

Early Childhood Newsletter

A publication of the
American Music Therapy Association's Early Childhood Network
August, 2003

Volume Number 9
Marcia Humpal and Jessica Major, Editors

[The information contained in this newsletter does not necessarily reflect the opinions of AMTA, the network co-chairs, or the editors]

Welcome to the 2003 edition of the Early Childhood Newsletter. This is the 9th newsletter to be published, and we are now making it available to more members by posting it online at the *Members Only* section of the AMTA website. Thank you to all the contributors to this issue, to Jessica Major for her editing efforts, and to Angie Elkins at the AMTA national office for her assistance in making us "high tech".

Please join us in Minneapolis at the Special Target Populations Networking Session that will be held on Friday, November 21st from noon to 1:30. There will be a special area set aside for those interested in Early Childhood. ***Please note that this session will serve as the annual meeting of the former Early Childhood Roundtable.**

Send us any suggestions you may have for topics for the networking session as well as submissions for the next newsletter. We look forward to seeing you in Minneapolis!

Early Childhood Network Co-Chairs,

Marcia Humpal, M.Ed.
26798 Mangrove Ln.
Olmsted Falls, OH 44183
mehumpal@ameritech.net

Ronna Kaplan, M.A. MT-BC
2557 Derbyshire Rd.
Cleveland Heights, OH 44106
Rskaplan522@aol.com

Report of Early Childhood Roundtable at the 1st Annual Special Target Populations Networking Session *AMTA Annual Conference*

November 2002

Ronna S. Kaplan, MA, MT-BC
Early Childhood Network Co-Chair

- I. Introductions: Co-chair Marcia Humpal began the networking session by stating that the Early Childhood Roundtable, begun in 1994, was the prototype for the simultaneous networking sessions that were introduced at this year's conference.

All attendees introduced themselves and identified where they work and the type of service, e.g. home-based, Head Start, individual vs. group, etc. that they provide.
- II. Activity/Resource Ideas: Co-chair Ronna Kaplan invited attendees to submit in writing (on forms she provided) activity/resource ideas to be printed in the next issue of the *Early Childhood Newsletter*.
- III. Marcia distributed extra copies of the newsletters to those who had not received them. She asked for volunteers to write articles in future newsletters. She also passed around a sheet for

new members or those with address/phone/name changes to update the Early Childhood Mailing List.

IV. Attendees next shared information about any Early Childhood Successes they or their colleagues had experienced thus far in 2002.

- Angie Snell reported on Government Relations developments and referred members to the government relations report, e.g. in the Assembly book.
- Several members discussed music therapists receiving the “E I” (Early Intervention) credential in states such as Ohio and Massachusetts. In Ohio an EI specialist may fall under the auspices of the Ohio Department of MR/DD. In Massachusetts a master’s level degree was reported to be necessary for creative arts work in this field.
- Angie also reported that in Michigan more children with autism are being identified and they are most responsive in music therapy. She now receives referrals and does pre-screenings and assessments to determine who receives services. Parents are writing letters now to ask for services. Early childhood education (including music therapy?) is now on the IEP. Angie stated that a music therapist can help a child be a “group learner.” She uses music as a support and moves to “fading back” music therapy, giving teachers tools and strategies. The music therapist can then become a consultant.
- The internet has been very helpful for parents and others seeking information on autism and other disabilities.
- In New York music therapists have been writing on the IEP’s since the 1990’s.
- Beth Schwartz (New York) reminded attendees that discharging kids from music therapy is a good thing. She and others encouraged music therapists to give recommendations for individual therapy or for other music involvement.
- There were many sessions at this conference on topics related to early childhood/early intervention, including infants and toddlers.
- In Illinois music therapists are using the developmental music therapy model.
- In the Mid-Atlantic region, there are programs in Advocacy Training.

V. Early Childhood Issues throughout 2002

- Government Relations issues were discussed, particularly IDEA Re-authorization Parts B (ages 3-21) and C (ages 0-3). Attendees were urged to contact Hilary Clinton on the Education Committee and to write to their congressmen/senators, send faxes or make phone calls by December 31, 2002, to try to list music therapy on IDEA as a Related Service. It was suggested that music therapists invite parents or co-workers to communicate with representatives/senators as well. Sample letters were in the Assembly book and are on the AMTA web site.

