully applied with pediatric patients during non-invasive medical procedures (such as Echocardiograms, Computer Tomography, Electroencephalograms, X-Rays, and Magnetic Resonance Imaging Scans) as well as invasive medical procedures (such as Intravenous Starts, and Central Line Insertions). Music therapy is used for reducing negative

side effects (such as anxiety/fear, pain, dizziness/nausea/vomiting), as well as for preventing or correcting negative impacts to children's development caused by illness or hospitalization (Standley et al., 2005; Standley & Whipple, 2003; Wolfe & Waldon, 2009).

The following are common goals and objectives of pediatric music therapy: to support relaxation, to reduce anxiety, to cope with pain, to elevate mood, to increase communication, socialization and self-expression, and to normalize the environment (Standley et al., 2005).

Music Listening

Listening to recorded music is one of several techniques (e.g., instrument play, songwriting, or musical games) utilized by music therapists when working with pediatric patients in health care facilities (Wolfe & Waldon, 2009).

Various studies have concluded that music listening interventions may reduce anxiety and stress related to medical procedures (Biley, 2000; Clark, Isaacks-Downton, & Wells et al., 2006; Lee, Chung, Chan, & Chan, 2005; Pelletier, 2004). Although some research suggests that patient preferred music has a greater effect on treatment outcomes related to anxiety and stress (Clark, Isaacks-Downton, & Wells et al., 2006), Pelletier's (2004) meta-analysis indicates that specific relaxation music has a greater effect on stress reduction than music selected by patients.

Research also demonstrates that listening to music can influence patients' perceptions of pain and other physical discomfort (AMTA, n.d., Mitchell & MacDonald, 2006; Noguchi, 2006). Patient preferred music appears to be most effective in the area of pain reduction and contributes greatly to its effectiveness (Pelletier, 2004, Megel, Houser, & Gleaves, 1998; Wolfe & Waldon, 2009).

Several studies indicate that positive changes in mood and emotional states can be evoked in patients by intentional music listening (Le Roux, Bouic, & Bester, 2007). The change in listeners' emotional states may be caused by the musical genre (Burns, Labbé, Arke et al., 2002). Culturally influenced music also may have an effect on the perception of the listener and should be considered when choosing music selections (Darrow, 2006).

Therefore, the Anouk Music Listening Program was developed and implemented.

The Anouk Music Listening Program

Last year, the Anouk Foundation, a non-profit organization based in Geneva, Switzerland looked into providing auditory supports to create a soothing environment for individuals staying in hospitals and similar settings. The Foundation had funded visual arts projects for patients and wished to expand to other forms of art experiences. For this reason, the Anouk Foundation contacted the first author of this article to develop a specific music listening program on iPods for children and teenagers undergoing medical procedures (i.e., hemodialysis treatment) in pediatric health care facilities.

After an initial onsite visit with administrative, medical, and healthcare staff at our pilot site in Geneva, Switzerland, we developed a hospital specific music listening program tailored to the selected patients' needs. The protocol adhered to the hospital's policies, medical procedures and considered staff availability.

First, we identified the following anticipated goals for the *Anouk Music Listening Program* for patients at the pediatric hemodialysis unit:

- ▶ To normalize the environment by providing a sense of

comfort and familiarity,

- ▶ To reduce environmental sounds by masking ambient hospital noises,
- ▶ To shift the perception of pain or other physical discomfort by changing the focus of attention (i.e., creating a distraction),
- ▶ To decrease anxiety and fear by increasing the level of calmness and relaxation, and
- ▶ To make time pass more quickly during the medical treatment by providing an enjoyable activity.

Second, we created a digital music library for our pilot site, which currently includes over 550 music recordings from more than 126 albums. We selected the particular music recordings based on research literature (Humpal, 1998; Pelletier, 2004; Standley, et al., 2005; Wolfe & Waldon, 2009), expert knowledge (i.e., music therapists and music educators), and an analysis of children's and teenager's music preferences within Europe and the U.S. (i.e., personal communication; Media, Top Charts, and iTunes Essentials).

Third, we developed eight customized *Anouk Playlists* in collaboration with the healthcare staff. These are categorized by:

- ▶ Age: (0-3), (4-7), (8-12), (13-17), all ages
- ▶ Language: English, French, German, Universal, and
- ▶ Mood: calm, vital

For quick access to the hospital's favorite songs (which is probably the most familiar music to the pediatric patients) or specific relaxation music, we created additional playlists. In order to support active listening intentions in young patients, we also created a customized *Surprises Playlist*, which includes animal and environmental sounds.

Fourth, we developed a two-hour Training Module (including a Training Manual) for the healthcare professionals at the pilot site enabling them to implement the *Anouk Music Listening Program* with their patients. The Training Module includes:

- ▶ An overview of the impact of music interventions in pediatric medicine and the role of music therapy,
- ▶ A protocol to identify patients' music preferences (based on the outcomes of a specifically developed *Anouk Music*



Preference Questionnaire) and to provide a rationale for a particular music selection,

- ▶ A discussion with medical staff and patients of the most beneficial application of the *Anouk Music Listening Program* during the medical procedures,
- ▶ A hands-on training on operating the customized *Anouk Playlists*, iPod uploads, headphone adjustments, and specific listening instructions, and
- ▶ An evaluation of patients' satisfaction based on the *Anouk Music Listening Survey*.

Fifth, we provided online support sessions for the pediatric healthcare onsite coordinator of the *Anouk Music Listening Program* during the first two-months of implementation.

Our hope is that the *Anouk Music Listening Program* will enrich the patients' hospital stay by providing enjoyment, relaxation, and a sense of comfort through music. Should the outcomes of this pilot project be successful, we plan to implement the *Anouk Music Listening Program* in many more pediatric hospitals in Europe and the United States.

If you are interested in offering a customized *Anouk Music Listening Program* at your pediatric facility, please contact Vanessa Radicati, co-director of the Anouk Foundation.

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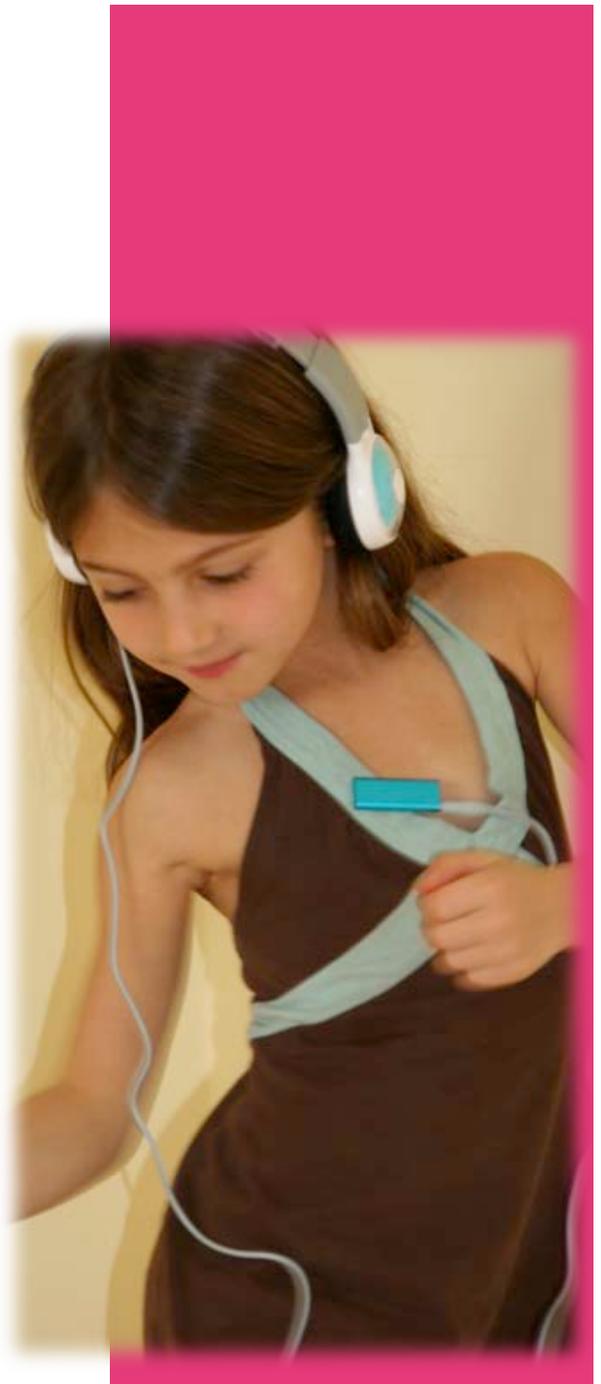
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Vanessa Radicati is the co-director of the *Anouk Foundation*, a non-profit organization established in 2008 in Geneva, Switzerland. Previously, she coordinated projects of the *Paint a Smile Foundation* in various European hospitals. Vanessa studied Politics and Sociology at University of Bristol (BSc) and Development Studies at the School of Oriental and African Studies (MSc) in

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Photograph: Circle Mat by Judy Baypungala (2004), acquired by the Queensland Art Gallery Foundation (2005).

ArtStories: Early Childhood Learning in Remote Indigenous Australian Communities

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Leonie Murrungun
Numbulwar Community Education Centre

ArtStories began as a participatory, educational research initiative investigating the impact of arts participation and education on partnership building, learning and well-being, in urban, rural and remote school communities in the Northern Territory of Australia. The study was conducted over a three-year period, from January 2006 to December 2008, using a mixed methods approach, valuing quantitative data as well as visual, spoken and written narratives. *ArtStories* has continued beyond the life of the initial funding, through on-site mentoring, professional networks, new research initiatives, resource development, strategic local employment, and the availability of increased government and social investment by the corporate and philanthropic sectors. *ArtStories* has developed into a participatory model of practice described as *intergenerational learning and involvement with the arts*, providing a framework for arts-based initiatives in education, health and community settings.

In early childhood intervention and education, the *ArtStories* model underpins an inclusive approach to arts-based teaching and learning across developmental domains and across the early years' curriculum. Praxis is paired with ongoing professional learning, peer coaching and mentoring. *ArtStories* challenges and revitalises professional practice through active engagement, participation and reflection in and through the arts. *ArtStories* builds relationships that generate creative, trusting collaborations, and dynamic learning partnerships, across gender, generation and culture. *ArtStories* connects multiple levels and layers of policy and practice that

influence the daily lives of children, families and practitioners, by contributing to language and cultural maintenance, inclusive pedagogy, quality teaching and leadership, and whole school well-being.

ArtStories four core principles describe a process of engaging and involving people in the arts, by connecting, sharing, exploring, and being inventive and open to learning. Relationships are the key.

#1: Connect people, ideas and purpose

Children and adults bring to research and practice a body of skills, knowledge and understandings. We bring our strengths, preferences, curiosities and learning goals to the arena of music-making. What we grow together moves beyond the notions of expertise and isolated content areas, and well beyond the arts.

One example is in Numbulwar, S-E Arnhemland, in Northern Australia. The community priority is to save the Wubuy language of the Nunggubuyu people. *ArtStories* brings together senior women, community linguists, teachers, and community musicians. Together we identify target language and cultural knowledge that has skipped generations of young Indigenous Australians in their region. At the local school the *ArtStories* model is embedded within the Wubuy Language Revitalisation Program, as well as the daily early childhood English literacy program. Musical experiences can be challenging, but need not be confronting, providing an

opportunity for students and their teachers to participate in meaningful tasks that demand intellectual rigor (Blight & Tait 2000). In specially composed chants and songs, the stress, rhythm, intonation and phrasing of language is enjoyed and anticipated through repetition – in both English and indigenous languages. When the rhythms of speech are matched with the syllable breakdown of new vocabulary in an oral language program, then music making can provide a safe framework for risk taking. Risk-taking is an essential element of oral language development. It takes courage to use new language in a social context (Tait et al., 2010).



Photograph by Catherine Ortion

There are two ArtStories CDs and a DVD of original songs and video narratives to teach Wubuy language and culture to children and families. All materials are created and produced by Numbulwar community members on-site, and distributed to all families in the community. These and other creative outcomes, such as publications, community exhibitions and performances form an important part of ongoing local community culture.



Watch the Hand Washing Chant

The impact of ArtStories in Numbulwar extends beyond improved learning outcomes for early childhood students in the local school. Broader impacts include: Effective inter-cultural and interdisciplinary collaborations, intergenerational transmission of language and cultural knowledge, Indigenous methods of teaching affirmed within a contemporary educational setting, and practitioners demonstrating sustained commitment to reflective practices and ongoing professional learning.

#2: Share stories of people, place and practice

Stories are heard and told in different ways

Listening and talking

Reading and writing

Painting, weaving, dancing, and singing

The ArtStories model describes relationships at all levels of participation and investment by children, practitioners, family members, researchers, managers, policy makers, and funding bodies. The arts are the currency for purposeful relationship building. Relationships are built over time through trust and respect. This culminates in reciprocity – an exchange, “both

ways” (Ober & Bat, 2008). All views are heard and valued. At any one time different perspectives and ways of seeing are fore-grounded and backgrounded, neither taking the role of being all-knowing. Without reciprocity there is no trust, and no respect (Tait, 2005; Wallace & Tait, 2006).

#3: Explore the past, the present and future possibilities

What happened before?

What is happening now?

What is possible for the future?

Some ArtStories practitioners are residents of remote communities. Others return again and again to work within a community by invitation. ArtStories practitioners don't parachute in, make a splash and then leave. Continuity of service delivery and relationship building over time, both from within and beyond the school community, reflect the participatory approach embedded within the ArtStories model.

#4: Be inventive and open to learning from unexpected connections and collaborations

Individuals, families, clan groups, communities, school systems, practitioners and academics are trusted partners in research, praxis and theory building at each site that embraces the ArtStories model. Practitioners recognize, respect and work with family members as children's “first teachers” (http://www.mceetya.edu.au/verve/_resources/IEAP_Stage_Two_Consultation_Draft_%282%29.pdf). The shared goal for practitioners and families is to contribute to early childhood learning, child development and family well-being in urban, rural and remote communities.

The capacity of all partners to be effective contributors is enhanced by the mutual recognition and exchange of specialist skills, knowledge and understandings. Acknowledging unexpected and competing priorities is the first step to finding a shared purpose. The following excerpt illustrates some of the complexity of intercultural exchange in ArtStories (Leonie Murrungun interviewed by Anja Tait, April 2008).

