EARLY CHILDHOOD NEWSLETTER VOLUME 14 SUMMER 2008

Newsletter

Imagine Music in Every Child's Life!

The 14th issue of the Early Childhood Music Therapy Newsletter has a name "*Imagine*."

Imagine every child and family would have access to music as a means of learning. What would the world look like if we teach our children academics, social skills, motor movements, communication and emotional expressions beyond the traditional ways? Imagine we all would keep our playfulness and musical expressions used in our early years during our entire lifespan.

Imagine our services would be available for all children and families who would benefit from music therapy. In this issue, colleagues describe their efforts and passion in advancing our profession. Colleagues continue to advocate for our clients by reaching out to the community and senators as described by Angela Snell. Our research knowledge on the effects of music therapy interventions for infants and toddlers as well as preschool children continues to grow as evident in research reports by Darcy Walworth, Eugene Geist and Kamile Geist, and Deanna Hanson-Abromeit. We continue to provide high quality services as described in "Music Happenings" by Ruthlee Adler, "Music, Kids, and Cochlear Implants" by Chris Barton, and "Voices Carry" by Lee Morris. Collaborating with professionals in designing and implementing treatment programs from related fields becomes important when working with children with complex diagnosis reports Becky Wellman. Linn Wakeford offers her expertise as an occupational therapist on how to address sensory issues in children with autism and John Carpente describes how Greenspan's Floortime™ can be applied to Nordoff-Robbins Music Therapy. Our culture of sharing knowledge, experiences, and creativity shines through in Beth Schwartz new book "Music, Therapy, and Early Childhood: A Developmental Approach," and creative activities shared by Garrett Stanton, Kristen Baum, Wendy Zieve, and Beth McLaughlin.

As the editor of the Early Childhood Music Therapy Newsletter, I imagine that this newsletter becomes a venue for colleagues working with young children around the world, as it would nourish our need for cultural awareness and exchange to advance our services in a multicultural society. The beginning is made! This issue includes articles authored by colleagues from Italy, Germany, Korea, Ireland, and Australia. When reading through this issue it becomes apparent that we all have one in common: A passion for using music with young children and families to make a difference in their life.

As John Lennon sings in his song *Imagine* "You may say that I'm a dreamer, but I'm not the only one. I hope someday you'll join us and the world will be one." Keep dreaming with me.

Yours,

We offer this annual online newsletter as part of AMTA's Early Childhood Network to bring reports, reviews, ideas, commentaries, news, and announcements on current developments and issues related to Early Childhood Music Therapy to music therapist working with young children and colleagues from related fields. The Early Childhood Newsletter is posted on the AMTA website www.musictherapy.org.

·imagine

EARLY CHILDHOOD MUSIC THERAPY

EDITOR

DR. PETRA KERN

MT-BVM, MT-BC, MTA

2008

Inside this issue:

Early Childhood Music Therapy Special Target Population Roundtable Session Report

BY ANGELA SNELL, MT-BC

Notes from 11-16-2007

1. **Welcome and Introductions.** Dr. Petra Kern and Angie Snell, EC Co-Chairs, welcomed all those in attendance and gave time for each person to introduce themselves. 16 colleagues from 10 states (CA, TN, MI, TX, NY, MD, MO, WV, IN, OH) were present at this year's round table. Dr. Kern gave a brief history of the EC Network, paying special tribute and gratitude to Marcia Humpal and Ronna Kaplan, EC Network founders and previous co-chairs. Items handed out included: Attendance List, Listserv Membership List, Sign-up Sheet for EC Newsletter 2008, and a Handout on the Early Childhood Network.
2. **Info to EC Network**.
   - 2.1. **Newsletter.** Petra Kern thanked those who have previously submitted articles to the EC newsletter and shared the positive feedback she received from readers inside and outside the US. Petra encouraged EC Network members to send their contributions for the next EC Newsletter by May 15th, 2008. She also encouraged submissions from international music therapists and colleagues in related fields. Submissions can include research reports, intervention ideas, conference announcements and reports, music therapy events, new products, grant opportunities, and/or other items related to early childhood music therapy.
   - 2.2. **Listserv.** Patti Catalano encouraged all those who have not joined the Listserv to do so. Due to other professional obligations she will step down as an EC Network co-chair, but she will continue to coordinate the Listserv. All attendees recognized her contribution to the EC Network, as well as her service within the 2007 AMTA Conference.
   - 2.3. **Co-leaders**. Dr. Petra Kern and Angela Snell will continue as EC Network co-chairs.
3. **Year 2007 in Review.**
   - 3.1. **Presentation/Institutes.** EC Network members have been very active in sharing professional activities and accomplishments inside and outside the field of music therapy:
     - *2007 Paraprofessional Inservice*. A service on using music to make students more successful was presented by Gloria McDaniel.
     - *Consultation with County*. Becky Wellman consulted with her county on the use of music to deal with special needs and inclusion. She also conducted a student retreat.
     - *Family Support Groups*. Beth McLaughlin provided Family Support Groups for those working with Autism Spectrum Disorders.
     - *2007 GLR AMTA Conference*. An Early Childhood CMTE was held based on the AMTA Early Childhood monograph, presented by Marcia Humpal, Ronna Kaplan, Angie Snell, Nicole Allgood, Beth McLaughlin, and Amy Furman.
     - *2007 MAR Passages Conference*. A presentation on the use of a music therapy station in a functional skills classroom was given by Kelly Long.
     - *2007 WR AMTA Conference*. Petra Kern presented "Music Therapists Crossing Professions: From Direct to Consultative Services."
     - *2007 ECMT Conference*. Petra Kern presented "Exploring the World Through Music: Serving Infants and Toddlers with Visual Impairments."
     - *2007 AMTA Conference Presentations*. Petra Kern co-chaired with Michelle Lazar an Institute on Autism. Linn Wakeford and Angie Snell also presented within the institute. Chris Barton will present on "Music Therapy and Children With Cochlear Implant," and Petra Kern and Linn Wakeford will present on "Playground Favorites: An Interdisciplinary Approach to Outdoor Play for Young Children."
   - 3.2. **Government Relations.** Angie Snell reported that with the 2006 passage of the rules and regulations for the reauthorization of IDEA 2004 the states are in the process of drafting new language for their state level Special Education rules and regulations.

Roundtable Session Report (cont.)

Language mentioning music therapy specifically in the federal rules and regulations was not included. However the definition for related services under Part B has not changed. Music therapy continues to be a related service under Part B IDEA 2004 for those who need music therapy to access education. Angie pointed out differences between Part B (generally for special education students age 3 and older) and Part C (generally for infants and toddlers under age 3 that qualify for services). There are differences in how a child qualifies for service under each section. Beth Schwartz spoke more specifically about Part C. She noted that in the previous rules a child could receive services if they had an IFSP at age 3. In the new rules if a child does not have an IFSP before age 3 or by their 3. birth date services cannot continue. Angie encouraged members to become familiar with their local state rules and how they comply with the federal rules.

3.3. **Publications.** Dr. Kern spoke of the importance of publishing within and outside the music therapy journals. She encouraged members to share their published articles, as well as articles of interest written by other professionals. The following publications have been mentioned:

- Marcia Humpal and Dena Register published an article on "Using Musical transitions in Early Childhood Classrooms" in *Music Therapy Perspectives*.
- Two articles by Petra Kern's and her colleagues on children with autism have been published in *Music Therapy Perspectives and the Journal of Autism and Developmental Disorders*. Petra Kern and Linn Wakeford also published an article on "Supporting outdoor play for young children: The zone model of playground supervision" in *Young Children*.
- Petra and Angie recently published songbook "Songs and Laughter on the Playground" can be purchased at www.lulu.com (also with a link at www.musictherapy.biz), or by directly contacting Petra or Angie.
- Beth Schwartz' book will be on the market in Spring 2008. It's a clinical book addressing 9 chronological ages, outlines 5 levels of development, and includes goals and objectives.
- Chris Barton recommended www.hearingjourney.com. Go to "The listening room" for listening experiences for young children (appropriate for all children and those with ASD). She also recommended www.bionicear.com.
- Ruthlee Adler recently received the copyright for the 1st Edition (1982) and the 2nd Edition (1988) of *Target on Music Experiences to Enhance Learning Through Music*. Ruthlee published *Target on Music* through the 1981 Very Special Arts Special Projects Grants to the Schools. Upon receiving the copyright, she is considering current applications and uses for this material.

4. **Products.** Following is a list of products recommended by meeting attendees:

- Easy Cushion found at Studio 49
- Marcia Humpal pointed out that great preschool books could be found at www.amazon.com under "music therapy."
- Petra Kern introduced the Banana Keyboard, an assistive device developed by Adrian Alexander at SoundHouse in Melbourne, Australia.