- Research and publications were then discussed.

(a) Ronna noted that in the spring 2001 issue of *Early Childhood Connections* there is an annotated bibliography useful for music therapy in early childhood.

(b) Also pages 258-264 of the Assembly book contained annotated bibliographies for MT in special education. The group was informed that AMTA would also post these pages on the web site. Their plan is that these reference lists will be expanded to include all areas listed in the AMTA *Standards of Practice*. A reference list from Lee Anna Rasar can also be found on the AMTA web site at this time.

(c) As for new research, Ronna mentioned the study in which she is participating that began this year in Akron, Ohio. It is a multi-site study involving the Children’s Hospital Medical Center of Akron, Rainbow Babies and Children’s Hospital, MetroHealth Hospital and The Cleveland Clinic Foundation examining the effects of *Music Therapy in the NICU*.

(d) The Autism Task Force has also been developing on a protocol for a research project (Cindy Edgerton is in charge of this phase of the work) on the topic of joint attention in musical vs. nonmusical settings.

(e) Sheri Robb has a research project in hospitals with pediatric oncology patients. Protocols with flexibility, such as Sheri's, were discussed.

(f) Angie Snell mentioned her idea for testing her assessment procedures in the future. Many attendees felt that generalization of skills was an important area to be researched.

- Publications issues were then addressed.

(a) Christine Spence in Illinois reported doing public relations/in-services for doctors.

(b) Michelle Glidden in Massachusetts presented a day-long in-service for hospital nurses and administrators. She showed clips from the *Partnerships in Care* video from the AMTA Satellite Broadcast as part of these presentations.

(c) Attendees were reminded that the *Music Therapy and the Young Child* Fact Sheet, as well as the *Music Therapy with Individuals with Diagnoses on the Autism Spectrum* Fact Sheet, are now posted on the AMTA web page.

VI. The Year Ahead

- Internship sites that include early childhood were discussed. Music therapists with internships involving experience in the early childhood/early intervention area were encouraged to send information about the programs to the early childhood network newsletter. Marcia Humpal also stated she would ask AMTA to cross-categorize internships by population in the near future. Attendees were reminded that university-affiliated internships are also an option.
- Other issues/ideas addressed involved
 - (a) Reminding attendees to contact representatives/senators to request support for including music therapy as a Related Service under Part B and C of IDEA
 - (b) Potential conflict of interest when there is a music therapist who serves in a school and also privately.
 - (c) Music therapy evaluations vs. music therapy service.
 - (d) There are not enough music therapists to do all the evaluations and provide music therapy in some settings.

An informal discussion concluded the roundtable, focusing on sharing of ideas for resources, equipment, and so on. These ideas will be highlighted in the next issue of the newsletter. Finally, Marcia reminded attendees to check out the websites she listed pertaining to early childhood.

Recommendations for future networking sessions:

1. More and earlier publicity explaining sessions
2. Include populations and brief "abstract" for each (including facilitator(s)' names) in conference program under day/time (where sessions are listed)
3. Start ½ hour after plenary or other scheduled event to allow for people to get lunch. We did NOT have people who went to another group. Was this the case with the forums for other populations?
4. Fewer attendees for the Early Childhood Roundtable than in previous years. Later in the conference, many people asked about the Roundtable and were unaware that it had been combined with the networking session. This could be rectified by #1 and #2 above.

Developing Representational Play Skills for Children with Severe Disabilities...This Course is Available Online!

By Rebecca Tweedle, M.Ed., MT-BC
Cuyahoga Co. Bd. of MR/DD
Cleveland, OH

“Play is the work of the child”. How many times have we heard that quote? But playing with young children with disabilities can be frustrating because of their many limitations. One way for therapists to gain skills in this area is through coursework. A particularly relevant class entitled “Developing Representational Play Skills for Children with Severe Disabilities” is available online through www.eduworks.com

This class is taught by an educator whose major areas of expertise are autism and Rett Syndrome. It is based on the principles of Greenspan and Weider’s developmental levels of play. Here is a small sampling of the ideas presented.