We teach each other's ways

We learn together

By understanding our own knowledge well we can better translate to each other

When I listen [to your way] I concentrate well before I talk I listen. I wait.

The barrier occurs when we are thinking of different things

When we each think different things are important

The music versus the language

Our language is our culture

We are revitalising and maintaining our language – our culture (Tait et al., 2010).

In schools, health clinics and community settings, the ArtStories model advocates a co-teaching or peer coaching approach, where early childhood practitioners across disciplines value

each other's professional knowledge. In the following brief narrative, teachers describe their experiences with a professional mentor, who is a practicing artist, trained teacher and school well-being officer. It is a succinct description of how the ArtStories model applies to ongoing professional learning in an early learning setting.

*Standing back watching, waiting,
Thinking, wondering ...
How am I going to do this?
Having someone who believes I can do it
Shows me how to do it
And stays with me while I try to do it
And then celebrates with me when I succeed*
(shared reflections from Ana Pethick, Tamara Wilson & Anja Tait, November 2008).

The ArtStories model continually evolves with an active professional learning community. Family members, practitioners and advocates across disciplines – education, allied health, linguistics and the arts – believe in praxis that prioritizes people, place, language and culture as core elements for improved early learning, child development and successful transitions to formal and informal education, and employment opportunities across the life span.

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Note: The content for this article is comprised of the shared ideas and extracts from a book chapter [in press] and presentations individually and jointly delivered by Anja Tait and Leonie Murrungun 2005-2010.



ArtStories is different in each setting.

*Like the woven mat ...
No matter what color we are
ArtStories is coloured by the experience, knowledge
and skills we bring.*

*The patterns of relationships we weave
The reasons we work together in this way.*

*The image of the woven mat is blurry
ArtStories is blurry too
Everyone is a learner and a teacher
There are many entry and exit points
There are many ways to do ArtStories
It is not a program*

ArtStories is a way of being involved with each other.

*ArtStories builds on what we already know and do
We value the arts for learning and wellbeing
In ArtStories we see children excited about learning, feeling
included,
and knowing that they belong
Adults feel this too
ArtStories brings people together.*

2010



Our Photo Stories 2010

Available at [http://
imagine.musictherapy.biz/
Imagine/our_photo_stories.html](http://imagine.musictherapy.biz/Imagine/our_photo_stories.html)

One section of the *imagine* website is dedicated to photo stories related to early childhood music therapy. The photo stories consist of a sequence of three pictures along with a one-sentence description of what happens in each picture during the music therapy session.

Photo stories are open for submission during the year. If you would like to contribute, please review the submission guidelines on the *imagine* website and contact us.

Photo Story #1

Therapist: Dr. Petra Kern, MT-DMtG, MT-BC, MTA, NICU-MT
Affiliation: Music Therapy Consulting
Photographer: Petra Kern

Photo Story #2

Therapist: Denise Coovert, MT-BC
Affiliation: The Joy of Music, LLC
Photographer: Linda Drish

Photo Story #3

Therapist: Angela Snell, MT-BC
Affiliation: Monroe County Intermediate School District
Photographer: Louis Morand

Early Childhood Conferences 2010/2011

The Division for Early Childhood

26th Annual International Conference on Young
Children with Special Needs & Their Families
www.dec-sped.org
October 14-17, 2010 in Kansas City, Missouri

National Association for the Education of Young Children

2010 NAEYC Annual Conference & Expo in
collaboration with NBCDI
www.naeyc.org
Nov. 3-6, 2010 Anaheim, California

ZERO TO THREE

24th National Training Institute
www.zerotothree.org
Dec. 9-12, 2010 in Phoenix, AZ

Council for Exceptional Children

Convention & Expo
www.cec.sped.org
April 25-28, 2011 in National Harbor, Maryland

Early Childhood Music and Movement Association

International Convention
www.ecmma.org
August 5-8, 2010 in Leavenworth, KS

International Society on Early Intervention

3rd International Conference
www.isei.washington.edu
May 2-5, 2011 in New York, NY



Music Therapy and Social Work: Working Together in Friendship Club

Ilene (Lee) Berger Morris, LCAT, MT-BC
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Growing up is challenging! As children leave infancy they must develop certain skills that enable them to function as a member of society – part of a family, a play group, a class, or a community. Many children acquire social skills by virtue of everyday situations and circumstances. By the time children are four years old, they may share giggles with peers over a simple game. At this age, children are beginning to identify with and learn from their peer group, developing the ability to make and maintain relationships and solve interpersonal conflicts. They start to name and express inner feelings, and trade instant gratification for a bigger payback that comes from sharing and taking turns. Young children learn that cause leads to effect and develop strategies for coping with outcomes of this relationship. Mastering these skills of social competence “contributes greatly to the formation of a positive self-concept” (Barrett, Kallio, McBride, Moore, & Wilson, 1995, p. 324). For some children with disabilities, opportunities to experience such situations may be limited, or learning these skills may be otherwise delayed or compromised. It is challenging to become a social being, and sometimes children need assistance. At Alternatives for Children’s Southampton, NY site, a group of preschool children work on social skills in a fun, musical setting called *Friendship Club*.

Focus

Piloted in 2008, *Friendship Club* is a collaborative effort, co- led by Lee Morris (music therapist) and Joy Heid (social worker). The student members have either group music therapy or group student counseling listed on their Individual Education Program (IEP). The children with student counseling on their IEP seem to respond to and benefit from the structure, patterning, and repetition inherent in music. The IEP music therapy students have goals primarily in the social domain. While children’s progress is charted by the professional representing their IEP’s specific service, the needs of both groups are met within the same setting. Overall, the children appear to benefit from a multi-sensory learning style and also from assistance in building communication and interactive

skills. Thus, the club functions as one comprehensive organization that combines music therapy strategies within a group therapy process that focuses on social and play skill development.

Format

Friendship Club is adult-supported but child-directed. Simulating the convergence of members of an informal neighborhood club, the children, who come from different classrooms, “call for” each other as the group gathers. A club song celebrating being in *Friendship Club* also keeps the pace and focus as ultimately all members (4-6 in number), walking together, proceed down the hall to the music room where the session is held. The concept of being part of a special group is reinforced in the first in-room activity. The children sing the welcoming handshake song that sets the stage for interaction with a kind of musical “All for One and One for All.” Although these activities may be prepared by staff in terms of equipment and materials, the direction the session takes comes from the children. At the end, the children chant the closing words and then they return to their classrooms via their ritual *Friendship Club* parade.

Use of Music

In addition to structuring the transition from classroom to therapy space, music reinforces the sequence of events during the session. It serves to impart critical information such as rules of games, behavioral expectations, common interactive expressions, and concepts such as sharing, kindness, and emotions. Music figures largely in many of the featured activities. For instance, when considering non-aggressive expressions of anger, the children agreed that jumping and playing a drum were some ways to “get the anger out.” An edgy, dissonant song (that resolved with a hopeful major chord) emerged to frame the actions and practice coping.



Listen to *Angry Explorations*
Recorded 2010 by Ilene (Lee) Berger Morris

At the subsequent session, a recording of the song was played. The issues and strategies were re-examined and confirmed by the group.

Songs are sung and performed both without and with accompaniment that may be live or pre-recorded by therapist. A decidedly upbeat, rhythmic, modern musical style reflects the culture of youth of which these children are fledgling members. Music helps structure time and environment, and regulates children’s behavior without seeming adult-imposed. It also infuses the group with a sense of camaraderie, the way “Take Me Out to the Ball Game” gets everyone in the stands singing and swaying together, even if they are not all root-root-rooting for the same team. Anxiety levels seem to decrease as the children are drawn together physically and emotionally in a shared purpose.

Use of Technology

In keeping with students’ emerging interest in peers and “kid stuff,” technology is employed in several ways. Pre-recorded

hip hop loops accompany various routine songs. The music that develops from session experiences may be recorded, edited and enhanced by the music therapist and played back at a later session for the group to hear. Photographs are taken of group members engaged in various activities. These are used to create social stories that the children help write. Technology enables the experiences and content within to be revisited and reinforced in very satisfying ways.

Theoretical Foundations

The *Friendship Club* is guided by the theories and foundations of non-directive play therapy and the use of Social Stories™ (Gray & White, 2002). The following descriptions illustrate how music therapy may be utilized within these frameworks.

Virginia Axline's (1969) principles of non-directive play therapy inform the child-centered approach of *Friendship Club*. The children express their true selves and are respected for their ability to make choices and changes. Limitations are primarily reality checks and those necessary to keep the children safe.

Joseph Moreno (1985) studied the possibilities for integrating non-directive play therapy principles into music therapy practice. He described how a child may play out his feelings in random musical explorations (free, unstructured) that eventually evolve into a specific melody or rhythmic pattern, or a shared musical relationship with the therapist (structured). Moreno (1985) contends that this combination of freedom and structure can be of great value for many types of children. Rather than cramp their style, musical structure gives the children the confidence to practice creative expression and responsible autonomy.

Non-music therapists Carmichael and Atchinson (1997) recognized the common premises of music therapy and non-directive play therapy, and included music activities among the choices of expressive activities available in the playroom. These authors also found that the use of music in play therapy can be particularly appealing to children who respond to music but do not find conventional toys appealing. "Because of music's function as a universal language, music can provide an alternative to verbal forms of therapy for these children" (Carmichael & Atchinson, 1997, p. 71).

Carol Gray, who developed Social Stories™, described them as a process by which "parents and professionals consider the world through the eyes of a child with an ASD [autism spectrum disorder]" (Gray & White, 2002, p.17). The story line prepares the child for particular situations she might encounter, including what might be expected of her and what other people's reactions may be. Interacting with the story helps the child understand the situation and feel more emotionally comfortable in it, and can remind children of possible actions to take when such a situation occurs. Brownell (2002) reported on four case studies in which musically adapted social stories were at least as effective in modifying target behaviors as the traditional model and yielded spontaneous recall of vital information. Gray's (2002) specific story construction is somewhat adapted in *Friendship Club* stories, which have covered how to play various games, what it means to be in a club, and taking turns. Story text and lyrics to songs used within the session often overlap.

Cooperative Process

The process of partnership between the music therapist and social worker as they hone and balance their levels of co-facilitation parallels the cooperation challenges the young *Friendship Club* members encounter in each weekly session. The effect is fluid, dependent on and responsive to the situation at hand. Sometimes it is necessary to help a child verbally explore feelings that arise, or facilitate the acknowledgement and resolution of a conflict between members. Sometimes a song that addresses an issue can be improvised and developed within the context of an ongoing activity. In planning and consulting meetings, the colleagues share their interpretations of events and progress using the mirror of their profession, enhancing each other's understanding and knowledge. In an atmosphere of mutual trust, the music therapist and social worker bring respect for the other's perspective as well as proficiency in their own area of expertise to the collaborative effort.

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The author wishes to thank Abigail Joy Heid, LCSW friend, co-worker, and mentor.



Augmentative Communication and Assistive Technology in Early Childhood Music Therapy

Rebecca Wellman, PhD, MT-BC/DT
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Communication often is a challenge for many children with special needs. To support them in their expressive language needs, children may use various levels of augmentative communication and assistive technologies.

Augmentative communication is intended for children who:

- ✿ have developmental and cognitive delays,
- ✿ have behavioral challenges which are impeding speech, are pre-verbal, and
- ✿ have other language delays.

(Burkhart, 1993)

Assistive technology works well with children who:

- ✿ have strong cognitive abilities but have motor difficulties,
- ✿ have uncertain cognitive abilities and motor difficulties,
- ✿ have developmental delays, or
- ✿ have fine motor involvement.

(Burkhart, 1993; Edyburn, 2000).

A speech therapist or other communication expert can provide support to music therapists to ascertain which levels of augmentative communication and assistive technology are right for the children with whom they work, and which are easily accessible within music therapy sessions (McCarthy, Geist, Zojwala, & Schock, 2008).

The following chart is designed to give some examples of low tech and high tech communication alternatives and how they can be used within a music therapy session.

	Technique	Description	Use in Music
LOW TECH	Signs	Using American Sign Language or child adapted signs to communicate (Skau & Cascelle, 2006).	Therapists can use signs in conjunction with their voices to communicate with the children. Children can use signs to make their desires known. Signs can also be used within songs to help teach, reinforce, and utilize new sign vocabulary.
	Objects	Using the actual objects as communication to reinforce the verbal interactions or as part of a schedule of activities within the therapy session.	Using tambourines, bells, etc. to make choices.
	Representative Objects	Using smaller objects to represent choices.	A plastic dog could represent "How Much is that Doggie in the Window;" a small stop sign could tell others to stop or that they are all done.
	Photographs	Using actual photos of instruments and objects for choice making or communication.	A picture of a tambourine and a picture of a spider for "Itsy Bitsy Spider" could be used for choice making or communication.
	Pictures	Using BoardMaker® or clip art to provide pictures for choice making or basic communication (DynaVox Mayer-Johnson, 2009; Stephenson, 2009).	BoardMaker® pictures can communicate choices, scheduling, or indication of needs.
	Picture Exchange Communication System (PECS)	This is a more complex use of pictures for communication. PECS develops over five specific tasks and comprehension stages starting with learning to communicate by using pictures to convey needs and ending with full sentence structures (Pyramid Educational Consultants, 2010).	Music therapists may be using some of these techniques within a session, but it is advisable to have training or assistance from a speech therapist when utilizing this specific system.

	Technique	Description	Use in Music
H I G H T E C H	Simple Switches	These switches only provide one prompt or statement per recording or may not have voice output ability. Those without recording capability can be used to adapt electronic toys and equipment for easy use.	Use with songs that have repeated words or for working on start/stop activities. This type of switch also can be used to start and continue playback on cassette and some CD players.
	Complex Switches	These switches allow for more prompts or statements in a sequential recording.	Phrases of songs can be recorded. These can offer several options for those children who are utilizing auditory scanning.
	Simple communication boards	These boards offer anywhere from 2 to more than 30 options for communication.	These are great for choice making, communication, and singing when phrases have been recorded for them.
	Complex communication boards	Many of these systems are mini computers rather than simple talkers. They offer multiple folders and pages that can be programmed specifically for music sessions. The children can move between different boards to find the words that they need to communicate their wants and needs. Most have capabilities to create sentences and provide pre-programmed common phrases.	The possibilities are endless with these boards. With the help of a speech therapist, music therapists can program the boards to meet many of the child's needs and increase their participation in music therapy sessions. Some have internet access so the children and their therapists can utilize these programs and websites.