EC NETWORK AT-A-GLANCE

Organization
American Music Therapy Association (AMTA)

Established
1994 in Orlando, Florida by Ronna Kaplan, MA, MT-BC, and Marcia Humpal, EDM., MT-BC

Co-Chairs
Dr. Petra Kern, MT-BVM, MT-BC, MTA
Angela Snell, MT-BC

Members
Music Therapists of AMTA working with young children

Meetings
Annual AMTA Conference Special Target Populations Session

Listserv
Available for members by invitation

Early Childhood Newsletter
Annual submission deadline May 15th of each year

Editor
Dr. Petra Kern, MT-BVM, MT-BC, MTA

Links
www.musictherapy.org
www.musictherapy.biz

Special Target Populations Network Session 2008

The next meeting will take place at the 2008 Annual AMTA Conference on

Friday, November 21st, 2008
12:30-2:15 PM
St. Louis, Missouri

Slideshow
EC Network Session 2007
available at www.musictherapy.biz

Celebrating Achievements

BY DR. PETRA KERN
MT-BVM, MT-BC, MTA

Three of our distinguished colleagues in Early Childhood Music Therapy have received a music therapy award for their excellence, commitment, and contributions to our profession.

Ruthlee, Angie, and Marcia are very knowledgeable, have endless energy and ideas and are passionate about making a difference in young children's life through music.

For many of us, all three of them have been an inspiration, dear mentors, and colleagues.

CONGRATULATIONS, we are very proud of you!

Ruthlee Adler

AMTA Service Award

Ruthlee has provided services to music therapy and the association for over 47 years. She served three consecutive terms on the AMTA Board of Directors, 28 years as an Assembly Delegate for NAMT and AMTA, and 7 years on the AMTA Judicial Review Committee. Additionally, she served 11 years on AMTA's Standing Committee "Standards of Clinical Practice," which she co-chaired for the last 5 years.

Besides her tremendous services, she is a wonderful mentor to all of us and is still young at heart.

Ruthlee worked for more than 30 years at the Ivymount school in Rockville, MD and continues to maintain her private practice and serves as a consultant and presenter in the field of music therapy.

Angela Snell

AMTA Award of Merit

Angie has contributed to the development of the profession in the areas of education, clinical practice, government relations, and services. She has specialized in providing music therapy services in inclusive school-based settings where she worked with individuals with special needs for more than 20 years. Angie is a strong advocate for music therapy and has provided expert testimony and advise in state education IEP issues. Her expertise in special education law, assessment procedures, and least restrictive inclusion is valued and well known.

Angela works at the Monroe County Intermediate School District in MI. She currently is the President of the Great Lakes Region and co-chairs the AMTA Early Childhood Network.

Marcia Humpal

GLR of AMTA Honorary Life Member Award

Marcia has been a leader in the field of early childhood – practicing with integrity and setting the standard for best practice. She has had an impact on music therapy through numerous publications and presentations, sharing the effectiveness of music therapy inside and outside our profession. For example, she was an invited panelist on the 2000 Start the Music Summit in D.C. and served as an advisor to Sesame Street's Music Works Wonders project. Marcia was one of the founders and co-chairs of the Early Childhood Network.

Presently, Marcia works at the Cuyahoga County Board of Mental Retardation and Developmental Disabilities in Cleveland, OH. She is the AMTA Vice-President and continues to be an example of excellence for all of us.

Government Relations

BY ANGELA SNELL, MT-BC

The Department of Education's IDEA Q & A website will address AMTA's request for an updated letter of clarification regarding the recognition of music therapy as a related service. The definition of a related service in the 2006 final regulations for implementation of Part B of IDEA 2004 (also referred to as the Individuals with Disabilities Education Improvement Act or IDEIA) did not change, although some explanatory language was deleted. The Office of Special Education Programs in the U.S. Department of Education indicated that the Department planned on re-issuing previous letters of clarification if no changes to the language were indicated within the new regulations. Even though a new OSEP Director was named to fill the position until a new administration begins in January 2009, there has been little regulatory action related to IDEA Part B or Part C in the past nine months. The AMTA website Government Relations section will post the clarification response once it becomes available.

What's New?

Results of IDEA 2004 (PL 108-446)

- Brings Regular Education & Special Education closer together
- New definitions and requirements for providing 'highly qualified' special education teachers
- Reductions in paperwork and non-educational activities
- Greater focus on minority and homeless populations
- "Early intervening services" aimed at reducing the need for special education
- Greater coordination with other educational laws such as the "Elementary and Secondary Education Act" and "No Child Left Behind"
- Authority to serve infants and toddlers under Part C beyond the age of 2
- Procedural changes in due process and discipline issues
- Creation of the National Center for Special Education Research
- Ultimate goal is for the child to ACCESS the REGULAR EDUCATION CURRICULUM in their neighborhood school, as a full-time student in a regular education classroom with same-age typically developing peers.

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Music Happenings

BY RUTHLEE FIGLURE ADLER, MT-BC

Twice a year I schedule Music Happenings for some of my private music therapy clients. When I feel that playing music for others is an appropriate goal for the client, we incorporate this into our regular sessions discussing the repertoire s/he might wish to share with a small audience. If memorizing repertoire is a viable option, the client selects and memorizes a selection to play. If not, we often choose a piece with duet accompaniment. In addition to playing the musical selection, we work on clear introductions, acknowledging applause, as well as, the role of being a good audience member.

Some of my older clients are able to research their musical selections and present this information along with their music. For nonverbal clients, I serve as the announcer. In some instances, clients have arrived wearing special costumes with props for their piece. Other clients have enjoyed playing some of the original music they have "composed" during our sessions. If there are no written duet accompaniments available, I create or improvise with them to enhance their compositions while lending my personal and pianistic support.

For those clients who are able to participate in our Music Happenings, this provides an excellent opportunity to not only share their accomplishments publicly–with an extremely supportive audience composed of parents, family members and good friends– but also to experience the successful accomplishment of "performing" for others. Some of them are then able to participate in "talent shows" in their classrooms or during other functions in the community. Many of my clients lead fairly isolated lives and have few opportunities to actively participate in appropriate social interactions with others. Also, being the recipients of applause and positive feedback provides them with the opportunity to experience how special it is to share their music with others, while learning more about themselves and their positive abilities/ accomplishments. Unfortunately, this is not a "regular" experience for most of them.

Our Music Happenings are held in my studio, the same space where my clients come for their individual or small group music therapy sessions; only the furniture is rearranged to provide seating for the audience and fellow performers. This is very important as they are sharing their talents and creative energies in a comfortable familiar place where they have previously experienced success.

I chose to call these gatherings *Music Happenings* instead of recitals as I want to make them as relaxed and informal as possible without adding any anxiety or stress that is often associated with performing. The program order is determined by the clients as they spontaneously request their turns, or by family schedules if there are other commitments that day. In addition, some clients feel more comfortable being first on the program, coming to play their chosen music and then leaving; waiting a turn, or listening to others is not in their best interest. Other clients prefer coming as audience members and then either play at a future Music Happening or later in the program as "surprise guests."

I usually have winter and spring *Music Happenings* and at the latter I present each client with a printed achievement award certificate for accomplishments during the year, or period of time we have spent together. Again this is a positive, natural reinforcement for success and can be added to a scrapbook or shared with friends and family.

I encourage YOU to consider incorporating these opportunities for creating and sharing music with others with your clients. You may wish to start small, and have clients share in a smaller group, say with the client who is next on your schedule that day and then possibly creating a slightly larger group session allowing several clients the opportunity to experience "performing" for others, as well as enjoying being members of an audience.

Providing the opportunity for Music Happenings (or whatever name you choose) does require some creativity and additional preparation time for you as the music therapist. However, I guarantee the smiles on the faces of your clients and their family members and friends make it all worthwhile! And you have given your clients an opportunity to broaden their self-esteem and share their success beyond the individual or small group session!

How lucky we are to be able to encourage and foster the JOY of MUSIC in the lives of our clients! Please feel free to contact me at any time if you desire additional information.

I'll look forward to hearing about your clients and their music-making programs!

All the best,
Ruthlee Figlure Adler, MT-BC

More thoughts

Beginnings

I actually began these *Music Happenings* at the request of parents who wanted these experiences for their children. Initially, they were held annually in the spring.

Inclusions of Family Members

Other family members are encouraged to participate in the music making, which provides a wonderful opportunity for my clients to play duets with their siblings or parents. This is an additional bonus for them as their role in the family unit is enhanced by this interactive musical experience. It also serves as encouragement for other families to share their talents at future dates.