1. Become a play partner to the child. This means allowing the child to direct the play through making choices. As a play partner, it is your job to help him expand his play.
2. Focus on what is termed “circles of communication”. This means one person initiates a communicative act, and the other person responds to it.
3. Use high impact actions and objects.
4. High affect is extremely important when working with these children. Emotions are the gateway to learning!
5. It is important for the child to stay regulated (a calm, pleasurable state) and remain engaged in the play.

The final project in the class is making a playmat, which is a large piece of velcro fabric to which picture props and communication symbols are attached. The purpose of the playmat is to help the child focus on a play theme and make choices related to that theme.

If you are interested in learning more about this and other classes offered through Eduworks, check out the website.

Suggested Resources and Strategies for Music Therapy in Early Childhood

Submitted by Attendees at the 2002 Early Childhood Roundtable in Atlanta

Resources

- Music Together books and CD’s—Music Together is a music and movement approach to early childhood music and development for infants, preschoolers, and kindergarten children and their parents, teachers, and other primary caregivers. They have books, CD’s and instruments for sale. Center for Music and Young Children, 66 Withespoon Street, Princeton, NJ 08542, (800) 728-2692. <http://www.musictogether.com> (Submitted by Rana Zellner Burr, Kirksville, MO, private practice)
- *What to Do about Your Brain-Injured Child*, book by Glen Doman, available through The Institutes for the Achievement of Human Potential, 8801 Stenton Avenue, Wyndmoor, PA 19038, (215) 233-2050. <http://www.iahp.org> (Submitted by Rana Zellner Burr, Kirksville, MO, private practice)
- Any CD’s by Jim Gill (Submitted by Angie Snell, Monroe County Intermediate School District, Michigan)
- Spanish music: *De Colores* and *Diez Deditos*, Joe-Luiz Orozco
- *Songames for Sensory Integration*, by Aubrey Lande, OTR, Lois Hickman, OTR, and Bob Wiz
- *Music Therapy in the Neonatal Intensive Care Unit*, book edited by Joanne Loewy, New York: Satchnote, 2000. This book is very informative for any music therapist or related professional desiring to work with premature infants and their families. (Submitted by Ronna Kaplan, The Cleveland Music School Settlement, Cleveland, OH)

Strategies

- Using music to provide repeated exposure to sensory stimuli leading to tactile, auditory, and visual competence (Submitted by Rana Zellner Burr, Kirksville, MO, private practice).
- Opportunities for human expression leading to mobility, language, and manual competence (Submitted by Rana Zellner Burr, Kirksville, MO, private practice).
- Anger management: If a child is frustrated to avoid acting out behavior, take him/her to a corner in the room. Can throw beanbags at a target. Using the “Iso-principle” you may either sing or play background music to match the “anger/ acting out.” Gradually, as the child calms, match the music/tempo again. (Submitted by Varvara Pasiali, Ashtabula County Family and Children Development Center (Head Start), OH)

Thank you, Rana, Angie, Varvara, and Ronna, for all your ideas. Thank you also to an anonymous contributor!

Early Childhood and the AMTA Web Site

Check out other areas of the AMTA web site for information that relates to early childhood.

- The International Relations Committee posts links to music therapy sources throughout the world. At the AMTA Home Page, click on *Music Therapy and Related Resources on the World Wide Web*. Next, click on *Sharing Organizations*, then Voices, a World Forum for Music Therapy. From here you can use the search option that will take you to several articles pertaining to early childhood.

- The Affiliate Relations Committee posts information about upcoming conferences of many affiliate professional organizations. This information may be found under their committee’s report on the Members Only section.

- Check for Government Relations information that pertains to early childhood.

New Resources Available from “Zero to Three”

Zero to Three: the National Center for Infants, Toddlers, and Families, with support from the MetLife Foundation, has published a pamphlet for parents and caregivers. This resource, Getting in Tune: The Powerful Influence of Music on Young Children’s Development, discusses ways music can enrich the lives of children and offers tips for bringing music into the home.

Another resource, Getting in Tune: The Magic of Music in Child Care, is a flyer for childcare professionals. It may be freely reproduced without permission for nonprofit, educational purposes.