Technology has given a voice to children who otherwise might have difficulty engaging in music therapy sessions. By working with speech therapists to understand and effectively utilize the technology coming into our sessions, we can help these children engage and communicate (Lane & Mistrett, 1996).

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About the Author



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Resources for Music Therapists

- Ablenet-switches and other assistive technology www.ablenetinc.com
- American Speech-Language-Hearing Association: Find speech therapists and other information regarding assistive technology www.asha.org
- Boardmaker®-computer software for line drawings www.mayerjohnson.com/boardmaker
- Boardmaker® Share-communication boards and games made by parents and therapist to share with others www.mayer-johnson.com/boardmakershare
- Prentke Romich Company-high tech communication devices such as the SpringBoard™ Lite www.prentrom.com
- DynaVox-assistive technology/communication devices www.dynavoxtech.com/default.aspx



Storybook Dancesm: A Multiart Teaching Method to Engage the Whole Child

Karen R. Davidson, BS Education
Storybook Dancesm
Guilford, CT

Storybook Dancesm is a multiart teaching method integrating music, dance, children's literature and art. It can be utilized by early childhood educators, dance and music teachers, librarians, daycare providers, and home schooling parents. Storybook Dancesm began as a dance class in a large music school where the study of dance and music together was encouraged from a very young age. With the addition of art and children's literature, it developed into a teaching method that can be used with a broad range of ages and in many teaching situations outside of a dance class.

Eric Jensen (2001) discusses evidence from brain research that supports integrating the arts into education. He offers detailed chapters on Musical Arts, Visual Arts, and Kinesthetic Arts, along with suggestions for implementing them. Jensen makes clear that art assists children in becoming comfortable with creative expression, supports developing self-esteem, emotional intelligence, and respect for children of different cultures.

All children come equipped with unique movement vocabularies. Storybook Dancesm was developed to stimulate and expand those vocabularies and to make movement a comfortable form of communication for children (Davidson, 2010). Explorations and experimentation with different ways to stimulate movement naturally led to the inclusion of children's literature, art, and music; ranging from classical and jazz to world music. The right choice of beautifully illustrated books, appropriate music, an art project, and the freedom to move creatively became a winning combination that may engage many learning styles and intelligences.

The elements of the Storybook Dancesm method can be introduced at a very young age. Infants as young as six months respond to many types of music and enjoy moving rhythmically. With the encouragement of parents, caregivers and teachers, little ones' movement explorations develop into small, expressive, little dances. Infants learn to listen for stops and starts and tempo changes in the music, and respond physically to them. Long before children can read they respond to pictures, especially if they have movement in them. Books with animals, nature or physical things that move, work well to stimulate creative movement in young children (a list of suggested books may be found at <http://storybookdance.com/books.html>)

With toddlers and older children, experiences in active listening are a large component of this method. With the help of carefully chosen or composed music, children are encouraged to draw what they are hearing in the form of creative doodles. For example, *Doodle Music for Drawing and Dancing* (Davidson & Coy, 2009), is a collection of short selections of music in different time signatures and keys. It also has pieces named for colors to be paired with the color poems in the book *Hailstones and Halibut Bones* (O'Neill, 1989). When initially hearing the music, children are taught to listen for and draw, representing structure, musical terms and emotions. After children draw what they hear, they are asked to move creatively to the same piece of music. A premise of the Storybook Dancesm method is that having a graphic representation of what children are hearing helps to expand their movement vocabularies. At another time, the movement and art experiences can be further expanded by utilizing literacy components via the reading of the related book.

A child's body can be a valuable teaching aide. Acting out a story in movement should include working together in non-threatening group explorations. The very active child can learn to respect the personal space of others. The shy child can find a safe spot within a group. Solving problems using shapes and movement becomes fun, especially with the addition of exciting music. Making group sculptures and puzzles, accompanied by diverse music, creates three-dimensional experiments in shape, space and time.

The goal of Storybook DanceSM is to bring these ideas, in their simplest forms, to teachers, librarians, and anyone spending time caring for young children. It is not necessary to be a trained dancer or musician to implement this method. It is only necessary to understand the concept of integrating the arts into education to engage the whole child and bring joy into the learning process.

Getting Started

- ☀ An easy application of the Storybook Dance method, for any therapist and early childhood educator to try, starts with a book with illustrations. An example is *The Great Kapok Tree—A Tale of The Amazon Rain Forest* by Lynne Cherry. This book is filled with animals and habitat and a story with a moral. Take time to examine each animal and imagine how it might move. It is not necessary to be the animal, only to move like it. Some movements may be most fun in a group, such as a giant snake. Animals move at different tempos; discuss the difference between monkeys and the three-toed sloth.
- ☀ Using percussion music as a background, allow the students to experiment with their own interpretations of animal movements. Perhaps they could take turns guessing each other's animals. For great percussion music go to www.brentLewis.com.
- ☀ Finally, make a mural of the habitat of these animals using the art in the book as a guide. It is not important to copy the illustrator exactly, but rather to experiment with color and texture. A more in depth project might involve acting out the story with animal head pieces for parents or a younger class.

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About the Author



Karen R. Davidson, past faculty/administrator for Neighborhood Music School, New Haven, CT, for 23 years, was Head of the Early Childhood Program and the Dance Program in the Guilford Branch. She taught music and movement classes for infants and toddlers aged 6 months to 5 years, as well as Creative Dance, Modern Dance, and Storybook Dance (which she

originated in 1986). She currently offers teacher development workshops in her method and can be contacted through her website, www.StorybookDance.com

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Multi-Cultural, Bilingual Music Therapy in Early Childhood: How to Get Started

Bill Matney, M.A., MT-BC
Christina Stock, M.A., MT-BC
Lewisville Independent School District
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In the previous early childhood newsletter, Matney & Stock (2009) discussed how multi-cultural, bilingual music therapy may facilitate second-language acquisition (English) with early-childhood clients who speak Spanish as their primary language. The authors discussed rationales for music use with this goal area, based in theory and research. The summary of the previous article addressed the facilitation of second language acquisition as follows:

In culmination, studies and theories suggest that multicultural, bilingual music therapy can: (1) aid in ESL students' language comprehension and language expression, (2) facilitate consistent prosody as embedded within indigenous music, (3) build rapport to enhance the therapeutic process, (4) positively modify the affective filter for enhanced learning, and (5) validate the indigenous and multicultural identities of early-childhood students.

While second-language acquisition in special education exists as a focused goal area for bilingual music therapy processes, multi-cultural, bilingual music therapy may be useful for many goal areas. For practical purposes, this article will focus on Spanish examples, due to the higher likelihood of English/Spanish occurrence, with the acknowledgment that the materials offered can generally relate to any two-language therapeutic relationship. This article intends to promote active multi-cultural, bilingual music therapy in all early childhood settings where such benefits the client. This piece also offers practical steps to facilitate the therapist's conducting multi-cultural bilingual music therapy.

What Goals May I Be Examining?

Multicultural, bilingual music therapy is relevant when it benefits the clients, based on their needs and the goal areas being addressed. Some goal areas will occur across populations and settings. Other goal areas will be in-part determined by the particular population and/or setting.

While the authors' experiences lean to examples in educational and pediatric medical settings, multicultural and bilingual techniques can carry across all early-childhood settings. Performance of culturally relevant material can help establish initial rapport (Moreno, 1988), regardless of the setting in which the music therapist works. In the pediatric hospital setting, facilitating bilingual music therapy can help to strengthen family bonds by involving the entire family in the therapeutic process. The inclusion of familiar music may also help reduce stress, particularly in a hospital setting that may be unfamiliar and anxiety-provoking (Wolfe & Waldon, 2009).

In educational settings, multicultural music during therapy sessions may affect how students relate to the therapist (Darrow, 1998). In the authors' experience, facilitating multi-cultural, bilingual music therapy experiences in a classroom setting results in group cohesion among the students as well as between the students, teachers, and the therapist. Music that is both preferred and familiar to a non-English-speaking client can be used to magnify interpersonal and musical communication between therapist and client.

But...I Don't Speak Spanish or (Chinese, or Polish, etc.)

Most music therapists who work with bilingual clients or who work with clients that speak a native language other than English, are not bilingual. A study by Silverman (2005), revealed that 16.2 percent of music therapists ($n=117$) in the U.S. are bilingual, while 40 percent ($n=118$) serve non-English speaking clients. A current challenge for music therapists is knowing how to learn enough of a second language to assist the therapeutic process. Here are some tips that can help music therapists in learning a second language.

1. Seek basic but substantial resources that will help you learn words, phrases, sentences, and so on.
 - ▶ Online searches for words using internet means such as "google translate" (<http://translate.google.com/#>) can be helpful. However, online searches tend not to be useful with providing entire sentence structures.
 - ▶ Language-learning software such as Rosetta Stone® can provide learning for individuals and groups. Some programs are extensive and therefore expensive. Others are relatively inexpensive, but may be still helpful to develop a basic vocabulary.
 - ▶ Community libraries are a good place to check out books, magazines, and newspapers in other languages. Materials usually ranging from university language textbooks to early childhood, native language story books or CDs.
 - ▶ Identifying someone who speaks the desired second

language can be very helpful. In a pediatric healthcare setting, options may include another music therapist, a translation specialist, or a Child Life Specialist. In an educational setting, teacher or a bilingual assistant can be contacted. Regardless of the setting, a professional/colleague who speaks the native language can facilitate understanding of the client feedback, and can also act as a supportive resource.

- ▶ Native-language songs may not only be useful in clinical settings, but also may be effective tools for learning a second language!
2. Begin by learning and using a simple vocabulary based on the following categories:
 - ▶ Greetings (e.g., ¿Hola, que tal? = 'Hello, how are you?')
 - ▶ Music words and instruments (e.g., 'cancion' = song or 'la guitarra' = guitar)
 - ▶ Words that encourage and validate (e.g., 'esta muy bien' = it is very good; 'que bonito' = how beautiful)
 - ▶ Simple requests (e.g., 'digame' = show me; 'toque la maraca' = play the maraca)
 - ▶ Concepts such as colors, numbers, and shapes (e.g., 'rojo' = red; dos = two; círculo = circle)
 - ▶ Emotions (e.g., 'feliz' = happy; 'alegria' = joy)
 3. Own both what you know and what you don't know. Be honest and open. Be willing to learn through the process of speaking. Clients will not only appreciate your effort, they may also appreciate the opportunity to teach you words!

What Are My Resources?

Music therapists working in early childhood settings tend to have a wealth of songs and strategies in their native language, and may be wondering how to incorporate the second language into what they may already have. A music therapist does not need to be completely fluent in the client's native language to offer bilingual music therapy experiences. A therapist may find it less overwhelming to simply learn one word or phrase to use in a weekly session. For example, during a song or strategy using the guitar, the therapist may ask, "¿Como se dice *guitar* en español?" (i.e. "How do you say *guitar* in Spanish?"), or point to their guitar and say "¿Como se dice?" The follow up question would then be, "¿en ingles?" (in English) or "¿en español?" This way the therapist and the children are both actively engaged in the bilingual learning process, bridging the two languages.

Conclusion

This article is meant to support those therapists who find themselves working with clients and parents who speak a different language. The hope is that music therapists realize that one does not need to be completely fluent in his or her client's language to facilitate bilingual, multicultural music therapy. The authors would like to encourage music therapists not to be intimidated by what they don't know but rather to feel empowered while constantly developing and utilizing new skills.

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Beginning Spanish Resource

- ▶ *Spanish for Health Care Professionals* book (Harvey)
- ▶ Rosetta Stone® at www.rosettastone.com
- ▶ Jose Luis Orozco at <http://www.joseluisorozco.com/>
- ▶ *Roots and Branches: Spanish Folk and Traditional Songs for Music Therapy and Music Education* - Sarsen Publishing: www.sarsenpublishing.com: available Summer 2010.

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Christina Stock received her Master of Arts in Music Therapy at Texas Woman's University. She works as a music therapist at the Children's Medical Center in Dallas. Her interest in music and culture has led her to pursue research and interventions involving the needs of Spanish-speaking second language learners.

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sing

[cantar]

Al Citron is a children's stone-passing play song from Mexico. This makes it potentially useful for shaker or rhythm stick passing games. The song also may be used with fruit and vegetable shakers. By replacing the word "citron" with fruit and vegetable names in Spanish, students may develop receptive and expressive language and recognition of particular foods. When relating word meanings, we often need to take into account dialects and regional words. Spanish is spoken in many countries, so translations of particular words can vary. Below are some general word translations that may be useful with this song.

Words:

Citron (see-trone) means citrus fruit, and can sometimes be associated with lemons.

Fandango (fahn-dan-goh) is a type of animated dance from Spain.

Many of the words are nonsensical, fun words.

limón	=	lemon
naranja	=	orange
tomate	=	tomato
calabacera	=	squash
calabasa	=	pumpkin
patata	=	potato
papa	=	potato
plátano	=	banana
manzana	=	apple

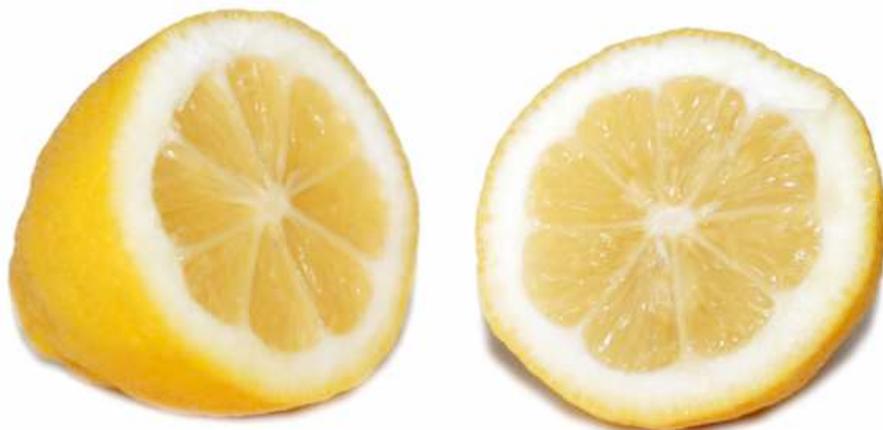
Al citron

Folk/Stone Passing Song from Mexico

A Cit - ron de un fan -
 dan - go san - go san - go sa - ba -
 re sa - ba - re de
 la ran de la con su
 tri - ki tri - ki tron.