Creating Programs

I create programs with the titles/ composers and names of each client so that they have something for their scrapbooks or to send to grandparents or friends. Many of the clients who are readers will study the printed programs and later request selections from the repertoire they heard during the *Music Happenings*. As the music therapist, you can limit the number of pieces and length of the program based on your clients' needs and attention spans, as well as remaining

flexible to allow for any "surprises" that may arise during that time!

RUTHLEE ADLER
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Ongoing Infant and Toddler Research

BY DARCY WALWORTH, PH.D., MT-BC

Preliminary results from an ongoing music therapy study with infants between the ages of six and 24 months show interesting findings. Infant responses during first attendance at group musical activities with their parents were coded from videotaped sessions. Results showed that age did make a difference in focus of attention when in parental contact. The younger children watched their parents and the music instruments significantly longer. When the children were independent, older children focused significantly more attention across all categories. The younger children spent 97% of their time in physical contact with their parents while the older children spent 66%. During contact with the parent, both groups spent the greatest percentage of their time attending to the music therapist (24-34%) and to their peers (13-18%). The younger children emitted almost no responses when independent of parents. Results also showed that when the children of both ages were in contact with their parents, there was no significant difference in time attending to their peers during music vs. no music. However, when the children were independent, they spent significantly more time observing their peers during the music moments. These findings lay the groundwork for infant musical responses since there is little research on benefits of structured group activities for infants despite their popularity and the importance of early experience on cognitive development.

Study contributors:

Jayne M. Standley, Ph.D., MT-BC, NICU-MT
Darcy Walworth, Ph.D., MT-BC, NICU-MT
Judy Nguyen Engel, MM, MT-BC, NICU-MT
Melita Belgrave, MM, MT-BC, NICU-MT
Miriam Hillmer, MM, MT-BC, NICU-MT
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Conferences in Related Fields

Compiled by

Dr. Petra Kern,

MT-BVM, MT-BC, MTA

Early Childhood within the U.S.

National Association for the Education of Young Children www.naeyc.org
Nov. 5-8, 2008 in Dallas, TX.

Zero to Three
www.zerotothree.org
Dec. 2-7, 2008 in Los Angeles, CA

Council for Exceptional Children www.cec.sped.org
April 1-4, 2009 in Seattle Washington

Parents as Teachers
www.parentsasteachers.org
Nov. 9-12, 2009. Location TBA.

Early Childhood International

International Society on Early Intervention
www.isei.washington.edu currently offers free membership and sends out announcement of early childhood conferences around the world.

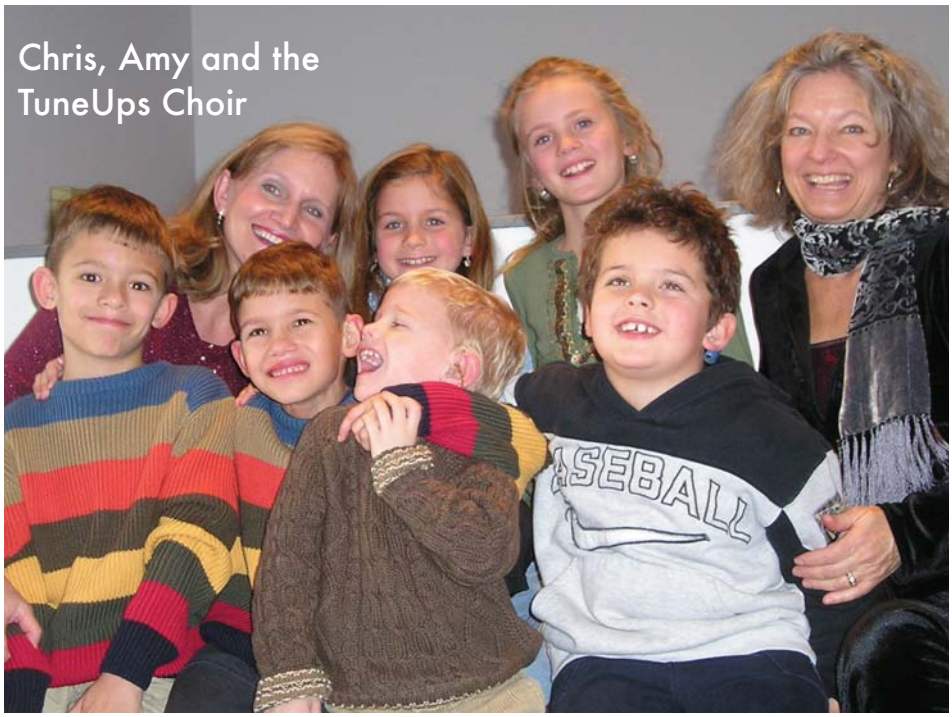
Music Educators within the U.S.

Music Educators National Conference www.menc.org
Changing from national biennial to annual conference. Next conference planned in summer 2009 in Washington D.C.

Early Childhood Music and Movement Association
www.ecmma.org
July, 3-6, 2008 in Providence, Rhode Island.

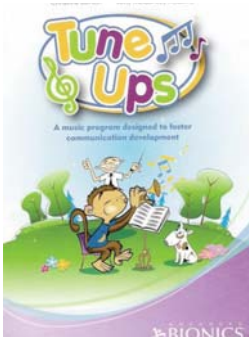
Music Educators International

International Society for Music Educators
www.isme.org
July 20-25, 2008 in Bologna, Italy


Chris, Amy and the TuneUps Choir

Music, Kids, and Cochlear Implants

BY CHRIS BARTON, M.M., MT-BC



The cochlear implant (CI) is a medical device that can restore hearing to an individual with a severe to profound hearing loss. It bypasses the damaged part of the ear and sends sound signals directly to the hearing nerve. However, aural rehabilitation is required to assist the implanted individual in making sense out of the sounds they now hear. This is especially true for young children who are just beginning to learn spoken language. The current trend is to implant at one and certainly before three years of age, which means that more CI children are now in early intervention programs.

Music perception has traditionally received far less attention than speech perception in CI research and development. Fortunately, new technology has allowed music listening and appreciation to climb to the forefront of development goals among all the CI makers. *After spoken language, quality music experiences are the number one request of both parents and users alike.*

Music therapists have a wonderful opportunity to impact spoken language development in these children. We know that children are born with the capacity to learn both language and music, provided they are given access to both stimuli at an early age. We also know that music, like language, follows a time-ordered, developmental path. Because of these similarities as well as complementary differences in auditory processing, music makes an ideal motivating companion to an auditory-oral approach to habilitation.

For suggestions of how to use music with CI children see the sidebar and visit www.HearingJourney.com. Go to the *Listening Room*. Once there, click on *Kids* and you will find a *TuneUps* and *Circle Time* section.

Tune Ups

All songs and activities are free to download. There is also information on how to order the TuneUps CD, a collection of songs and activities written by Chris Barton for use with young implanted children. Several of her students sing on the recording.

Basic Tips

Consider the following when working with newly implanted children:

1. Sing unaccompanied. More than one sound at a time can be confusing at first.
2. Introduce instruments one at a time and let the child explore how the sound is made.
3. Put a word to the sound the instrument makes, for instance, "shake, shake, shake" or "boom, boom, boom."
4. If using a CD player, be sure to have the child assist in putting the CD in and making it play. Often, these children will not be aware of where the sound is coming from and may not even recognize it as music.
5. Work in a quiet environment, so extraneous noise does not conflict with the music experience.
6. Call attention to when the music stops and when it plays. A simple "stop" and a 1-2-3, Go!" will work. Another technique is to point to your ear and say "I hear the music" and then, "Oh, the music stopped."

Chris Barton

MM, MT-BC is in private practice and works at the St. Joseph Institute for the Deaf. She is also the composer and co-creator, with Amy Robbins CCC-SLP, of TuneUps, a CD for children with cochlear implants.
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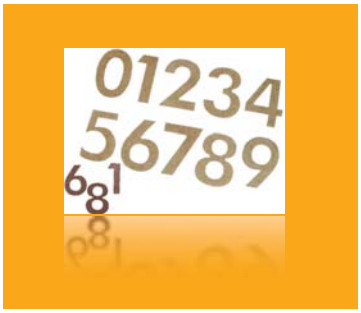

Music Integrated to Teach Emergent Math Concepts to Preschool Children

BY EUGENE A. GEIST, PH.D. and KAMILE GEIST, M.A., MT-BC

Introduction

Early literacy programs are now mandated by State and Federal agencies in many early childhood programs such as Head Start (Landry, Swank, Smith, Assel, & Gunnewig, 2006; *Office of Head Start*). While this emphasis on early literacy development is important, statistics indicate that many children are falling behind in mathematics as early as Kindergarten, especially children from economically disadvantaged homes (Jordan, Kaplan, Oláh, & Locuniak, 2006; Jordan, Kaplan, Locuniak, & Ramineni, 2007; Perez-Johnson & Maynard, 2007). How can children be so far behind in mathematics so early in their educational career? The answer may lie in a failure to view mathematics as we do literacy: as a developmental process that begins at birth and is strengthened through quality interactions in the early years of life.