The entire September, 2002 (Vol. 23, #1) edition of the Zero to Three journal is devoted to the topic: *The Musical Lives of Babies and Families*. It contains music therapist Jayne Standley’s article, “Music Therapy in the NICU: Promoting the Growth and Development of Premature Infants”.

Jayne was a presenter at Zero to Three’s national conference last year. Music therapy will be represented again this year; Marcia Humpal will speak at the conference to be held in New Orleans on December 5th – 7th.

For more information about this organization and its available resources, log on to www.zerotothree.org

We're Spreading the News!

More and more articles are being published about the benefits of music therapy for young children. The following are representative examples that became available this year:

Sheri Robb's "Designing Music Therapy Interventions for Hospitalized Children and Adolescents Using a Contextual Support Model of Music Therapy". Music Therapy Perspectives, Vol. 21, Issue 1, 2003.

Marcia Humpal's & Jan Wolf's "Music in the Inclusive Environment". Young Children, Volume 58, No. 2, March, 2003.

Yani Trevin Rubio's "Special Children, the Classroom, and Music Therapy". Early Childhood Connections, Volume 9, No. 3, Summer, 2003.

Have you found others? If so, please contact the co-chairs so your information can be shared!

Children Should Get Adequate Sleep: Facts and Practical Recommendations

Varvara Pasiali, MME, MT-BC

Getting enough sleep is not optional; it is an essential human need. It is important for our body and mind to function properly. In clinical studies, rats that have been deprived of sleep usually die within two to three weeks. During sleep many of the body's major organs and regulatory systems continue to work and the body produces a larger amount of certain hormones (National Heart Lung and Blood Institute [NHLBI], 2002b). Therefore, it is vital that children get adequate amounts of sleep.

According to the National Heart Lung and Blood Institute (NHLBI, 2002b), lack of adequate sleep is a big problem in the United States affecting many children and adults. Children who do not get enough sleep are at risk of developing physical and mental impairments. They may experience difficulties with attention span, controlling impulses and emotions, and may get easily frustrated. Sleep deprivation may also cause slower reaction times, decrease ability to learn and recall information, increase accidents and injuries, behavior problems, and mood problems. Some children who are sleepy become agitated instead of lethargic, exhibit challenging behavior and are often misdiagnosed as hyperactive (NHLBI, 2002a; 2002b). Parents, teachers and therapists should also be aware that children with sensory processing/sensory integration disorder often experience difficulty falling asleep. Difficulty falling and remaining asleep may also indicate that a child (or adult) is suffering from a sleep disorder and may require further evaluation.

Sleep has two basic stages: active sleep (dream sleep) and non-active (deep sleep). During nighttime sleep, the stages alternate within ninety minute sleep cycles. Deep sleep is essential for stimulating the nervous system and enhancing the functioning of the immune system; whereas dream sleep is essential for learning and memory (Rider, 1997). Therefore, children should get an adequate amount of night sleep so that their sleep cycles are not interrupted. The amount of needed sleep changes as children grow. Figure One indicates the amount of sleep recommended by Dr. Richard Ferber (as cited in Butler & Kratz, 1999).