Listen to *Al Citron*
Recorded 2010 by Bill Matney



sing

[cantar]

A number of Latin artists have sung "Al Tambor de La Alegria" (The Drum of Joy). It also has become popularized as a children's song. However, the proper name of the song, and the way many only know the song to be named, is "Panameño, Panameño."

This piece originated as a commercial jingle to publicize "toldo" (an open air dance hall very popular during the carnival and fiesta times). The words are purported to have been written by Don Juan Pastor Paredes, and the music purported to be composed by Señora Carmen Lagnon. A piece written about this song states that: "Neither of the two ever imagined, then, that their simple song, born without any pretensions (only the desire to have it identify the "toldo") would reach out and represent the national music (of Panama) within and outside the country."

Source: www.czbrats.com/MiNombre/panameno.htm

Because "Al Tambor" is a song about playing the drum, it can be useful to accompany drum play. Such may be useful for facilitating movement, self-awareness, and/or social awareness. The song is very commonly known in Mexico, and can therefore provide a musical connection that assists in building rapport and engagement.



Listen to *Al Tambor*
Recorded 2010 by Christina Stock



Al tambor (Panameno, Panameno)

Panamanian Folk Song



More Than Major for Minors

Elizabeth K. Schwartz, LCAT, MT-BC
Alternatives for Children in Suffolk County
Long Island, New York



Description

It is no surprise to those of us working in early childhood music therapy that young children have complex emotional lives. One way to provide interventions that reflect and respect that complexity is to use a full breadth of musical material that includes modes as well as scales other than diatonic. While the majority of songs familiar to early childhood professionals in the United States (Humpal, 1998) are diatonic, expanding music therapy repertoire to incorporate melodies built on varying modes and scales can bring a depth of musical and emotional experience that goes beyond *If You're Happy and You Know It*. The use of modes in early childhood music is supported by the work of Edwin Gordon and Carl Orff and reinforced in the music therapy field by Nordoff and Robbins in *Creative Music Therapy*. The following examples suggest two very different emotional moods shaped by using two differing scales.

All of This Is Me

This song uses the natural minor scale in a melody in which children not only identify the parts of their body that make up "me" but also create a thoughtful space for understanding the larger concept of "me."

Goals

- ▶ To learn about body parts
- ▶ To learn about the concept of self

Behavior Observation

The child will:

- ▶ name and identify body parts through singing lyrics and following musical gestures.
- ▶ participate in song that explores concept of self.

Materials

- ▶ Resonator bells or metallophone
- ▶ A-E tone bars (for adaptations)

Directions

1. Introduce song with A and E resonator bells or metallophone played as an ostinato.
2. Sing through song, modeling gestures of touching identified body parts.
3. Tap chest lightly three times on the lyrics "me, me, me."

Adaptations

- ▶ Assist children with body gestures if necessary.
- ▶ Use A-E tone bars played so that children can feel vibration on named body part.

All Of This Is Me

E.K.Schwartz

Voice

From my head, head, head to my toes, toes, toes, my eyes, my ears, my mouth, my nose. From my hands, hands, hands to my knees, knees, knees and all of this is me, me, me. And all of this is me, me, me. Me, me, me.



Listen to *All of This is Me*
Recorded 2010 by Elizabeth K. Schwartz

Spring Is When

This song is built on the mixolydian mode. The flattened seventh in the melody and final whole tone of the scale were designed to propel the children into the open freedom of "I can go outside and play."

Goals

- ▶ To learn about characteristics of the seasons
- ▶ To increase musical skills
- ▶ To expand understanding of contradictions and changes

Behavior Observation

The child will:

- ▶ sequence events that happen in spring through singing song lyrics.
- ▶ experience musical momentum through singing rising interval patterns.
- ▶ experience the concept of contradictions through lyric and musical changes.

Materials

- ▶ Chimes
- ▶ Rain stick
- ▶ Cymbal
- ▶ Picture symbols (for adaptations)

Directions

1. Accompany song by simply playing a mixolydian scale built on G with each note being played on the first and third beat of each measure from 1 to 8 and 17 to 24.
2. Add chimes to reinforce the feeling of forward movement.
3. Use rain stick on the lyric "raining."
4. Use cymbal on the lyric "windy."

Adaptations

- ▶ Pictures that illustrate the lyrics may be used or created by the children.
- ▶ Children can create lyrics about spring to substitute for the first lines.

Spring Is When...

E.K.Schwartz

G Mixolydian

Voice

Spring is when the flow-ers grow, the birds are sing-ing and I know that I can go out-side and play!

Some-times it's rain-y ev-en though it's spring. Some-times it's wind-y e-ven so I sing.

Spring is when the flow-ers grow, the birds are sing-ing and I know that I can go out-side and play!

Spring is when the sun is warm, the lit-tle an-ni-mals are born and I can go out-side and play!



Listen to *Spring is When*
Recorded 2010 by Elizabeth K. Schwartz

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Play the Bell

Ruthlee Figure Adler, MT-BC
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Description

The purpose of *Play the Bell* is to address many developmental areas while engaging children in a simple song and instrument playing.

Goals

- ▶ To increase motor planning and coordination
- ▶ To promote peer interactions
- ▶ To encourage communication

Behavior Observation

The child will:

- ▶ play an instrument in response to visual and auditory cues.
- ▶ pass the mallet to another student.
- ▶ participate in singing and/or signing.

Materials

- Resonator bell and a mallet

Directions

1. Sing through the song once and demonstrate the actions, inserting your own name and playing the resonator bell once at the designated time.
2. Pass the mallet to a child and encourage the other children to join in singing while each child takes a turn with the bell.

Adaptations

- ▶ Initially, you may have to hold or hide the resonator bell and only present it to the child at the time designated for playing.
- ▶ To practice verbalization and social skills, children may say the name of the person to whom they are passing the instrument (e.g., "It's your turn, ____").

- ▶ Other instruments, number concepts or actions may be added or substituted with this experience, e.g., "Pat the drum," "Tap Your Sticks," "Play the bell two times," and so forth.
- ▶ For children with moderate intellectual disabilities, the whole group may participate simultaneously (e.g., "Everyone clap your hands one time").
- ▶ For children familiar with the alphabet or numbers, specific notes may be requested (e.g., "_____, play the C one time") or numbers counted.

Play the Bell One Time

G. Cangialosi



Adapted from Adler, R. F. (1988). *Target on music* (2nd ed.), (pp. 77-78). Rockville, MD: Ivymount School.

About the Author



Ruthlee Figure Adler practices as a private music therapist/consultant in Bethesda, MD, and is serving her fourth consecutive term as Assembly Delegate on the AMTA Board of Directors. Ruthlee established the Ivymount School's Music Therapy Program and coordinated it for 30 years, worked at NIH, authored two editions of *Target on Music*, and contributed to AMTA's 2006 *Effective Clinical Practice in Music Therapy Monograph* publication.

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Two Little Ghosties: Addressing Social Competence and Patterning with Drumming

Laurel Rosen-Weatherford, MT-BC
Monroe County Intermediate School District
Monroe, Michigan

Description

The *Two Little Ghosties* song is a music experience that is requested each fall by both children and preschool teachers alike. Motivated by the reinforcing sound of the Tubano Drum most children are actively involved and learn through the music.

Goals

- ▶ To develop listening skills
- ▶ To respond to auditory cues
- ▶ To increase social competence

Behavior Observation

Child will

- ▶ demonstrate an awareness of the beat by playing in synchrony and an ability to start and stop in relationship to the song.
- ▶ recognize and recall the pattern for Wooooo (rumble) and Boooooo (one tap).
- ▶ increase their time on task by collaboratively working together and taking turns with their peers.

Materials

- ▶ Tubano Drum
- ▶ Keyboard/guitar for accompaniment
- ▶ Wooooo and Boooooo on popsicle sticks

Directions

Have children sit in a semi circle with drums in the middle. The accompanying instrument should provide musical support.

1. Introduce Wooooo and Boooooo on popsicle sticks. Children will rumble on their knees when presented with Wooooo and will place one accented tap on their knee when presented with Boooooo.
2. Sing *Two Little Ghosties* combined with step 1 while initially keeping a steady beat on the drum.

3. Invite children up to the drum. Encourage children waiting in their seats to continue practicing the drumming pattern on their knees and to sing so that they can support their peers.
4. Repeat step 3 until every child has had a turn.

Two Little Ghosties

Two little ghosties flying through the air
one named Wooooo and the other named Booooo
Fly away Wooooo fly away Booooo
Come Back Wooooo and come back Booooo!!!!

(Melody from *Two Little Blackbirds*; Lyrics adapted by Angela M. Snell)
Note: The author would like to thank her colleague Angela M. Snell for sharing this intervention idea and experiences.



Watch Two Little Ghosties

Adaptations

- ▶ Instead of using drums, student can role play the “Two Little Ghosties” song using scarves.
- ▶ For letter matching children can hold up the W for Wooooo and the B for Boooooo.
- ▶ Ask students where Wooooo and Boooooo are going to go. Have the children assist in writing a class song or story of where the *Two Little Ghosties* may go.

About the Author



Laurel Rosen-Weatherford, MT-BC, is a music therapist with Monroe County Intermediate School District. She earned a music education degree from Miami University in Oxford, Ohio and an equivalency degree in Music Therapy from Western Michigan University. Laurel specializes in community-based settings, educational collaboratives for preschool and school-aged students, inclusive music therapy services, and user-friendly data collection.

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Spider Sandwich Activity Sequence

Beth McLaughlin, LCAT, MSE, MT-BC
Wildwood School
Schenectady, New York

Description

The purpose of *Spider Sandwich* is to encourage language and concept development while engaging young children in a silly nonsense song.

Materials

- ▶ A variety of insect finger puppets
- ▶ Plastic sandwich fixings (available at most toy stores)

Goals

- ▶ To encourage spontaneous vocalizations
- ▶ To learn about insects
- ▶ To differentiate food/non food items and identify preferred food choices

Behavior Observation

The child will:

- ▶ vocalize repeated phrases in the context of the song... "Eeeww!" and "No way, Jose!!"
- ▶ identify insects by name.
- ▶ categorize edibles and non-edibles.

Directions

1. The leader will place a spider finger puppet between two plastic pieces of bread while singing the first two lines of the song: *Would you like a spider on your sandwich? Would you like a spider for your lunch?*
2. Whatever vocal protests are made by the children will be incorporated into the song e.g. 'No!' 'Eeeww!' 'Disgusting!' etc.
3. The leader will continue singing lyric response 'No way, Jose!' and give children time to repeat the phrase.
4. Repeat song with a variety of finger puppets.

Adaptations

- ▶ Have children help put the materials away by sorting puppets and toy food into edible and non-edible piles.
- ▶ Include pictures of condiments and other sandwich fillings to expand food vocabulary.

Spider Sandwich

Beth McLaughlin, LCAT, MT-BC

Chords: C, F, C, C, D7, G, F, C, G, C, F, C, G7, C, F, C, G7, C

Lyrics:
 Would you like a spi-der on your sand-wich? Would you like a spi-der
 Would you like a bee... on your sand-wich? Would you like a bee...
 for your lunch? Eeeeww! No way! Jo - se! I
 for your lunch? No way! Jo - se! I
 don't want a spi-der for my lunch! Would you like some pea-nut but-ter
 don't want a bee... for my lunch!
 on your sand-wich? Would you like some pea-nut but-ter for your lunch?
 Yes - sir - ee! I would eat a pea-nut but-ter sand-wich for my lunch!

2010



Listen to *Spider Sandwich*
Recorded 2010 by Beth McLaughlin

About the Author



Beth McLaughlin is internship director and coordinator of music therapy services for children and young adults with autism and complex learning disabilities at Wildwood School in Schenectady, New York.

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color of us

THE COLOR OF US: Music Therapy for Young Children Around the World

USA

Dr. Petra Kern
PIG Child Development Institute
at NYU (Chapel Hill)

Demographics
The author reports on her research in the USA, focusing on the use of music therapy with young children with autism spectrum disorders. The research was conducted in a specialized center for children with autism spectrum disorders in Chapel Hill, North Carolina.

Background Information
The author reports on her research in the USA, focusing on the use of music therapy with young children with autism spectrum disorders. The research was conducted in a specialized center for children with autism spectrum disorders in Chapel Hill, North Carolina.

EUROPE

Dr. Simon Gilman
1st World Institute of Music and
Dance
University of Lincoln, United Kingdom

Demographics
The author reports on his research in Europe, focusing on the use of music therapy with young children with autism spectrum disorders. The research was conducted in a specialized center for children with autism spectrum disorders in Lincoln, United Kingdom.

Background Information
The author reports on his research in Europe, focusing on the use of music therapy with young children with autism spectrum disorders. The research was conducted in a specialized center for children with autism spectrum disorders in Lincoln, United Kingdom.

AUSTRALIA

Angie Tait
Child Psychology Learning Research
Charles Sturt University
Through music children express their
feelings and emotions.

Demographics
The author reports on her research in Australia, focusing on the use of music therapy with young children with autism spectrum disorders. The research was conducted in a specialized center for children with autism spectrum disorders in Charles Sturt University, Australia.

Background Information
The author reports on her research in Australia, focusing on the use of music therapy with young children with autism spectrum disorders. The research was conducted in a specialized center for children with autism spectrum disorders in Charles Sturt University, Australia.

SOUTH AMERICA (Brazil)

Beatriz Tacciana Sampaio
Universidade do Estado do Rio de Janeiro
Representative of South America

Demographics
The author reports on her research in Brazil, focusing on the use of music therapy with young children with autism spectrum disorders. The research was conducted in a specialized center for children with autism spectrum disorders in Rio de Janeiro, Brazil.