Music is an excellent way to enhance mathematical understanding with 0-5 year olds because it is often some of the first and most natural mathematical interactions that an adult has with a child. Using concepts such as steady beat and rhythm, infants and toddlers can recognize, repeat and extend patterns and also construct concepts such as "more," "one," "more than one," and "one-to-one correspondence." In preschool, in addition to these interactions, music can help focus and direct attention, increase memory and retention, increase motivation toward mathematics, and aide in problem solving (Burack, 2005; Frank, 1997; Holden, 1999).

Emergent Mathematical Concepts

Even before a child can add or count, he must construct ideas about mathematics that cannot be directly taught.

MORE. Infants have not yet developed to the stage where they can use "one" or "number", but they can make judgments of "more" (Brannon, Abbott, & Lutz, 2004). The infant does not distinguish the objects as things that can be individually counted but are instead viewed as a mass of "stuff" in which some grouping have more.

ONE. Infants eventually begin to understand that "one" means that there are single objects—not just masses of "more" stuff. They recognize there are distinct objects that can be counted, or at least put into a numerical relationship.

ONE-TO-ONE CORRESPONDENCE. Toddlers begin to understand that you can match up one object to another such as one marble in each cup or one toy car for each garage.

PATTERNING. A pattern is a repeating sequence of a stimulus. It can be visual such as "circle, circle, square, circle, circle, square" or numerical such as "1,2,3,1,2,3,1,2,3." Patterns are found in nature and mathematics and are a key foundational standard for many early learning programs. In preschool, children explore patterns on 4 levels. They can **recognize, describe, extend, and create** patterns. Patterns can range from a simple repeating pattern as shown previously, to a growing pattern such as "2,4,6,8" (these usually contain some sort of mathematical function), to a relationship pattern such as the ones usually found in "brainteaser" questions such as 1,8,2,16,3,24 where the person has to decipher the rule or the relationship between two or more numbers.

Music Integrated to Teach Mathematics Within Young Children

Geist and Geist (2008) describe how applying basic musical elements such as beat and rhythm can promote emergent mathematical learning with very young children.

Steady Beat. Incorporating steady beat as part of your musical experiences, such as clapping, marching, or playing a steady beat on an instrument, can help a child engage with mathematics in a more meaningful way. In a pilot study conducted by Geist and Geist (in press), it was found that children ages 3 and 4 engaged longer in a group activity when being taught a mathematical concept when music was integrated into the lesson versus no music. The children clapped and stomped the beat while they were singing and asked questions related to the activity versus without the music engaged in off task behaviors of poking each other or asking off topic questions.

Rhythm. The rhythm of music can vary, while the steady beat remains constant, which allows a child to notice, though probably not aware of it, more complex, layered, and distinct patterns. Rhythm can help children to develop beyond what is generally accepted for patterning in preschool. During the Geist and Geist (in press) pilot study, it was found that children could clap, sing, and complete patterns using materials on a felt board that were more complex and had longer sequences when music was integrated during a mathematics lesson. The children engaged longer in the mathematical activities that included musical elements.

Music Experiences to Promote Emergent Mathematics

With a basic understanding of steady beat and rhythm, our hope is that teachers, parents, music teachers, and music therapists can all be involved to incorporate these musical elements into their 'normal' teaching/clinical strategies to promote emergent mathematics and help children overcome the risks associated with low achievement in mathematics.

Eugene Geist is Associate Professor in Early Childhood Education at Ohio University. He can be contacted at geist@ohio.edu

Kamile Geist is Assistant Professor for Music Therapy at Ohio University.

Voices Carry: Sharing the Music, Sharing the Message

BY ILENE (LEE) B. MORRIS, LCAT, MT-BC

A new music therapy project, *Voices Carry*, was recently implemented at *Alternatives for Children (AFC)*, headquartered in East Setauket, NY. AFC is a special education center for children from birth through age five that also provides contract music therapy services to other school districts.

The idea of *Voices Carry* was to transport children's music therapy experiences into other daily life situations and provide additional opportunities for children to benefit from their music therapy intervention. Children's unique expressions during music therapy often reflect important issues in their lives and/or early efforts to communicate. Although parents often notice improvement in their children's development due to music therapy services, they cannot always access the adapted, sometimes improvised, or situationally-responsive music that transpired during a music therapy session. Classroom teachers are also sometimes unclear about the difference between children's individual music therapy sessions and weekly music class time.

Therefore, music therapy sessions were recorded to offer aural snapshots of the therapeutic process. The recordings were carefully edited to feature meaningful musical moments while keeping the real situation alive. In some cases, enhancements such as an additional instrumental track, or pre-recorded loops were added to support the musical form and to lend cultural legitimacy to the children's music. Finally, the edited recordings were transferred to CDs. In general, the aural snapshots were meant to offer a glimpse of the shaping process that occurred during each music therapy session and to allow staff, classmates, and family to hear the children's music with all its aesthetic power. Additionally, the project's intention was to support the children's IEP goals beyond the music therapy session. Children were encouraged to listen to their recordings immediately after the music therapy sessions and to share their recordings with classmates, teachers, and family members. The recordings were also woven into other daily situations. For example, recordings were used by parents and school staff as motivational background music while getting ready for school, for relaxation and self-calming, or as a reward when "listening time" was earned as part of a behavioral intervention.

To evaluate the effects of the project, staff collected clinical data before, halfway and after the project duration. Clinical outcomes indicated gains in the targeted goal areas, particularly in the communication realm. Reviewing the segment with children immediately after the recording created an awareness of their participation and the therapeutic process. Children, staff members, and families valued the CDs as a window into the events happening during music therapy sessions.

Music therapist Lee Morris developed the project *Voices Carry* with assistance from Michele Bermani (special educator), Pam Fox (Assistive Technology Specialist) and Beth Schwartz (music therapist). The project was funded by a technology mini-grant from the Mid East Suffolk Teacher Center.

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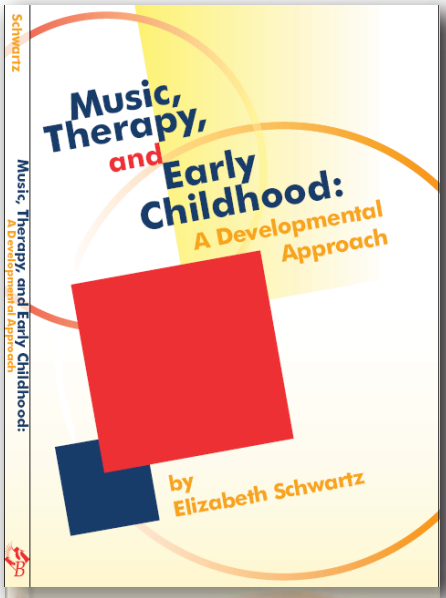
Music Eases Transitions and Encourages Learning. Music is a natural way for children to explore the world and to interact with their social environment. FPG Visiting Scholar and Music Therapist Dr. Petra Kern discusses how music can motivate and encourage young children's learning and development during daily transitions and routines. Subscribe: [via RSS] [via iTunes] http://www.unc.edu/fpg/fpgvoices/FPGVoices_MusicTherapy_June2008.mp3

New Book Announcement

Music, Therapy, and Early Childhood: A Developmental Approach

BY ELIZABETH K. SCHWARTZ, LCAT, MT-BC



When do infants first begin to imitate pitch? How do young children learn songs? What is the relationship between speech development and music development?

Music, Therapy, and Early Childhood: A Developmental Approach answers these and other questions and provides a wealth of information for the music therapy student, young music therapy professional, early childhood music educator, early childhood teacher, parents and families.

The book provides a comprehensive guide to child development (age 0 to 5), including extensive scales and checklists, and theoretical perspectives on development. It synthesizes current research on musical development in young children and provides lists of musical behaviors. The book also includes theories of musical development as proposed by Briggs/Bruscia and Edwin Gordon.

The main section of the book is organized into five developmental levels: **Awareness, Trust, Independence, Control and Responsibility**. The initial chapters thoroughly examine each level through anecdotal musical descriptions, musical elements key to each level, and musical characteristics. An expansive catalog of musical goals is provided within each level. Suggested strategies and interventions offer the therapist, family or educator an easy to understand format for developmentally appropriate practice.