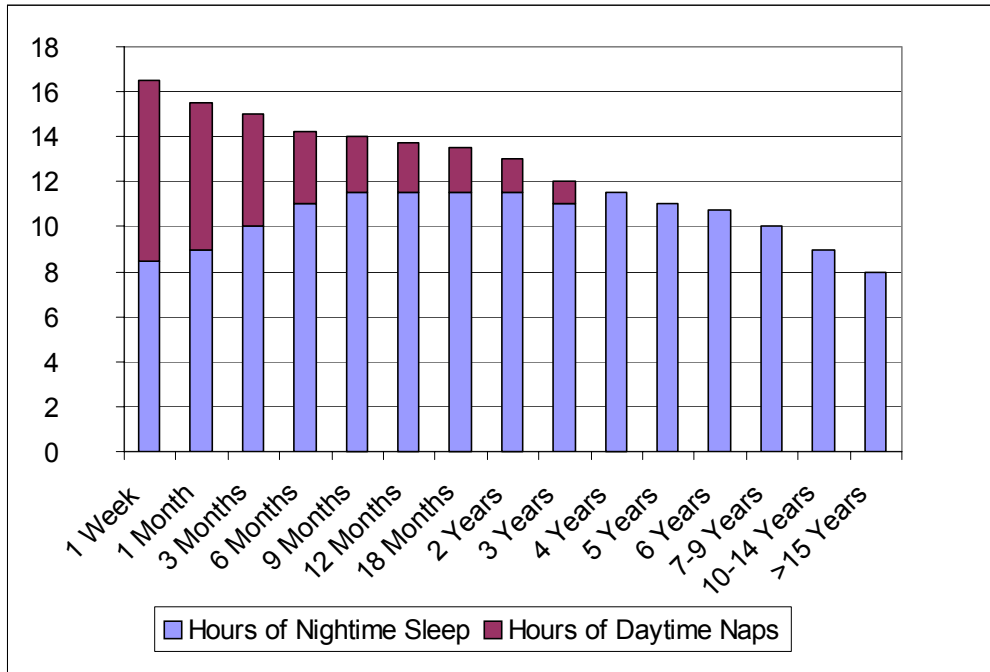


Figure 1. Recommended amount of sleep as children grow.

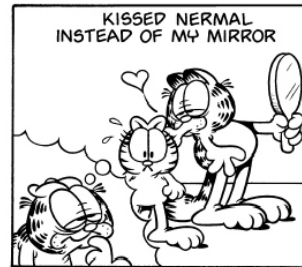
The NHLBI (2002a) has the following practical suggestions for parents to ensure that their child is getting enough sleep:

1. *Set a regular bedtime and stick to it consistently.*
Let your children know you expect them to get a good night's sleep by getting to bed on time.
2. *Make sure your children are relaxed and ready to sleep at bedtime.*
Make sure they avoid strenuous activity and large meals before bedtime. Avoid giving them anything with caffeine for six hours before bedtime (i.e. pop, tea, chocolate). You also might want to give them a warm bath or read them a story.
3. *Create a comfortable bedroom environment.*
Make sure your children's rooms are dark, quiet and neither too warm nor cold. Use a night-light only if they need it.

As music therapists we can educate the parents of our young clients regarding the importance of getting ample sleep and design interventions to help children who have difficulties going to bed and falling asleep. A suggested intervention is creating songs that describe routines that a child follows in order to get ready for bed. For young children, songs are a non-threatening tool for establishing routines and facilitating transitions. In collaboration with the family, the music therapist can create appropriate lyrics and arrange them to original music or preferably, to the tune of a song familiar to the child and the family. Then the therapist should train the family members how to implement the song intervention with the child. Another intervention that should be implemented by family members is using lullabies or calming children songs in combination with massage techniques to help a child relax and get ready to fall asleep. A music therapist can train parents how and when to sing children songs and lullabies to calm and relax their children.

A technique that is becoming increasingly popular is using background music with infants and young children to help them fall asleep. Parents, who often are not aware about the differences between stimulating and sedative music, appropriate volume levels, and the importance of using music intermittently may misuse background music. Working as a consultant for a family, a music therapist can help a family select and use background music appropriately.

I recommend checking the following website for more information and fun activities <http://www.nhlbi.nih.gov/health/public/sleep/starslp/>



References

Butler, S. & Kratz, D. (1999). *The field guide to parenting: A comprehensive handbook of great ideas, advice, tips and solutions for parenting children ages one to five*. Madison, WI: Chandler House Press.

National Heart, Lung, and Blood Institute [NHLBI] (2002a). *Hints for healthy sleep* [online]. Available at: <http://www.nhlbi.nih.gov/health/public/sleep/starslp/teachers/tipsheet.pdf>

National Heart, Lung, and Blood Institute [NHLBI] (2002b). *The importance of sleep* [online]. Available at: <http://www.nhlbi.nih.gov/health/public/sleep/starslp/parents/whysleep.htm>

Rider, M. (1997). *The rhythmic language of health and disease*. Saint Louis, MO: MMB Music, Inc.

Coda

- Attend the Special Target Populations Networking Session in Minneapolis on Friday, Nov. 21st at noon – look for the *Early Childhood* table.
- Send us articles, suggestions and comments – let us know how you like the online version of this newsletter.