Background Information
The author reports on her research in Brazil, focusing on the use of music therapy with young children with autism spectrum disorders. The research was conducted in a specialized center for children with autism spectrum disorders in Rio de Janeiro, Brazil.

KOREA

Hye Won Chung
Sookmyung Women's University of
Education

Demographics
The author reports on her research in Korea, focusing on the use of music therapy with young children with autism spectrum disorders. The research was conducted in a specialized center for children with autism spectrum disorders in Sookmyung Women's University of Education, Korea.

Background Information
The author reports on her research in Korea, focusing on the use of music therapy with young children with autism spectrum disorders. The research was conducted in a specialized center for children with autism spectrum disorders in Sookmyung Women's University of Education, Korea.

THE COLOR OF US: Music Therapy for Young Children Around the World

Columbia South America

Janette Edrins
Universidad Nacional de Colombia
Bogotá, Colombia

Demographics
The author reports on her research in Colombia, focusing on the use of music therapy with young children with autism spectrum disorders. The research was conducted in a specialized center for children with autism spectrum disorders in Bogotá, Colombia.

Background Information
The author reports on her research in Colombia, focusing on the use of music therapy with young children with autism spectrum disorders. The research was conducted in a specialized center for children with autism spectrum disorders in Bogotá, Colombia.

New Zealand

Karen Trayford
Music Therapy
Auckland, New Zealand

Demographics
The author reports on her research in New Zealand, focusing on the use of music therapy with young children with autism spectrum disorders. The research was conducted in a specialized center for children with autism spectrum disorders in Auckland, New Zealand.

Background Information
The author reports on her research in New Zealand, focusing on the use of music therapy with young children with autism spectrum disorders. The research was conducted in a specialized center for children with autism spectrum disorders in Auckland, New Zealand.

South Africa

Sanelle Koucká
The Music Therapy Community Clinic
Cape Town, South Africa

Demographics
The author reports on her research in South Africa, focusing on the use of music therapy with young children with autism spectrum disorders. The research was conducted in a specialized center for children with autism spectrum disorders in Cape Town, South Africa.

Background Information
The author reports on her research in South Africa, focusing on the use of music therapy with young children with autism spectrum disorders. The research was conducted in a specialized center for children with autism spectrum disorders in Cape Town, South Africa.

Kingdom of Bahrain

Akshaya Kallanjo-Masari
1st World Institute of Music and
Dance

Demographics
The author reports on her research in Bahrain, focusing on the use of music therapy with young children with autism spectrum disorders. The research was conducted in a specialized center for children with autism spectrum disorders in Bahrain.

Background Information
The author reports on her research in Bahrain, focusing on the use of music therapy with young children with autism spectrum disorders. The research was conducted in a specialized center for children with autism spectrum disorders in Bahrain.

Music Therapy for Young Children Around the World

“The Color of Us” series started at the 12th World Congress of Music Therapy in Buenos Aires, Argentina. Since then, colleagues from the USA, Europe, Australia, Brazil, Korea, Colombia, New Zealand, South Africa, and the Kingdom of Bahrain have shared information about current research and music therapy practice with young children and their families in the countries where they reside.

For the inaugural issue of *imagine*, the editor, Dr. Petra Kern, invited music therapists from Canada, Italy, Argentina, China, Singapore, Thailand, Taiwan, and Japan to report about music therapy services for young children and their families in their countries.

All reports are available as handouts on the *imagine* website under “we go international.”

If you are interested in contributing to the “The Color of Us” series, please contact us.

Italy

Claudio Cominardi

Music Therapist
Brescia, Italy

Snapshot

Area

Italy is a peninsula extending from the North by the Alps to the South in the Mediterranean Sea, along the chain of Apennines. It has an area of 301.338 square kilometers.

Population

60,325,805 (2009 estimate)

Official Language

Italian and regional or local dialects.

Ethnic Groups

Almost 7% of residents come from more than 20 different countries out of EU, especially East Europe, Middle Asia, Northern and Central Africa, China and Latin America.

Median Age

43.2 years

Children under 5

3,400,719 (2009 estimate)

Sources

www.istat.it
www.wikipedia.it



"I threw away my cup when I saw a child drinking from the stream using his hands."

– Socrates

Demographics

In Italy, music therapy is very complex. There is no official recognition from the government, and therefore, there is a lack of investment by and for public and private institutions. Many music therapy associations and registries with different policies and approaches have been formed; however, they often disagree among themselves. This has caused a further dispersion of resources and professionals. For example, currently in Italy there are dozens of associations and more than thirty different schools offering courses in music therapy, some of them gathered in federations. In this complex situation, it's impossible to determine how many music therapists are working in Italy, as well as specialties they may have.

Music therapy is utilized in centers for individuals with disabilities, home hospices, and psychiatric hospitals. It remains unclear how many operators are still active in childhood and infancy schools, as there are no official guidelines or regulations to invest in or be accountable to. Each school or education institution manages its own projects with complete autonomy, according to their requirements and policies,

which are generally renewed year after year. There are many projects for children with autism, evolving syndromes and special needs, although most Italian music therapists work with part-time or temporary contracts.

Background Information

The two most important Italian federations of music therapy are CONFIAM and FIM. Other schools and associations are often located inside conservatories or university faculties and recognized by regional departments. The main federations are approved by the Italian ministry, but there is not a national definition or a state law that regulates music therapy.

Common Approaches

The main theoretical and methodological approaches range from Benenzon's model to Nordoff and Robbins' Creative Music Therapy. Humanistic psychology and music didactics such as Orff and Kodaly are widely used, too. In most cases, the approach used depends on the schools and/or associations the music therapist has chosen or to which he/she belongs.

However, there are a wide variety of music therapy projects and research which is being funded.

This is stimulating continued dialogue, acknowledgement and quality development with the institutions. The future of music therapy in Italy will hopefully be influenced by the growing confidence in the profession.

Prominent Publications

Scardovelli Mauro (1992). *Il Dialogo Sonoro*. Nuova Casa Editrice Cappelli, Bologna, Italy.

Manarolo Gerardo (1996). *L'angelo della Music*. Omega Edizioni, Bologna, Italy.

Postacchini P. L, Ricciotti, A., & Borghesi M. (1997). *Lineamenti di Musicoterapia*. La Nuova Italia Scientifica, Roma, Italy.

Cremaschi Trovesi Giulia (2010). *Il Corpo Vibrante*. Edizioni Scientifiche Magi, Roma, Italy.



About the Author

Claudio Cominardi is a graduate of the APIM-CONFIAM school of Turin. He lives and works in Brescia, Northern Italy. His work mainly revolves around children, researching new forms of musical and analogical languages aimed at intercultural integration, attention and hyperactive disorders. He is a trainer of early childhood educators and school teachers at numerous institutions and schools.

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Thailand

Dena Register, Ph.D., MT-BC

Associate Professor of Music Therapy
and Music Education
University of Kansas, USA

Snapshot

Area

Thailand is situated in South-East Asia, covering an area of nearly 513,115 square kilometers. It is roughly the size of France.

Population

65,998,436 (2009 estimate)

Official Language

Thai (including Isan), English (secondary language), Mandarin, Vietnamese, as well as other ethnic and regional languages and dialects.

Ethnic Groups

Thai (including Lao, who make up about 1/3 of the Thai population) 75%, Chinese 14%, other 11%

Median Age

33.3 years

Children under 5

0-14 years: 20.8% (male 7,009,845/
female 6,691,470)

Sources

[http://www.thaiwebsites.com/
thailandfacts.asp](http://www.thaiwebsites.com/thailandfacts.asp)

[http://www.indexmundi.com/
thailand/demographics_profile.html](http://www.indexmundi.com/thailand/demographics_profile.html)



"True success is not in the learning, but in its application to the benefit of mankind."

– His Royal Highness Prince Mahidol of Songkla

Demographics

Thailand is a middle-income country ranking 74th on the UN Human Development Index and has a literacy rate of 96-98%.

More than 1 million children are thought to be in need of special protection, including orphaned children, children affected by HIV/AIDS, street children, children with disabilities, children in conflict with the law, child laborers and children without birth registration.

According to UNICEF, issues still facing children in Thailand include:

- Trafficking of children continues, both within Thailand and internationally.
- An estimated 1 million children of primary school age either do not go to primary school or enroll years later.
- Nearly 1 million children lack birth registration documents.
- Increased HIV infection rates among young and an estimated 290,000 children have been orphaned by the HIV epidemic and around 2,000 children are born with HIV each year.

Despite all these challenges, over the past 15 years there has been a 50% reduction in infant mortality, a rise in

immunization coverage (to above 90 percent) and massive reductions in the use of child labor with improved legislation to protect the rights of children.

There is currently focus in Thailand on:

- Strengthening families, communities and institutions to protect the most vulnerable children from violence, abuse and exploitation.
- Getting children into school and improving the quality of education including, but not limited to, improvement of quality and access in education, making schools 'child-friendly' and promoting early childhood care.
- Strengthening government, community and family-centered care in order to help children and empower families and communities.

Sources

<http://www.unicef.org/thailand/>

Background Information

While there are a few music therapists working in Thailand that have trained at music therapy training programs outside of their country, there is currently no degree program available in Thailand. In 2008, Mahidol University College of Music offered a multi-day workshop entitled the "1st Thailand Music Therapy Forum", featuring faculty of the

University of Kansas Music Therapy program. Through a continued partnership with the University of Kansas, the College of Music has developed a Master's degree program in Music Therapy that will begin in June, 2011.

As the first degree of its kind offered in Southeast Asia, this program will focus on both clinical practice and research skills. Dr. Dena Register, visiting Associate Professor of Music Therapy offered courses and began establishing clinical programs beginning in June, 2009 through a Fulbright Teaching/Research Fellowship. In order to begin building a base of health and education-related professionals with a basic understanding and appreciation for clinical music therapy practice, Dr. Register established a certificate-training workshop entitled "Therapeutic Uses of Music" which provides both theoretical and clinical applications of music therapy. To date, more than 100 professionals in various disciplines (e.g., educators, physical therapists, occupational therapists, counselors, medical doctors, nurses, rehabilitation specialists and speech-language therapists) have completed the training and are beginning to use or request consultation with music therapists in their facility. Additionally, staff from the music therapy program office at Mahidol University continues to provide clinical services in two Bangkok-area hospitals where Dr. Register established clinical work. The program at the College of Music, Mahidol University also is host to music therapy students from the U.S.A. that enroll in the University of Kansas Study Abroad program.

Common Approaches

Music Therapy is still defined quite broadly in Thailand. A large portion of the population considers music for relaxation or ambient music in a hospital waiting area as the primary focus for "music therapy." Through the educational offerings at Mahidol University, there is a great deal of advocacy occurring to help reshape these definitions to include the idea that various musical elements can be used to elicit response and change in patients or clients regardless of age or ability-level and that Music Therapy is a

tool that can be utilized to learn or rehabilitate skills or responses in all developmental domains.

The prominent method of practice is eclectic, including elements of Cognitive Behavioral Music Therapy, Improvisation and Neurological Rehabilitation. The primary areas of practice are currently in outpatient rehabilitation facilities that provide early intervention service for young children as well as in-patient and outpatient services for adults that have suffered a stroke, traumatic brain injury, or are being treated for other neurological impairments such as Parkinson's Disease or Alzheimer's/Dementia. There also are a few special educational settings that are able to provide music therapy services or adaptive music education for children with special needs.

Though Dr. Register and her students launched clinical programs in July, 2009, Thai music students and staff were trained in tandem and were able to take over and continue providing music therapy services on a weekly basis. These students and staff will be among the first to enroll in the Master's degree program at the University to continue their theoretical knowledge and advance their clinical skills. These individuals continue to consult with Dr. Register and co-treat with medical and rehabilitation staff in order to meet the needs of the patients and their families.

Research Endeavors

Through government funded grant money totaling 18 million THB, the College of Music at Mahidol University will be able to begin music therapy research projects in medical settings beginning in 2011. Projects are planned in conjunction with the medical and nursing faculties at Mahidol University College of Medicine and College of Nursing as well as with the rehabilitation facilities where patients are currently being served.



About the Author

Dena Register is an associate professor of music therapy at the University of Kansas. In Spring 2009, she was awarded a Council for International Exchange of Scholars Fulbright Scholar grant to teach and conduct research at Mahidol University, Thailand. Dr. Register established clinical music therapy programs at two Bangkok-area hospitals, which serve children with special needs as well as patients with neurological disorders. Additionally, she designed and implemented a "Therapeutic Uses of Music" training to provide continuing education for medical and educational professionals interested in music therapy. Dr. Register continues to consult on the establishment of the graduate music therapy program at the Mahidol College of Music. This program is the first of its kind in Southeast Asia. She was able to help secure \$500,000 of grant funding to establish research and clinical music therapy programs over the next five years.

Contact: register@ku.edu

Canada

Wanda Gascho-White

MTA

Music Therapy Department
Zareinu Educational Centre

Snapshot

Area

9,976,140 square kilometers

Population

33,930,830

Official Language

English, French

Ethnic Groups

Although initially settled in the 1600s by individuals from France and the British Isles, today Canada contains a widely diverse mix of ethnic groups and cultures from all parts of the world. First Nations peoples make up approximately 4 % of the population.

Median Age

39.5 years

Children under 5

1,837,724

Sources

Statistics Canada
www.statcan.gc/start-debut-eng.html

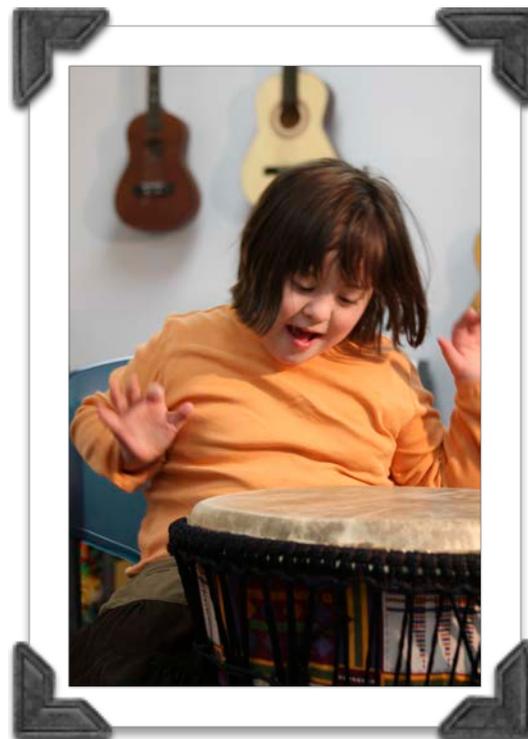
Your Canada
www.yourcanada.ca

“Play is the answer to the question. How does anything new ever come about?”