Therapeutic issues common to children with special needs are addressed by highlighting typical developmental challenges and how they impact musical participation. The book provides an in-depth discussion on recognizing musical involvement, detailing ten different types of music interaction typical to each developmental level.

Practical tips and solutions for the music therapist discuss play, language, choices, silence, generalization, role release as well as appropriate instruments and equipment.

Music, Therapy, and Early Childhood: A Developmental Approach is now available at Barcelona Publishers at www.barcelonapublishers.com or call 1-800-345-6665.

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A Preventative Music Therapy Model with At-Risk Infants

BY DEANNA HANSON-ABROMEIT, PH.D., MT-BC

The literature related to music therapy and early intervention has a primary focus on preschool age children with emerging information on strategies and programming for infants and toddlers. Much of this literature is focused on interventions for those already diagnosed with a medical condition or developmental delay. Preventative interventions focus on interventions that encourage the attainment of developmental milestones for children who may be at-risk for later challenges, but are not currently diagnosed (McWhirter, McWhirter, McWhirter, & MacWhirter, 2007). Early intervention strategies that begin during infancy may alleviate the potential of future developmental delays. Music therapy may be one type of preventative intervention for at-risk infants.

Operation Breakthrough is an urban child development center dedicated to helping children who are living in poverty in Kansas City, MO. The mission of Operation Breakthrough is to support the development of these children to their fullest potential (Operation Breakthrough). The University of Missouri-Kansas City (UMKC) Music Therapy Program and Operation Breakthrough have a long history of collaboration for clinical training. In the past two years this collaboration has extended to include a clinical project using music-based interventions to target language development in at-risk infants.

In the clinical environment it has been noted that language development in children who are at-risk is often inhibited. Language delays may be a contributing factor to delays in social-emotional, cognitive, and academic development. As a multi-sensory medium, music provides an early intervention experience that may be able to prevent or inhibit the development of future delays. Therefore, the purpose of this project is threefold: to develop a theoretical framework for infant oriented preventative interventions; to determine the effectiveness of an evidenced-based music protocol on language development in at-risk infants; and to determine the effectiveness of music therapy interventions to prevent language delays in at-risk infants. The project is currently in the first phase. In an effort to develop evidenced-based outcomes careful construction of a theoretical framework for infant oriented preventative interventions is being considered. Concepts based on the literature and clinical experience are being piloted at Operation Breakthrough through clinical services provided by professional and student music therapists.

The center currently has four infant classrooms, two of which have been receiving music therapy services. One classroom has been a pilot classroom for two years. Due to positive clinical outcomes the second classroom has been receiving music therapy group services for four months. The primary outcome of this first phase has been the development of a session protocol. This protocol provides a structure for implementation while allowing for diversity in the applications used to target the language goal. Normal developmental milestones (Allen & Marotz, 2007), infant-directed singing (de l'Etoile, 2006a, 2006b), musical development (McPherson, 2006), concepts of infant attachment (De Wolff & van Ijzedoorn, 1997), and multi-cultural strategies (Stevenson, Winn, Walker-Barnes, & Coard, 2005) form the theoretical construct for the protocol and intervention strategies.

At this point the session protocol consists of five primary components: the pre-session assessment, the opening, directed interventions, the closing, and post-session assessment. The pre-session assessment involves a task that measures the infants level of vocal engagement on that particular day, such as reading a book. The opening section orients the infants to the session, followed by an orientation to the individual. Directed interventions follow a hierarchical sequence of a movement warm-up, pre-verbal singing, singing paired with movement, pre-verbal singing combined with purposeful vocalizations, and targeted receptive/expressive language skills. The closing section involves an instrumental interlude, lullaby/sing-a-long, and a closing song. Exploration of the post-session assessment has thus far included repeating the pre-session assessment task or observation in the classroom. Development of intervention applications is ongoing and a research project is slated for January 2009.

The staff and administrators at Operation Breakthrough are excited by this project and are invested in its continuation. The research project team will include play therapists, education specialists, social workers, assessment coordinators, classroom teachers, and a speech/language therapist and music therapist from Operation Breakthrough, as well as faculty and students from UMKC.

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My First Piano Adventure

BY RUTHLEE FIGLURE ADLER, MT-BC

In August, 2007 I was introduced to *My First Piano Adventure For The Young Beginner* by Nancy and Randall Faber. This curriculum is easily adaptable for use with special needs music therapy clients. The Lesson books come with a CD featuring children's voices and instrumentations for many of the selections in the books. Each Lesson book is paired with an accompanying Writing Book. There are 3 levels, with the first one presented on a directional pre-reading level. Colorful illustrations include multi-cultural "friends" and animals. The activities are short as they are geared to 5-6 year olds with "wiggly" short attention spans and lack of coordination. Eye and ear training are included throughout the series.

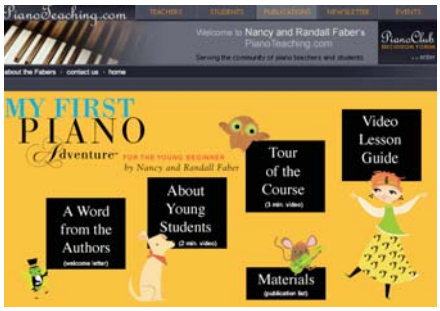
The books include a variety of music genres from folk, classical, and popular to jazz. There are opportunities to sing and chant repetitive phrases as well as suggested body movements to reinforce basic concepts for each musical selection. Multisensory experiences are included – visual, auditory and kinesthetic – as well as optional duets for the parent or therapist, and background accompaniment tracks on the CDs.

After completing Level A, which serves as an introduction to the piano keyboard, 5 finger position, Middle C, and other basic beginning keyboard techniques and skills, the child is introduced to composers – Beethoven, Mozart, Brahms, Haydn and Tchaikovsky- intervals of steps and skips on the music staff, and varied keyboard positions in Levels B and C.

This series can be easily combined/ integrated with other keyboard methods and techniques. For additional information please go to www.pianoteaching.com. The publisher is FJH Music Company Inc., in Ft. Lauderdale, FL. There is also online video introduction and guides for you to purchase.

If I can be of additional assistance please feel free to email me at radler8209@aol.com.

Ruthlee Figlure Adler, MT-BC



Music Therapists Reaching out to the Community and Senators

BY ANGELA SNELL, MT-BC

The Monroe County Intermediate School District (MCISD) in Michigan recognizes each child has unique learning styles.

MCISD recognizes the importance of the use of music in the education of children and have integrated music therapy into schools since 1985. This year MCISD highlighted music therapy in early childhood in a variety of ways to reach large numbers of children, family members, and caregivers. Through MCISD's partnerships with community agencies and initiatives such as *Be Their Hero From Age Zero* and the *Michigan Great Start Collaborative*, music therapists Angie Snell, Laurel Rosen-Weatherford, and Katie Bourbina shared music therapy with the county and the state.

The 4th Annual Monroe County Early Childhood Summit, held May 1 & 2, 2008 focused on the importance of music in early childhood development. MCISD music therapists lead two children's concerts, an evening summit for parents and community leaders, and an all day workshop for county parents and childcare providers. Each event focused upon the use of music to promote social competence, strong parent-child bonds, and learning skills. The Summit was highly successful and resulted in an invitation to the *Star Power Early Childhood Rally* at the State Capitol on May 21, 2008.

The *Star Power Early Childhood Rally*, sponsored by the Early Childhood Investment Corporation and the Michigan Great Start Collaborative was held in Lansing, Michigan. The rally featured the MCISD music therapists on the Capitol Building steps with parents and children. The day focused on educating legislators on the importance of early childhood education and included face-to-face visits with senators and representatives.

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The Integrated Redesign

Creating Music and Sensory Language for Multicultural Groups of Children

BY CLAUDIO COMINARDI

Nowadays, the huge presence of music in our contemporary society not only allows music to function as a cultural vehicle for the privileged few, but as a complex net of different languages available to everyone. Music is able to create communication between different expressive mediators such as images and colours, movement and body language, technological supports, and the environment. It creates direct channels among the world of senses and relations. Music is an encounter in which we generate elaboration following spontaneous processes which often, if not always, spread the musical language toward other types of expressing oneself in the arts, making it richer and more complete.

The generalised acceptance of music in childhood education is especially due to its power to create relationships, building one of the strongest communicative channels of our evolving age. In today's world defined by its multi-media and multi-cultures, its languages trigger the simultaneous cohabitation of different cultures and social identities acquiring important values such as sense-of-belonging, distinction, confrontation, and exchange.

In my clinical work in Brescia, Italy, I have been experimenting with new models for integrating children of multiple and varied cultures into common musical and multi-sensory group improvisations to promote personal relationships with those not of their own culture. Today, I present my thoughts about what I have observed in the varied music, dance and media presentations of the students with whom I work and learn. The improvisations we do may involve only a few students or hundreds for some of the larger projects. These improvisations are then presented to the community at large to share our experiences of music, art, dance, as well as light, sound, and environmental experiences.

When the children are improvising music freely, I extend simultaneously the musical language with other languages such as body movements and gestures, painting and drawing, and environmental means to create new interactions and relationship dimensions based on sensoriality. The sense-perception of sound in children linked with movement and colour, developed through particular experiences of creative improvisation and paths of sensory elaboration, allows the children to evolve new languages through sensory processing. For example, drawing on a big sheet a spontaneous scribble, while observing its chromatic impact and movements, and interpreting it with instruments and body-action in a space/time rapport between analogical mediators and sound parameters, can transform an improvisation experience in an integrated meaning. In this mixing of musical and extra musical language, music becomes the encounter in which *each expressive element can be musical, wherein the musical elements of each expressive mediator are shared* (this approach mirrors the evolution that art languages followed in the 20th Century, enabling the integration of different means of expression, and generating those new aesthetic and communicative revolutions that today are part of our daily lives). This integrated language is able to create *meeting grounds* for opening, improving, but most of all *redesigning known models*. As a mediator of expression, it becomes more and more a *mediator of diversity*, a real tool of *integrated redesigning* of those languages of communication essential for the development of new forms of relationships and social integration. It also opens a new kind of relationship among different cultures, on meeting ground that will share its common aspects and that, at the same time, will favour the awareness of differences in a significant environment of balance, exchanging diversity with a shared language.

The groups of children who have elaborated these paths, have spontaneously developed new languages shared within them, completely *redesigning a meeting ground between personalities*, and this has allowed different cultures to interact with more awareness and opening, reducing the prejudices, increasing self-esteem and expressive autonomy, and balancing on the actuality of the social contexts to which they belong.

Claudio Cominardi is a music therapist in Brescia, Italy. In 2003 he started research projects for interculture integration and prevention of social discomfort in several schools and social services, studying new forms of expressive languages and analogical mediators aimed to integration.

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Co-treating with Professionals from Related Fields

BY BECKY WELLMAN, PH.D., MT-BC

In order to understand and address the complex needs of young children with disabilities and ensure adequate support and services, a team of professionals and the parents is necessary. Therefore, it is recommended practice in early intervention/early childhood special education to provide services as a transidiciplinary or interdisciplinary team. By co-treating with other professionals, we contribute to a more holistic intervention for our clients. For example, by combining occupational or physical therapies with music therapy, children may become more relaxed and focused on their goals within the session (Puliti, 2008).

According to a survey by Register (2002), many music therapists are comfortable asking for collaboration or consultation with another therapists, but do not feel confident in co-treating with colleagues from related fields. One reason might be that co-treatments require role release from everyone involved in the treatment in order to embrace the qualities of the other therapist (Wheeler, 2003). However, the client might benefit more by the team approach than from a single intervention provided by one therapist. For example, a music therapist could work with a physical therapist to assist a child maintaining a body position or to reach in different directions. The physical therapist's knowledge about correct body positions and the music therapist's creativity in finding a motivating musical activity might assist the child to stay longer in the desired position to stretch muscles.

Music therapists have a unique ability to reinforce and enhance the treatment of others (Miller, 2006). We can compose a unique song, present an instrument that reinforces a desired position or prolonged movement, and make the physical exercise interesting for the child. As music therapists, we are also aware of sensory, grasp, and other challenging issues related to playing instruments. We can make suggestions and educate parents and colleagues in finding the right materials for the child.

In music therapy, we not only address physical skills. We also support academic, language, and emotional skills, which can make co-treatments with occupational therapists, speech-language pathologists, and special educators beneficial for young clients.

Providing early intervention/early childhood special education services is crucial for children with special needs. Co-treating with colleagues from related fields might enhance meeting the childrens' and families' therapeutic goals, and contribute to a better understanding of the benefits of music therapy for the treatment of young children with disabilities.

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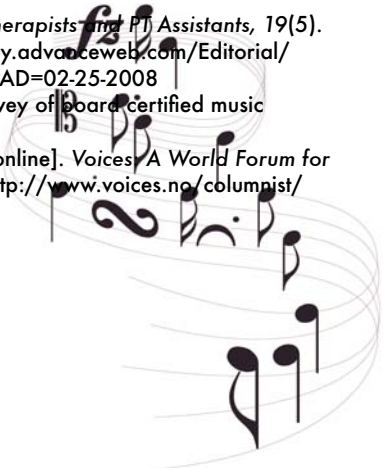

Creative Music Therapy with Preterm Infants and Their Parents: A Research Study

BY FRIEDERIKE HASLBECK,
Dipl. Musiktherapeutin

As neonatology advances, a significantly increasing number of infants survive premature birth. After survival, numerous life-threatening challenges and a catalogue of necessary intensive medical interventions confront these infants and their parents. What is imperative is a consideration of the relational aspects between child and parents and quality of life following survival.

An innovative study of music therapy with preterm infants and their parents will build on existing research and clinical experience (Haslbeck 2004). The objectives of the study are to generate a better understanding of interaction with preterm infants and their parents in music therapy and to explore the potential for change and limitations of creative music therapy with preterm infants with regard to the children's and parents' situation and the children's care and development.

This innovative study will provide a unique evidence base of the effects of music therapy for preterm infants and their parents. Quantitative and qualitative data will be gathered to provide evidence of change in terms of objective parameters such as oxygen saturation, heart and respiratory rates and also to elicit core aspects of the dialogical process of music therapy with preterm infants and their parents.

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SPECIAL TOPIC

This article features Sensory Processing and Sensory Integration as presented by Linn Wakeford at the AMTA Institute "The Autism Agenda An Evidence-Based Approach to Music Therapy" at the national AMTA conference in November 2007.

Linn is an Assistant Professor for Occupational Science at the University of North Carolina at Chapel Hill. She is the clinical coordinator of the Early Development Project funded by Autism Speaks.

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Feeling the Vibra Slap

Maximize the "Fit"

BY LINN WAKEFORD, M.S., OTR/L

Sensory Processing

Sensory processing functions are present even before birth, with some systems (vestibular, tactile, proprioceptive) developing and maturing more quickly than others (auditory, visual, taste/smell), based on the interaction of the fetus with the womb environment. After birth, all systems develop quickly, changing and re-organizing in response to ongoing, meaningful experiences in natural environments. The ways in which an individual processes sensory information influences perception and action, as well as many important cognitive and social processes throughout life (Thelen & Smith, 1994). Adequate sensory modulation is necessary for appropriate physiological arousal for self-maintenance tasks such as eating and sleeping. Sensory modulation also works to develop self-regulatory behaviors (e.g., talking to oneself during a difficult task), and to support motivation to engage in meaningful activities (e.g., determination of preference in play activities) (Baranek, Reinhartsen & Wannamaker, 2001; Dunn, 1997).

Multisensory integration processes are critical to forming and recalling ideas about objects and events, as well as to the ability to plan and execute motor behaviors, also known as praxis (Ayres, 1985; Fogassi & Gallese, 2004).

Autism and Sensory Processing

Sensory processing differences are not universal to people diagnosed with autism, but research has revealed that those on the autism spectrum do tend to respond differently to sensory characteristics of an activity or environment than do people who have other types of disabilities or who are typically developing (Rogers, Hepburn, & Wehner, 2003; Baranek, David, Poe, Stone, & Watson, 2006; Tomchek & Dunn, 2007). However, within the population of those on the autism spectrum, there is also great variability in sensory processing patterns (Watling, Deitz & White, 2001). Both hyper- and hypo-responsiveness have been noted in people with autism, and a single individual may show evidence of both, but in different sensory modalities (Dunn, Myles, & Orr, 2002). For instance, a child with autism may be hyper-responsive to auditory sensation, and have extreme or aversive responses to various types of sound, but at the same time be hypo-responsive to vestibular (or movement) sensations, seeming to need a lot of movement in order to satisfy their need for it. Sensory-seeking behavior, in which the individual seems to focus heavily on finding and experiencing specific types of sensation within the environment, may be seen when either hypo- or hyper-responsiveness is present (Baranek, et al. 2006).

Hyper-responsivity, hypo-responsivity, and sensory seeking behaviors can all significantly affect functional play, self-care, work, and social relationship behaviors. Hyper-responsivity may result in high alert states, anxiety, difficulty sustaining attention, avoidance of various social and physical environments, and/or inflexible ways of getting things done. Hypo-responsivity may prevent the individual from noticing important environmental cues or from getting a full understanding of what an activity or task entails. Sensory seeking behaviors also may interfere with the ability to focus on what's important during a task, or to engage long enough to complete an activity.