– Jean Piaget

Demographics

Of the 300 music therapists working in Canada, approximately 100 provide services to children. Music therapists in early childhood work in a wide variety of settings: hospitals, government-run pre-school or daycare programs, private schools, therapy clinics, creative arts camps and in private practice. Music therapy is used in segregated as well as integrated settings, in groups and with individuals. Government funding often is not available for these programs. In many locations, music therapists are paid directly by parents or through special fundraising efforts. In Canada, we face the challenge of a small population spread over a large geographic territory. Families in urban settings may have access to programs that do not exist in more remote areas. At the same time, education and social services are mandated on a provincial basis, resulting in differing policies from one province to another. The Canadian Music Therapy Trust Fund (CMTTF) provides funding for pilot programs in music therapy and a number of programs for young children have been able to hire a music therapist as a result of a Trust Fund grant. This has been particularly important for



small towns and remote areas where children with special-needs have traditionally had very little access to therapy services.

Background Information

Music therapy in Canada has existed since the 1950s. The Canadian Association for Music Therapy (CAMT) was founded in 1975. Currently, the CAMT has approximately 500 members including clinicians, educators, retired therapists, students and associate members.

There are six university training programs in Canada, two of them offering Master level training. There is a strong trend towards graduate studies in music therapy, as many experienced clinicians are seeking advanced training. However, at this time, Canadian music therapists must leave the country to pursue doctoral studies in music therapy.

Music therapy as a treatment modality is well-established in many long-term care facilities, hospitals, palliative-care facilities and mental health programs. Music therapy for children is less common in Canada, although there are children’s hospitals and therapy centers

that recognize the value of music therapy programming for their populations. In general, music therapy has not been offered through the public school boards, although there are individual administrators that have successfully advocated for music therapy programs within their schools to provide programming for children with special needs. This is an area for potential growth, as educators and parents are becoming increasingly aware of the contribution of the arts to the development of children with disabilities.

Common Approaches

Music therapists working with young children in Canada use a wide variety of methodologies and approaches. In addition to utilizing the multifaceted auditory experience offered by listening to music in many forms, music therapists employ visual, tactile and kinesthetic experiences with instruments, pictures, props and movement. The integration and organization of the sensory experience is key to optimizing global development in the young child with disabilities. Music therapy is used in other settings to help young children cope with traumatic life experiences, hospitalization, chronic illness and brain-injury rehabilitation. A growing trend in Canadian music therapy with young children is family-based therapy in both developmental as well as pediatric settings.

The use of Nordoff–Robbins and other improvisational approaches, often in conjunction with a developmental model, is very common. The acceptance of behavioral programs for children with autism has influenced music therapy work particularly with this population. However, in general, strictly behavioral approaches in music therapy are the exception rather than the rule in Canada. Music therapy frequently is being used in conjunction with other therapies in interdisciplinary settings resulting in a rich sharing of knowledge and expertise. In general, humanistic theory informs much of the music therapy practice in Canada, leading to an eclectic child-centered approach.

Prominent Publications

The following is a sampling of music therapy literature from Canada. Specific research on music therapy for children is difficult to access as this area is just emerging and not all studies have yet been published.

- Ahonen-Eerikainen, H., Lamont, A., & Knox, R. (2008). Rehabilitation for children with cerebral palsy: Seeing through the looking glass-Enhancing participation and restoring self-image through the Virtual Music Instrument. *International Journal of Psychosocial Rehabilitation*, 12 (2), 41-66.
- Bargiel, M. (2002). Berceuses et chansonnettes: considerations theoriques pour une intervention musicotherapeutique precoce de l'attachement par le chant parental aupres de nourrissons au developement a risques. *Canadian Journal of Music Therapy*, 9 (1) 30-49.
- Boisvert, S. (2002). Music therapy with children having physical or sensory deficits. *Canadian Journal of Music Therapy*, 9 (1), 65-74.
- Herman, F. & Smith, J. (1988). *Accentuate the positive, expressive arts for children with disabilities*. Toronto: Jimani Publications.
- Herman, F. & Smith, J. (1992). *Creative arts for preschool children with special needs*. Tucson: Communication Skill Builders.
- Starr, E., & Finnigan, E. (in press). Increasing social responsiveness in a child with autism: A comparison of music and non-music interventions. *Autism: The International Journal of Research and Practice*.



About the Author

Wanda Gascho-White, MTA has been working in music therapy with young children for the past 22 years. She is currently the head of the music therapy department at Zareinu Educational Centre, a private special-needs school and therapy center for children from 0–21. Wanda has been a lecturer and workshop presenter at conferences and training programs across Canada. She is an advocate for the role of music therapy in facilitating creative and social play experiences for children with physical disabilities, developmental delay and/or autism. Wanda has served as president of the Canadian Association for Music Therapy and is the chair of the Canadian Music Therapy Trust Fund, a charitable foundation that funds music therapy projects and research in Canada.

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Argentina

Gabriel Federico

Director, Mami Sounds
President, Argentine Association of
Music Therapy

Snapshot

Area

Argentina is the second largest country in South America, made up of a federation of 23 provinces and an autonomous city, Buenos Aires. The total area is 2,766,891 square kilometers.

Population

40,913,584 (2009 estimate)

Official Language

Spanish

Ethnic Groups

Around 86% of Argentina's population identify themselves as of European descent, including Italian, Spanish, German, Russian and Polish.

Median Age

30 years (2009 estimate)

Children under 5

Children 0-14 years old represent 25.6% of the total population (2009 estimate).

Source

The World Factbook
Index: National Institute of Statistics
and Census of Argentina
ASAM Library



**"A child is not a diagnosis. And a medical record will never tell what motivates and makes children happier."
– Gabriel Federico**

Demographics

The official census in Argentina is taken every 10 years. Unfortunately, we do not have up-to-date statistics because the next census is due to be conducted in September of 2010, to commemorate the Bicentenary of our nation's independence. Therefore, the sources used here are partial projections from the INDEC (National Institute of Statistics and Census of Argentina) and the World Factbook.

In 2001 Argentina had a population of 36,260,130 inhabitants, of which 1,527,320, or 4.2%, were born abroad. The annual population growth rate in 2008 was estimated to be 0.917%, with a birth rate of 16.32 live births per 1,000 inhabitants and a mortality rate of 7.54 deaths per 1,000 inhabitants. As of 2008, the total population was 40,301,927.

In Argentina there are more than 1,000 music therapy graduates from four official universities: Universidad del Salvador (USAL), Universidad de Buenos Aires (UBA), Universidad Abierta Interamericana (UAI) and the Universidad Maimonides.

With regard to children, we must consider two particular scenarios which often fall outside the official statistics, but which directly impact the

welfare of Argentina's children. First, there is no official data concerning the problem of teen pregnancy (only noted when the infants are born). Many of these infants born to teenage mothers are premature or born with high levels of malnutrition. Secondly, there is no official data on the number of immigrants (mostly illegal) and indigent people who fall inside this age range. Often they represent a recognized high-risk population by the organizations working for children, like UNICEF.

Music therapy in Argentina began in the mid-sixties and was originally influenced by the Benenzon Model. Today, various approaches for working with children under five years of age are evident. These approaches cover psychodynamic, behavioral, and medical perspectives. Many music therapists work as music teachers in schools, because music therapy is still not officially recognized as a profession involved with child education programs. Music therapy is included in the basic health benefits for people with disabilities as certified by the government within the certificate of disability.

Background Information

Music therapists work with many different groups, and they do so in children's hospitals, private clinics, private centers, ICUs (Intensive Care Unit) and NICUs

(Neonatal Intensive Care Unit). The most common areas are neonatology, pre-school, child development, kindergarten, hospices, private practice, family homes, neurologic treatment centers, rehabilitation centers, early intervention programs, psychiatric hospitals, slum and shantytowns and community centers, dentistry, music therapy private agencies and with children who present with a variety of special needs.

The most important music therapy departments in public institutions for children are Tobar García Hospital, Ricardo Gutierrez Hospital and Helizalde Hospital (Casa Cuna).

Common Approaches

There are different approaches which music therapists use as integral tools because we have strong influences from psychoanalytic, educational and medical models. The most popular models for working with children are Benenzon's model, developmental, focal music therapy, plurimodal, psychodynamic and the neurological models of music therapy. For music education programs, Orff, Dalcroze, Kodaly, and Gainza are often applied.

Prominent Publications

It is very expensive for Argentineans to publish books. Therefore, music therapists usually announce their recent works at symposiums and congresses. There are many interesting theses available in ASAM and university libraries.

- ✿ Actas de Simposios Argentinos de Musicoterapia I, II, III y IV organizados por ASAM 1998, 1999, 2000 & 2001.
- ✿ Gabriel F. Federico "El niño con necesidades especiales. Neurología y Musicoterapia", edit. Kier. 2006 Bs.As.
- ✿ Gustavo Gauna & Alejandra Giacobone, Luciana Licastro, Ximena Perea. "Diagnóstico y abordaje musicoterapéutico en la infancia y la niñez", edit. Koyatun, 2008 Bs. As.
- ✿ Libro de resúmenes del XII congreso mundial de musicoterapia, edit Akadia. 2008 Bs.As.

- ✿ Ricardo De Castro "Juegos y actividades musicales", edit. Bonum. 1992 Bs.As.
- ✿ Ruth Fridman "El nacimiento de la inteligencia musical", Ed Guadalupe. 1988 Bs.As.
- ✿ Ruth Fridman "Musica para el niño por nacer", edit. Paidos. 2004 Bs As.
- ✿ www.musicoterapia.org.ar



About the Author

Gabriel Federico is the Director of Mami Sounds and the Prenatal Music Therapy Network and created *The Mami Sounds Method of Focal Music Therapy*, which includes different modes of patient care (e.g., prenatal stimulation, babies and children at risk, pediatric neurology, premature babies and young children with disabilities). Gabriel is investigating the implementation of music therapy in prenatal development and in the prevention and early stimulation of children with special needs. Gabriel is the author of five books on music therapy and has presented his work internationally. Gabriel Federico currently serves as the President of the Argentine Association of Music Therapy.

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Japan

Kumi Sato, MS, BA

Music Therapist
Fukushima, Japan

Snapshot

Area

377,914 square kilometers

Population

127,692,000 (2008 estimate)

Official Language

Japanese

Ethnic Groups

98.3% Japanese, 1.7% others

Median Age

43.3 years old (2006 estimate)

Children under 5

6,520,000 (2008) *This is about 5.1% of the total population

Source

The Statistics Bureau and the Director-General for Policy Planning (<http://www.stat.go.jp/index.htm>)



"Children with difficulties have chosen their parents. "

- Unknown

Demographics

There are currently more than 1300 music therapists certified by the Japanese Music Therapy Association (JMTA). Although more professionals in related fields are interested in music therapy, many music therapists are working part time or as volunteers.

Music therapists provide services for children with special needs, adults with mental disabilities, elderly, and clients receiving terminal care. Since 22% of the total population is 65 years old or older, a large number of music therapists work at nursing homes or welfare centers. One of the other reasons why there are fewer opportunities to work with young children is that early intervention is not widely recognized yet in Japan.

Background Information

The JMTA, the largest music therapy organization in Japan, has approximately 6,500 members at this time. The organization holds national conferences and publishes academic journals to establish the status of music therapy as a profession as well as to create a national license.

Music therapists are encouraged to complete an education program

approved by the JMTA plus three years of clinical experience under supervision to be certified. The approved education programs are provided at 15 colleges and three special training schools. There is no music therapy training program at the Master's level.

In the past, it also was possible to be certified by attending lectures and having a certain amount of clinical experiences. However, starting in 2011, the JMTA will require music therapists to complete an education program approved by the organization. This change will improve music therapy education programs and will help demonstrate the importance of education to *self-trained* music therapists.

Common Approaches

The music therapy approaches practiced include behavioral, client-centered, and other specific models such as Nordoff-Robbins Creative Music Therapy. The techniques used are music listening, singing, instrument playing, improvisation, music and movement, and recreational music.

Prominent Publications

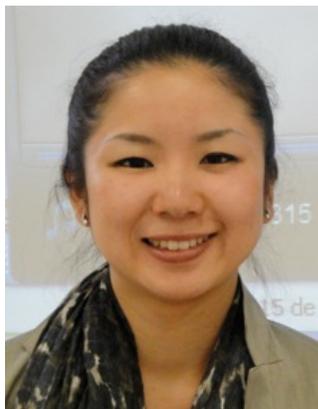
Nakayama, A., Futamata, I., & Takeuchi, K. (2006). *Ongaku Ryohoshi no Tame no ABA Nyumon* [Introduction to ABA music therapy for children with developmental disabilities]. Tokyo: Syunjusha.

The JMTA journals

<http://www.jmta.jp/index.html>

Music Therapy

This is a non-academic music therapy magazine, published by Ongakunotomoshu, for professional music therapists and other people who are interested in music therapy. It provides information about the current status of music therapy, effective techniques, case studies, interviews with experienced music therapists, other professionals in related fields, and music therapy students, and information about upcoming events including lectures or seminars.



About the Author

Kumi Sato, MS, BA, graduated from the Master's program in music therapy at the State University of New York at New Paltz in December 2009. She has worked with children who have emotional disturbances and is planning to continue working with children in Japan.

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Taiwan

Fu-Nien Hsieh, MA,

MM, MT-BC

Tainan National University of the Arts
Taipei, Taiwan

Snapshot

Area

36,191 square kilometers. Slightly smaller than the states of Maryland and Delaware combined. Located in Eastern Asia; islands bordering the East China Sea, Philippine Sea, South China Sea, and Taiwan Strait, north of the Philippines, off the southeastern coast of China.