Assessment

Because sensory processing occurs in the transaction among the person, the activity or task in which they are engaged, and the environment, a comprehensive assessment should include information about all three factors. The person's sensory preferences and patterns of processing sensory experiences should be examined, as should the sensory qualities or characteristics of the environment (physical and social) and the task (including tools and materials). Examining how the person, task and environment interact from a sensory perspective offers a holistic, transactional view that then can lead to ideas about intervention.

Intervention Strategies

Interventions may be designed to adapt or modify the task or the environment, or to make changes in the behaviors of the person themselves, but in all cases the goal is to maximize the "fit" among the person, the activity and the context, so that successful participation in a functional, meaningful activity is possible.

Task modifications may include visual supports (Bryan & Gast, 2000; Dunn, Saiter, & Rinner, 2002), Social (or sensory) stories (Gray & Garand, 1993; Brownell, 2002; Kuoch & Mirenda, 2003; Baltazar & Bax, 2004), priming (Dunn, et al. 2002), and reducing or enhancing sensory demands. Environmental modifications may include adding to or taking away components of the physical environment (Dunn, et al. 2002), re-arranging the physical setting (Duker & Rasing, 1989), re-organizing the social context (e.g. presence and proximity of others), and attending to daily routines or sequences of events. Strategies based on coping theory (Olsen, 1999), behavioral modification, and learning theories may support changes in individual behaviors.

The following table offers some simple examples of intervention strategies. Remember, however, that one individual may process different types of sensation in different ways, and that this can be influenced by, hunger, fatigue, stress, what's going on around them, and a number of other task or environmental factors. Therefore, strategies must be customized for each individual. For more information about intervention strategies, please see Baranek, Wakeford, & David (2008), Dunn (2007), and Baranek (2002).

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(cont.)

HYPO-RESPONSIVENESS	
Overall Goal: To have [child] notice and respond to relevant sensory cues in the environment and/or to notice and process enough tactile, vestibular and proprioceptive information to plan and execute motor behaviors efficiently and effectively.	
General Intervention Strategy: Enhance task and context features of daily routines (e.g., provide activities to increase intensity, frequency, or duration of sensory experiences)	**Examples:** ○ Add stronger visual cues to activities such as bright contrasts or large scale art activities ○ Add tactile stimuli during social or self-care routines (bear hugs to greet, lotion after handwashing, texture added to fingerpaints) ○ Increase movement experiences ○ Add strong smell or taste components to activities
HYPER-RESPONSIVENESS	
Overall Goal: To support continued engagement in activities while building coping strategies to use when faced with new sensory challenges (successful engagement in new sensory experiences enables the child to gradually build a broader range of appropriate routines)	
General Intervention Strategy Structure sensory challenges to be predictable, to offer choice/ control to the individual whenever possible, to minimize chance the of unexpected stimuli, and to minimize generating aversion to typical activities	**Examples:** ○ Child could always be first or last in line ○ Minimize extraneous stimuli (noise, visual, lots of kids in one place, etc.) in environment, especially during tasks that are difficult for the child already ○ Provide separate or structured spaces that prevent the [child] from experiencing a lot of unpredictable touch (carpet square for each child at circle, etc.) ○ Introduce new stimuli systematically into daily routines (honor [child's] need to have some control or limit input) ○ Carefully construct events to introduce a wider range of sensory experiences (one thing at a time). For example: • Allow child some control over washing face/brushing teeth • Introduce new foods slowly and gradually and allow time to accommodate • Provide slow predictable movement experiences • Grade/adapt sensory toys and activities (playdoh in plastic bag to start
SENSORY SEEKING	
Overall Goal: To select activities with more intense sensory experiences that are consistent with the [child's] sensory needs and still socially acceptable behaviors (so participation can occur with fewer interruptions from sensory seeking behavior)	
General Intervention Strategies Provide appropriate channels for needed activity& intensify sensory aspects of task/ context Determine whether sensory seeking behaviors are due to • Hypo-responsiveness (not getting enough input) • Hyper-responsiveness (over sensitivity to some input and the need to "over-ride" aversive sensation with something else, OR • BOTH	**Examples:** ○ Alternate active and passive activities in schedule ○ Provide socially appropriate outlets for sensory needs, such as helping to run errands, collect art supplies; move chairs and desks, help clean tables, etc. ○ Add stronger visual cues to activities such as bright contrasts or large scale art activities ○ Add tactile stimuli during social or self-care routines (bear hugs to greet, lotion after handwashing, texture added to fingerpaints) ○ Increase movement experiences ○ Add strong smell or taste components to activities

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A Glimpse into the use of Music Therapy and the DIR®/Floortime™ Model for Children with Autism

BY JOHN CARPENTE, MA, LCAT, MT-BC, NRMT

Autism spectrum disorder (ASD) is a complex diagnosis that can disguise itself in many forms. Because of its complexities, evidenced-based research; assessment; and interventions are also extremely difficult to decipher in terms of "what is true," "what works," and "what doesn't work." Can such a complex disorder which affects children so differently, have such a simplistic recipe of "yes, this works for all?" To this end, it is important that our clinical "toolbox" be equipped with various lenses and strategies in order to effectively treat children with ASD. The purpose of this article is to offer a lens on how the clinician may conceptualize and organize an effective music therapy treatment plan.

The DIR® Model (Greenspan & Weider, 2006a), pioneered by Drs. Stanley Greenspan and Serena Wieder, is a developmentally based approach that is used as the foundation for a comprehensive intervention approach. The focus of the model is to help children build healthy foundations for social, emotional, and intellectual capacities, rather than simply focusing on isolated behaviors (Greenspan & Weider, 2006b). Each component of the DIR® model complements the other. First, it is important to understand at what level the child is functioning developmentally. Secondly, one must ascertain what stands in the way of a child's development (In order to understand this, the clinician must try and understand how the child processes information and navigates in the world). Lastly, it is critical to know how the child relates to others in the world. (What are the child's modes and patterns of interacting?).

Once there is a developmental picture and a sensory profile of the child, the therapist can help guide the child into ways of interacting and relating that will provide the proper sensory input necessary to move up the developmental ladder.

Floortime (an intervention) is the spontaneous interactions that occur when a caregiver follows a child's lead in a warm, flexible way so as to encourage that child's climb up the developmental ladder, while considering their individual-differences. While Floortime may resemble ordinary play, it is distinguished by the developmental role played by the adult Floortime partner. The essence of Floortime is in the human relationship that captures, sustains, and expands the child's attention, and thereby motivates ensuing circles of communication (Greenspan & Weider, 2006).

Floortime and many forms of improvisational music therapy (IMT) share common principles. In IMT, the therapist observes the child and follows his/her lead using music as the medium and/or object. The music being improvised attempts to create affect and emotionally charged experiences intended to help the child regulate, musically engage, and interact in a joint musical relationship in order to facilitate development and 2-way purposeful communication (e.g., through instrument play, vocalizations, movement, or gestures). Both are action-based approaches in which the child is an active and leading participant in the therapeutic process. Both approaches view relationships as a core component of child development. Both focus on the creative process and experience between the child and therapist. In addition, both require therapists to rely on their clinical musicianship, creativity, spontaneity, and playful spirit (Nordoff & Robbins, 2007) to help regulate and engage the child. Finally, both models respect the individual differences of each child and view whatever the child is doing as important and meaningful (e.g., respecting idiosyncratic and self-stimulatory behaviors by musically supporting and embracing them in order to transform the behaviors into interaction and communication).

In short, IMT has the potential to be used as a primary treatment approach, specifically focusing on musical goals (Aigen, 2005) which correlate with functional emotional capacities. To that end, DIR® can be used as the primary means of conceptualizing and assessing the child's strengths and needs. Musical goals can be related to the child's development in terms of functional emotional capacities.