Population

23,119,772 (December 2009)

Official Language

Mandarin Chinese

Ethnic Groups

Taiwanese (including Hakka) 84%, mainland Chinese 14%, indigenous 2%

Median Age

37 years (2010 estimate)

Children under 5

992,781 (April 2010)

Sources

Taiwan Ministry of the Interior
www.moi.gov.tw

CIA. The World Factbook. Taiwan.
www.cia.gov/library/publications/the-world-factbook/geos/tw.html



**“Children are educated by what the grown-up is not by his talk.”
– Carl Jung**

Demographics

There are approximately 50 music therapists in Taiwan, mostly trained overseas in the U.S.A., Canada, United Kingdom, Germany, Spain, and Australia. The booming student population studying music therapy abroad now reveals the growing demands for music therapy services in the country. Many of the students will come back to Taiwan and devote themselves to the profession of music therapy in the near future.

The Music Therapy Association of Taiwan (MTAT) was established in 1996, supported by people who were enthusiastic about promoting music therapy and were from different professions including music therapy, music performance, medical science, special education, psychology, and counseling. The mission of MTAT is to promote music therapy by offering music therapy lectures and workshops, publishing periodicals, and making efforts in music therapy research.

In Taiwan, music therapists serve children with special needs when working with very young children. Music therapists respond to the demands of abused, hospitalized, and traumatized children as well. Music therapy services are offered in

a variety of settings, such as general hospitals, children’s hospitals, child treatment centers, rehabilitation clinics, early intervention programs, special education settings, and private practice. Funding for music therapy services for young children mostly comes from private pay. Other sources of funding include government funds, grants, and budgets of social welfare organizations.

Background Information

The MTAT is currently working towards official recognition of music therapy as a health care profession and for professional certification. The development of music therapy in the educational system has been seen as the most influential factor for formally introducing music therapy as a health care profession.

More than 15 universities offer elective music therapy courses in their departments of music, applied music, music education, special education, general education, early childhood education, clinical psychology, psychology and counseling, and occupational therapy. Taiwan National University of the Arts (in the Department of Applied Music) is the only music therapy program in Taiwan to offer an undergraduate degree.

The program was established in 2004;

the graduates are working to meet the increasing demands for music therapy services. Non-degree music therapy interdisciplinary programs are offered in two universities in the educational system as well.

Common Approaches

Since most music therapists in Taiwan were trained all over the globe, the approaches applied to young children reflect a rich diversity of models, including behavioral music therapy, Nordoff-Robbins Creative Music Therapy, free improvisation, Neurologic Music Therapy (NMT), and approaches adapted from music education (i.e., Dalcroze, Orff-Schulwerk). Common techniques are singing, chanting, using music and movement, instrumental and vocal improvisation, instrument playing, song creation, and music listening.

Prominent Publications

The following publications are not exhaustive, but provide an overview of research in Taiwan. It is evident that increasing numbers of research publications support the effects of music therapy interventions in the field of early childhood.

- Chang, N. -W. (2010, May). *Music listening skill training for increasing auditory attention of cochlear implant recipient: A case report of pre-school boy*. Paper presented at the 2010 academic conference of Special Education and Professional Collaboration, National Taichung University, Taichung, ROC.
- Chang, N. -W. (2004). *Music therapy for children: Music therapy clinical experiences in Taiwan (in Chinese)*. Taipei, Taiwan: Psychological Publishing.
- Chang, N. -W. (2000). *Melodic teaching method of Chinese digital score for Autism*. Paper presented at the first National Congress of Early Intervention Program for Children with Developmental Disability, Taipei, Taiwan.
- Chien, T. -H., & Chen, S. -Y. (2007). The effect of music training on mandarin tone intelligibility for children with hearing impairments. *Bulletin of Special Education*, 32(2), 93-114.
- Gfeller, K., & Hsiao, F. - L. (2009, December). *Accommodating structured music instruction for pediatric cochlear implant recipients: A systematic analysis*. Paper presented at the Seventh Asia Pacific Symposium on Cochlear Implants and Related Sciences, Singapore.
- Hsiao, F. -L. (2008). Mandarin melody recognition by pediatric cochlear implant recipients. *Journal of Music Therapy*, 45(4), 390-404.
- Hsiao, F. -L., Gfeller, K., Huang, T. -S., & Hsu, H. -C. (2006, June). *Perception of familiar melodies by Taiwanese pediatric cochlear implant recipients who speak a tonal language*. Poster session presented at the 9th International Conference on Cochlear Implants and Related Sciences, Vienna, Austria.
- Hsieh, F. -N. (2010, June). *The role of music therapy in supporting a child with developmental delays and the parent facing challenges of child behavior and parental stress: A case report*. Poster session presented at Taiwanese Society of Child and Adolescent Psychiatry 12th Annual Conference, Taipei, Taiwan.
- Hsieh, F. -N. (2010, June). *A case report of using songwriting to help a child with mild mental retardation in foster care express feelings*. Poster session presented at Taiwanese Society of Child and Adolescent Psychiatry 12th Annual Conference, Taipei, Taiwan.
- Lin, F. -L. (2000). *The music therapy effect applied to early intervention of Down Syndrome children*. 2000 Annual Papers Collection of Early Intervention in Taiwan, 105.
- Lin, F. -L. (2001). *Music therapy for a boy with Asperger Syndrome: Creation and response*. 2001 Annual Papers Collection of Early Intervention in Taiwan, 58-59.
- Shih, C. -L., Chen, Y. -L., & Chen, C. -L. (2008, September). *The effect of music play group on attention of children with autism: A case study*. Poster session presented at The 9th National Congress of Early Intervention for Children with Developmental Delays, Taichung, Taiwan.



About the Author

Fu-Nien Hsieh has worked as a music therapist with children with special needs in Taiwan since 2000. She is currently the President of the Music Therapy Association of Taiwan.

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Singapore

Ng Wang Feng,

MMT, MT-BC

Music Therapist
Singapore

Snapshot

Area

710,3 square kilometers (Statistics Singapore, 2009)

Population

4,987,600 (Statistics Singapore, 2009)

Official Language

English, Chinese, Malay, Tamil (Statistics Singapore, 2000)

Ethnic Groups

74.2% Chinese, 13.4% Malay, 9.2% Indian, Others 3.2% (Statistics Singapore, 2009)

Median Age

36.9 years old (Statistics Singapore, 2009)

Children under 5

4% (UNICEF, 2009)

Source

See References



**"I like to sing Twinkle, Twinkle, Little Star"
– My Client**

Demographics

Since the 1980s, music therapists in Singapore have traditionally served at voluntary welfare organizations (VWOs) aimed at helping children with special needs. Children under the age of five (attending special education programs) have thus benefited from music therapy, albeit at only a few facilities over the past three decades, due to the lack of trained professionals. In 2010, out of the twelve music therapists based in Singapore, six (50%) serve children under the age of 5. One continues to serve at an early intervention center. The other five are based at hospitals or centers which cater to a range of clients, including children with special needs, with those under five years old making up a portion of their total caseload. With the introduction of a locally-based accredited training program in 2011, we hope to have a larger pool of music therapists working in Singapore in the future.

Background Information

In Singapore, children enter primary school the year they turn seven. Kindergartens and childcare center cater to the education and development of children under seven. The two government bodies involved are the Ministry of Education (MOE) and the Ministry of Community

Development, Youth and Sports (MCYS). Kindergartens are registered with the MOE while childcare centers are licensed by the MCYS (Ministry of Education, 2010). The MCYS has increased subsidies for center-based infant- and childcare (Ministry of Community Development, Youth and Sports, n.d.). The MCYS has advocated for higher quality early childhood education by raising minimum academic and professional qualifications for all new childcare center supervisors and child care teachers, and awarding scholarships to child care teachers to pursue degrees and diplomas in early childhood education in 2009 (Ministry of Community Development, Youth and Sports, March 10, 2010).

Music therapy services have only been provided for targeted children with special needs who are enrolled in special education programs at schools for children with Special Needs, early intervention programs, and private businesses. At programs run by VWOs, funding for music therapy services may come from MOE, MCYS and donations channeled from the National Council of Social Services' fundraising arm: The Community Chest of Singapore. The VWOs also get financial support and donations from corporations and the public. Service provision in private settings has not been sustained in general, largely due to the scarcity of free-lance professionals working with this population.

The Singapore Ministry of Health (MOH) recently published the *Academy of Medicine, Singapore (AMS)-MOH Clinical Practice Guidelines for Pre-School Children with Autism Spectrum Disorders*. This document concluded that “Music therapy is not recommended in the *routine management* [italics added] of children with ASD because of inconclusive evidence” (Ministry of Health, March, 2010, p. 71). Its review of literature included eight published sources, including a Cochrane review, and one article from the *Journal of Music Therapy*. As music therapy is hardly a “routine,” one-size-fits-all treatment modality, this recommendation (or lack thereof) may lead to reduced funding for music therapy services at organizations serving young children with ASD. At the time of this writing, the Association for Music Therapy (Singapore) (AMTS) is drafting a response to the Ministry of Health to clarify and educate this body about music therapy. AMTS continues to raise awareness of music therapy in the country.

Common Approaches

Approaches used by music therapists often depend on their training. Behavioral, client-centered, eclectic, and psychodynamic, as well as improvisation-based, interactive and experiential practices are widely used in the music therapy treatment process. In special education settings, music therapists have incorporated the curriculum (as adapted by the facility) in their therapy work, e.g. the Treatment and Education of Autistic and Communication Handicapped Children (TEACCH) model, the Assessment, Evaluation, and Programming System (AEPS), and related methods, such as the Picture Exchange Communication

System (PECS) and Augmentative Alternative Communication (AAC).

Prominent Publications

- Cheng, L. S. C. (1989). Music therapy in action: A case study of a brain-damaged teenager. *Singapore Journal of Education*, 10, 2, 77-85.
- Ruyters-Lim, A. (1997). Music therapy. In K. Lyen, E. H. Lee & J. S. Y. Tham-Toh, (Eds.), *Rainbow dreams: How to help your child with developmental delay* (pp. 266-284). Singapore: Armour Publishing Pte Ltd.

Visit the Blog of the of the Association for Music Therapy (Singapore) at <http://singaporemusictherapy.wordpress.com>



About the Author

Ng Wang Feng has worked in Singapore as a music therapist since 2005. Her focus has been with children and youth with special needs, at-risk youth, and more recently, individuals with muscular dystrophy. She also has been teaching music therapy electives at the Nanyang Academy of Fine Arts since 2006. She is the founding President of the Association for Music Therapy (Singapore), established in 2007.

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- Ministry of Community Development, Youth and Sports. (10 March 2010). “Building Stronger Families: New Initiatives to Promote Quality Child Care.” Retrieved May 3, 2010 from http://app.mcys.gov.sg/web/corp_press_story.asp?corp&szSubMod=press&qid=5213
- Ministry of Community Development, Youth and Sports. (n.d.) “Child care centers.” Retrieved May 3, 2010 from http://app.mcys.gov.sg/famlnurture_childcarectr.asp
- Ministry of Education. (2010). “Pre-school education.” Retrieved May 3, 2010 from <http://www.moe.gov.sg/education/preschool/>
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- Statistics Singapore (22 April 2010). “Statistics.” Assessed 3 May 2010, from <http://www.singstat.gov.sg/stats/keyind.html>
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China

Mingming Liu, MA

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Snapshot

Area

9,608,300 square kilometers
(including 32 provinces, autonomous
regions and 2 special administrative
regions)

Population

1,295,330,000 (November 2005
estimate)

Official Language

Chinese

Ethnic Groups

56 ethnic groups

Median Age

32.36 years

Children under 5

68, 978,374

Source

National Bureau of Statistics of
China. [http://www.stats.gov.cn/
index.htm](http://www.stats.gov.cn/index.htm)



**"Working for children's health and happiness makes us happier than we ever
thought we could be."
- Zhongzhi Li**

Demographics

According to information from the 2006 National Census (<http://www.cdpc.org.cn/english/home.htm>), there are 211,300 children between the ages 0-5 with the following conditions (in order of frequency): multiple disabilities, developmental disabilities, mental disorders, speech impairments, physically disabilities, hearing impairments and visually impairments.

Music therapy practitioners are working with young children in music therapy centers, rehabilitation centers for children with disabilities, special schools, hospitals, kindergartens and schools. Music therapists are serving children with developmental disabilities, behavioral disorders, learning disorders, communication disorders, sensory impairments, and medical conditions.

Background Information

In China, music therapy was first explored in 1985. The first music therapy education program was established at the Central Conservatory of Music in 1999, offering music therapy programs on undergraduate and graduate levels. Three additional music colleges and two medical colleges established

music therapy programs at the same time.

The Chinese Professional Music Therapist Association was established in 2007. This association offers a non-degree music therapy certification for musicians, music students, medical doctors, nurses, and psychotherapists.

Most of the Chinese people would consider music therapy as psychotherapy. The Chinese psychology society also recognizes music therapy as an important part of psychotherapy, because early music therapy practice in China focused mainly on psychotherapy. There is a steady growth of music therapy in China. However, obtaining recognition and support of the profession by the government is proceeding slowly.

Common Approaches

Music therapy approaches for early childhood include Behavioral Music Therapy and the Creative Music Therapy Model. Music therapy sessions include music listening, music playing, instrumental exploration, and song creation. Music education approaches such as Orff -Schulwerk are also commonly used with young children.

Prominent Publications

The following references are a selection of Chinese Master's thesis related to young children.

- ✿ Lin Su (1997). A Case Study of an Autistic Child.
- ✿ Bing Wang (2003). Orff Music Therapy on The Efficacy of Children with Autism.
- ✿ Mingming Liu (2003). Recreative Music Therapy on Appropriate Emotion of Mentally Retarded Children.
- ✿ Lu Han (2009). Multiple Stimulus on Mentally Retarded Children.
- ✿ Huayu Li (2009). MIT and TS for Cerebral Palsy and Speech Rehabilitation.

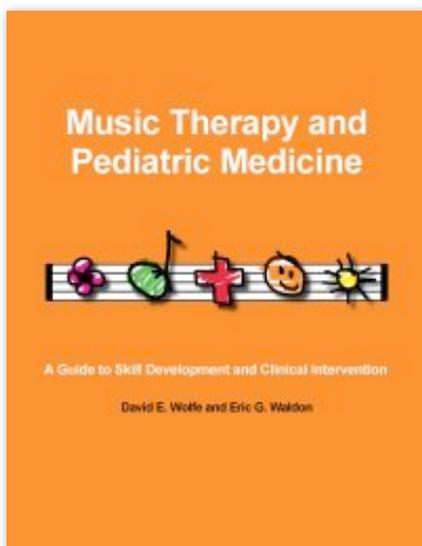


About the Author

Mingming Liu works as a lecturer at the Music Therapy Centre of the Central Conservatory of Music, Beijing, China. She is a member of the U.S. based Association for Music & Imagery. Her practice and research focuses on music psychotherapy, maternal and child health, and children with developmental disorders.

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resources



A Summary of Music Therapy in Pediatric Medicine: A Guide to Skill Development and Clinical Intervention

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Department of Psychiatry at Kaiser Permanente
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David E. Wolfe, Ph.D.
Professor Emeritus
Palm Springs, California

Evolving from over a decade of research, development, and fieldwork, the recently published text, *Music Therapy and Pediatric Medicine* (Wolfe & Waldon, 2009), is written for music therapy educators, clinical trainers, music therapy students and interns, and experienced clinicians seeking to enhance their practice and clinical skills in working with pediatric patients ages 4 to 7 years. What separates this manual from other pediatric music therapy texts is that it provides explicit guidelines and procedures designed around acquiring specific skills such as conducting assessments in the pediatric setting, designing and evaluating group experiences for hospitalized children, carrying out procedural support interventions, and designing music therapy supports for the parents of hospitalized children.

In this regard, each chapter is laid out in a consistent, predictable manner that provides:

- Background information offering the reader a foundation grounded in the music therapy literature,
- Discussion questions and simulations requiring the reader to integrate the reviewed literature with real world clinical situations,
- Listings of materials, suggestions, and verbalizations which assist the clinician in carrying out interventions and running programs in pediatric settings,
- Collections of fieldwork activities which can be used in organizing and preparing necessary clinical activities, and
- Checklists for clinician competencies and responsibilities that help readers evaluate their skill acquisition and ensure that needed clinical tasks have been completed.

As an example of this organization, the first chapter, devoted to the role of assessment in pediatric medicine, reviews the importance of selecting appropriate music and monitoring a child's responses to procedural support interventions. Discussions and simulations cover the factors that may affect a child's listening choices and charge the reader with articulating the importance of assessment in pediatric music therapy. The list of materials includes an inventory of equipment needed to conduct comprehensive music therapy evaluations. Also included is a list of suggested discussion points to help clinicians approach parents before carrying out an assessment. Fieldwork activities include preparing materials prior to conducting the assessment and following through with the assessment procedures (e.g., CMPAC, MASA, and SCRIBE) outlined in the chapter. Finally, clinician checklists provide the developing clinician with the opportunity to reflect on the role of assessment in music therapy and evaluate his/her competency in carrying out the assessment procedures.

Of particular note in this chapter on assessment is the *Computer-based Music Perception Assessment for Children (CMPAC)* – a tool available to clinicians carrying out evaluations in the pediatric arena. As a child's responsiveness to music is an important variable to consider in designing effective interventions in pediatrics, CMPAC provides the clinician with a method for sampling children's music listening behaviors and gathering preliminary information about a child's familiarity and preference with certain genres of music. Ultimately, CMPAC output data on the sequence, duration, and frequency of listening can then be used to develop child-centered, music-based interventions for use during painful or anxiety-provoking medical procedures.

Another important feature of this manual is the inclusion of detailed instructions used to guide specific interventions during invasive procedures. Located within the appendices, these protocols provide an overview of the intervention, a listing of related materials (including visual aids and music), and detailed verbalizations/instructions for carrying out the intervention. Furthermore, these protocols provide a foundation (i.e., a consistent manner in which to carry out an intervention) for developing a body of evidenced-based practices in pediatric music therapy. Finally, in addition to

these detailed protocols, the appendices also include outlines for carrying out music therapy activities in the pediatric playroom, visual aids for use during assessments and invasive procedures, suggested musical excerpts and recordings, forms for use in documenting progress, and brochures to assist readers and clinicians in designing and carrying out programs in pediatric settings.

Reference

Wolfe, D. E., & Waldon, E. G. (2009). *Music therapy in pediatric medicine: A guide to skill development and clinical intervention*. Silver Spring, MD: American Music Therapy Association.

About the Authors



Eric G. Waldon, Ph.D., MT-BC is a board-certified music therapist and licensed psychologist working in the Department of Psychiatry at Kaiser Permanente's Stockton, California facility. Additionally, he serves as adjunct faculty at Brandman University's Modesto, CA campus where he teaches courses in research methods and neuropsychology.

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David Wolfe, Ph.D. is Professor Emeritus and past Chair of the Department of Music Therapy and Coordinator of Graduate Studies, University of the Pacific; previous Chair, Department of Music Therapy, Utah State University; and currently Acting Director of the Music Therapy Department, Chapman University. Dr. Wolfe has been the recipient of numerous awards including the AMTA Lifetime Achievement Award, the

WRAMTA Betty Isern Howery Recognition Award, and AMTA and WRAMTA Publications Award.

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Helen Marlais' *Succeeding at the Piano*™: A Method for Everyone

Ruthlee Figure Adler, MT-BC
Private Practice
Bethesda, Maryland

Helen Marlais' *Succeeding at the Piano* was introduced by the FJH Music Company this spring. This comprehensive beginning piano method is suitable for use with music therapy clients who have special needs. The Lesson and Recital books come with CDs recorded at slower and performance tempos, as well as with a string quartet accompaniment for some of the selections. There is also a Theory and Activity Book for both levels (currently only the Preparatory Level and Grade 1 books have been released by the publisher). Note reading, rhythm and technique are integrated throughout the series. Note reading is reinforced by progressing from middle C position, playing intervallic selections, to C position in the preparatory level. Multi-key reading is added in Grade 1.

Ms. Marlais teaches rhythm in a natural, easily internalized way by counting aloud, speaking lyrics, or clapping/tapping before learning the definition of each note value. Appealing illustrations further reinforce the steady beat and other basic music concepts, as well as encouraging creativity and stimulating the imagination. Basic technique such as "Warm-ups for the Body" or "Technique with *Papa Haydn*" are included in the repertoire.

Famous classical composers are introduced in the series, beginning with "Papa" Haydn and including Mozart, Beethoven, Chopin, Brahms and Schuman. Repertoire includes traditional folk, seasonal and original motivational music, as well as music by contemporary and classical composers. Ear training is reinforced in the related theory and activity books. Multisensory experiences are included - auditory, visual and kinesthetic - along with optional duets for the therapist or parent. Musical selections are short with easily repeated lyrics.

This series is easily integrated/combined with other keyboard methods. For additional information please go to www.fjhmusic.com/piano or contact FJH Music Company, Inc. in Fort Lauderdale, FL.

About the Author



Ruthlee Figure Adler currently practices as a private music therapist/consultant in Bethesda, Maryland.

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Online Resources at Your Fingertips

Michelle Erfurt, MT-BC
Erfurt Music Resources
Jensen Beach, Florida

Rachel Rambach, MM, MT-BC
Music Therapy Connections
Springfield, Illinois

Staying current and connected is much easier these days with numerous online resources and social media sites literally at our fingertips. The Internet can instantaneously provide a wealth of information on any given topic, but the sheer volume can sometimes be overwhelming. For instance, a simple Google search of "music resources for children age 0 - 5" yields over 5 million results. The following annotated list is a selection of relevant online sources for professionals seeking information on music or music therapy with young children.

- ☀ **A Day's Work:** Offering quality, hand-made adaptive instruments made by Raymond Day.
- ☀ **Currents in Music & Wellness:** Kat Fulton, MM, MT-BC, NICU MT, whose motto is "Be well, feel good, and make MUSIC," blogs about drumming, rhythm, and wellness from the beginning of life and throughout the life span.
- ☀ **Kids Sing Studio:** Lisa Casciola, MT-BC, provides a forum for sharing new repertoire and musical resources for both adapted and non-adapted music lessons and music therapy.
- ☀ **More With Music:** Educational and therapeutic songs, activities and ideas for children in a school setting with developmental disabilities by Amanda Ellis, MT-BC.
- ☀ **Music for Special Kids:** A collection of music, activity, and instrument ideas along with story books and CDs from music therapist, Pamela Ott.
- ☀ **Music in Schools Today:** Helpful, creative materials for teachers and music therapists who work with children in the school setting.
- ☀ **Music Matters:** Piano teacher, Natalie Wickham, shares her tips for running a successful studio, including her own teaching strategies, repertoire recommendations, and links to other helpful sites.
- ☀ **Music Sweet Music, Inc.:** A non-profit organization providing music therapy sessions and instruments to children with illness or disabilities.
- ☀ **Music Therapy Maven:** Resources and information related to music therapy, music and brain function, and small business development by Kimberly S. Moore, MM, MNT-F, MT-BC.

- ☀ **Music Therapy Source:** Matt Logan, MT-BC, is a new professional who offers instructional guitar videos, product reviews, and resources for music therapy students and interns.
- ☀ **Note Abilities:** Providing CDs, DVDs, podcasts, and video lessons for families of children with Autism Spectrum Disorders.
- ☀ **A Perfect Lullaby:** A website listing reviews and recommendations of lullaby music by Matt Logan, MT-BC.
- ☀ **Plain Talkin':** CDs and software that teach speech and language skills. Created by Megan Rhoden, MT-BC, and Lani Popp, M.S., CCC-SLP.
- ☀ **Time for Music:** Songs, instrument ideas, and podcasts by Wade Richards, music therapist in New York.

Note: Additional resources can be found at the authors' blogs and websites.

About the Authors



Rachel Rambach is a music therapist providing individual and group services to children of all ages and levels of development. Her blog, www.listenlearnmusic.com, contains intervention ideas, music downloads, and links not only to the websites of other music therapists, but also of

music educators, entrepreneurs, and anyone else who might offer innovative ideas and products to use in working with young children.

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Michelle Erfurt is a music therapist, blogger, business owner and a project manager. Her blog, www.erfurtmusicresource.com, is intended to connect the public to music related products, services and information.

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podcasts

2010

Our Podcasts 2010

Summaries prepared by Lisa Jacobs, MM, MA, MT-BC

Available at http://imagine.musictherapy.biz/Imagine/our_podcast/our_podcast.html



Dr. Petra Kern, MT-DMtG, MT-BC, MTA, NICU-MT with Marcia Humpal, M.Ed., MT-BC
Not One Day Without a Smile

In this interview, Marcia Humpal addresses key questions related to Early Childhood Music Therapy.

Drawing from her rich

knowledge and experiences, she describes the philosophy, techniques and settings, involvement of caregivers and teachers, research evidence, and the major changes she has witnessed in the field over time. The interview closes with encouraging words for younger colleagues and Marcia's vision for the future of Early Childhood Music Therapy.



Linn Wakeford, M.S., OTR/L
Sensory Processing: Key Points and Ideas for Application in Music Therapy

Offering a straightforward and detailed overview of sensory processing and modulation, this podcast is an invaluable tool in the early childhood music therapist's toolkit. It is imperative to understand the way that young children

process sensory stimuli in order to meet their needs effectively as a therapist. The author draws important connections between music and sensory processing and discusses concrete ways to incorporate this information into one's work as a therapist.



Tim Ringgold, MT-BC, NICU-MT
What Happens when your first NICU Patient is also Your Child? A NICU-MT Dad's Journey"

In this podcast, the author describes his unique experience as both a trained NICU-MT and the father of a fragile infant in the NICU. He recounts the process of preparing with his wife for their daughter's birth using music therapy skills. In the days following the delivery, he found comfort in employing his NICU-MT skills to connect with his baby.



Jennifer Buchanan, BMT, MTA
Children Reach Out for Music and Find The World They Cannot See and Parents Witness Their Child in a Whole New Light

This podcast guides the listener through a full music therapy group session for infants and toddlers with visual impairments and their parents. Through descriptions of various interventions and the responses they evoke in children and parents alike, the author reflects on the remarkable benefits of the group.



Kamile Geist, MA, MT-BC
Music Supporting Emergent Math With Children Ages 0-5

In this podcast, the author reviews her own pilot research study which was conducted at the Ohio University lab school. Using music in the classroom to support emergent math skills in 3- and 4-year olds was shown to be an effective tool in prolonging student engagement with the teacher and the material. The results of the research are quite promising and have gained international recognition.



Cathy Knoll, MA, MT-BC

A Beginner’s Guide to Circle Time: Tips from a Seasoned Music Therapist

Circle time is a familiar paradigm to the experienced early childhood music therapist, but can be quite daunting to the beginner clinician. In this podcast, the

author addresses the various challenges that may arise and offers advice on how to approach each one.



Rachel Rambach, MM, MT-BC

Sunday Sing-Along: A Video Series

This podcast spotlights the author’s perspective on a new technological medium, video blogging. Through the use of a weekly video blog on her website, the author has been able to

reach her clients in an exciting and personal way. Client testimonials and personal reflections reveal the great potential of this medium.



Betsy Blachly-Chapin, MS, MT-BC, AVP

Music Therapy at a New York City Family Shelter: Old MacDonald is my Best Friend

This podcast offers reflective insights on the author’s experience of starting a music therapy program at a homeless shelter in the Bronx. She explores the journey toward finding her own identity

as a part-time music therapist, working with families and classroom teachers at the shelter, both during structured ‘music time’ and in the milieu. Using session notes and vivid depictions of her experiences, the author relays the many meaningful ways in which one music therapist can make a difference.

About our podcasts

One section of the *imagine* website is dedicated to podcasts concerning early childhood music therapy and related topics. Starting with a classic interview with Marcia Humpal recorded in 2004, we hope to bring you the perspectives, knowledge, and vision of clinicians, researchers, educators, administrators, parents and children connected to our work.

You can access and subscribe to the podcasts at http://imagine.musictherapy.biz/Imagine/our_podcast/our_podcast.html

Should you have someone in mind you would like to see featured, please contact the editor, Dr. Petra Kern at imagine@musictherapy.org

publications

2009/2010

New Publications 2009-2010

Compiled by Dr. Petra Kern, MT-DMtG, MT-BC, MTA, NICU-MT

The following articles reflect a selection of publications related to early childhood music therapy published during 2009-2010.

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