D is for Developmental. This includes six levels of functional emotional development that help the child build these capacities. The six levels of development are described below as affected by ASD in children of any age:

- Level one: Shared attention and regulation occurs from age 0-3 months. *An infant at risk for ASD may show difficulty in sustaining his attention to sights or sounds, and may prefer to engage in self-stimulatory behaviors.*
- Level two: Engagement and relating occurs from 2-5 months. *An infant at risk for ASD may show difficulty sustaining engagement, and will usually withdraw from interaction and become self-absorbed.*
- Level three: Purposeful emotional interactions occur from 4–10 months. *An infant at risk for ASD may display no interest in interacting, or engage in brief back-and-forth-exchanges with very little initiative, and may engage in random or impulsive behaviors.*
- Level four: Chains of back-and-forth (joint attention) emotional signaling and shared problem-solving occur from 10–18 months. *A child at risk for ASD will show an inability to initiate and sustain several back-and-forth interactions of emotional signals (e.g., showing mom or dad a toy) and may engage in perseverative behavior patterns.*
- Level five: Creating ideas occurs from 18–30 months. *A child at risk for ASD will have difficulty using words or phrases meaningfully and engaging in pretend play; he/she will repeat words of what has been heard or seen (echolalia).*
- Level six: Building bridges between ideas: Logical thinking occurs at 30–42 months (e.g., I want to eat *because* I'm hungry). *A child at risk for ASD will display either no words, or use memorized scripts with random ideas; or use words and ideas illogically.*

I for Individual-Differences refer to how the child processes: information and language; underlying motor and sensory capacities, such as touch, sound, and other sensations; auditory processing; visual-spatial processing; and motor-planning and sequencing abilities. For each of the six stages described above, the therapist may look at these particular "individual-differences" of the child, and determine how they interfere with the child moving up the developmental ladder. This gives the clinician an integrated picture (Profile) of the child's development.

R for "Relationships" in the DIR® model refers to how the child interacts with others (e.g., family members, teachers, therapists, and caregivers) and what patterns of interaction should be included in the therapeutic program to support enhanced development of the child.

For example: a child may show deficits in level two which deal with engagement and relating. The therapist may focus on facilitating the child's ability to develop and maintain *musical relatedness* (observing the qualities of the child's musical relatedness). This may involve the therapist observing and listening to how the child responds or reacts to the improvised music. Is the child displaying signs of relatedness and engagement? Is there imitating and/or call and response (cause and effect thinking) playing? Can the child open and/or close circles of musical communication? (i.e., vocally, physically, gesturally and/or or instrumentally). Does the child show the ability to fluctuate his/her music playing based on therapist's music? (initiating and/or following musical changes in relation to music being played). Can the child solely engage in an "I play then you play" manner and displaying a limited capacity to engage in antiphonal *(inter-responsively)* play (Nordoff & Robbins, 2007). If so, is it due to a sensory and/or developmental issue? It is important to emphasize that the assessment and application are happening simultaneous within the musical experiences between the child and therapist. The improvisation may be in a song form, and/or may consist of using intervals, and/or using just the voice, and/or using a particular musical style, and/or harmony, etc. In all of its applications, the music is built around the child's "being," while considering his/her developmental and sensory profile.

This collaborative approach in merging the DIR® Model and music therapy is very new to the literature and practice of music therapy. Currently, I am completing a doctoral research study examining the process and outcome of Nordoff-Robbins Music Therapy (NRMT) within a DIR® framework in meeting individualized goals of children with autism. A combination of quantitative and qualitative data will be collected, analyzed, and compared. The outcomes of therapy with each child will be measured and evaluated quantitatively; the process of achieving these will be described and analyzed qualitatively. As designed, this will be the first quantitative study of individualized outcomes in NRMT with children with autism. In addition, it will be the first study in the utilization of NRMT within a DIR® framework. The insights gained from this study may create interest in additional research, program development, funding opportunities and training programs using this collaborative approach.

For more information contact John Carpente at jcarpente@erols.com
www.therebeccacenter.org
For information specific to the DIR®/Floortime™ Model visit www.icdl.com

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AMTA 2008 Featured Conference Events

Special Trainings

Music Together Teacher Training
Nov. 16-19, 2008
4:30 PM - 2:30 PM
US$ 425

NICU Music Therapy
Nov. 19, 2008
9:00 AM - 6:00 PM
US $175

Institutes

Essential Business Tools for Building a Successful Music Therapy Practice
Nov. 19, 2008
8:00 AM - 3:00 PM
Free for AMTA Members

Medical Music Therapy: Pediatrics and Adults in the Hospital Settings
Nov. 19, 2008
3:30 PM - 10:30 PM
US $130

CMTE Courses

Beyond the Bus: Creating Music and Music Interventions for Early Childhood Settings
Nov. 20, 2008
1:30 PM - 6:30 PM
US$100

The SEMTAP & MT-SEAS: Music Therapy Eligibility Assessment in Public School Education
Nov. 23, 2008
1:30 PM - 6:30 PM
US $100

Stay tuned and look for the Concurrent Sessions Track focusing on Early Childhood Education.

The Color of Us:

Music Therapy for Young Children Around the World

This panel will be held at the XII World Congress of Music Therapy, Buenos Aires, Argentina in July 2008. Learn from the panelists about the current state of practice, research and education of music therapy for young children and their families in America, Europe, Asia, and Australia.

USA

Snapshot of the USA

Area
9,826,630 sq km (including 50 states and D.C.) or half the size of South America, more than twice the size of the European Union, slightly larger than China, and about three-tenth of the size of Africa.

Population
303,824,646 (July 2008 est.)

Ethnic Groups
White 81.7%, Black 12.9%, Asian 4.2%, Amerindian and Alaska native 1%, native Hawaiian and other Pacific islander 0.2% (2003 est.)

Median Age
36.7 years

Children under 5
20,776,000 (UNICEF USA, 2006)
Children with disabilities: 12.8% (National Center for Disease Control and Prevention, 2001)

Source
CIA. The World Factbook. United States. www.cia.gov/library/publications/the-world-factbook/print/us.html


Photograph by Don Trull

Dr. Petra Kern

SUNY at New Paltz

FPG Child Development Institute at UNC Chapel Hill

"Children are the touchstone of a healthy and sustainable society. How a culture treats its youngest members has a significant influence on how it will grow, prosper, and be viewed by others."
Meisels & Shonkoff

Demographics

Working with young children and their families has a long tradition in the United States. Considering the diversity and size of the country, the profession has developed a clear profile and clinical practice guidelines pertinent to early childhood education. Currently, 343 music therapists in the US (or 11% of the AMTA membership) provide services for young children and their families in the following work settings: child treatment centers, children's day care/preschool settings, hospices/bereavement centers, children's hospitals or units, early intervention programs, private music therapy agencies, and in private practice.

The average salary of a music therapist working in early childhood settings is US $45,000 depending on the work setting, region, age, and years in the profession. Funding for music therapy services comes from diverse sources including facility/hospital budgets, grants, private pay or state/government funds.

Source: AMTA Member Sourcebook 2007.

Background Information

To understand how children with special needs and their families are seen in each society, and how therapeutic services are delivered one must look into each countries legislation, ethics, and educational background. In the US, public laws (PL. 94-142, No Child Left Behind, IDEA 2004) require the following:

- Free and individualized education for all children with special needs
- Programming/therapeutic services must take place in the least restrictive environment and with nondisabled children
- Development of measurable outcomes of annual academic and functional goals
- Early intervening services should be aimed at reducing the need of special education

In terms of trends and recommended practice in Early Intervention/Early Childhood Special Education, the following shifts influenced music therapy practice: From child-centered to family-centered practice, from segregated to integrated services, from process-oriented to intentional practice, from fragmented to coordinated services, and from a multidisciplinary team approach to an interdisciplinary or transdisciplinary team approach. Service delivery models range from direct to consultative services, including individual and group sessions.

Sources: PL. 94-142; No Child Left Behind; IDEA 2004; Council for Exceptional Children 2007 at www.cec.sped.org

Common Approaches

Depending on the work setting and personal philosophies, music therapists in the U.S. apply the following music therapy approaches when working with young children and their families:

- Developmental Approach (e.g., Vygosky, Bronfenbrenner) and Developmentally Appropriate Practice (e.g., Bredekamp, NAEYC)
- Contemporary Behavior Therapy (e.g., Skinner, Bandura, Baily, Odom, Wolery)
- Play-Based Approach (e.g., Linder)
- Nordoff-Robbins Music Therapy (e.g., Steiner, Maslow)
- Early Childhood Music Educations Programs (e.g., Orff, Dalcroze, Kodaly, Kindermusik, Music Together, Musikgarten)

Common techniques are based on receptive music therapy (listening, perceiving, experiencing, and enjoyment of music) and active music therapy (singing, chanting, rhyming, music and movement, free/thematic music improvisation, music and other creative activities such as painting to music, musical drama, or creating instruments). In sessions with young children music therapists include effective strategies such as simplified language, positive feedback, use of prompts and cues (i.e., verbal, gestural, pictorial, textural), attention grabbers, repetition, props (e.g., puppets, masks, numbers, shapes, letters, scarves, feathers, parachutes), and technology/augmentative tools.

Source: In Humpal & Colwell (2006): Adler, 2006; Humpal & Tweedle, 2006; McLaughlin, 2006

Prominent Publications

An annotated bibliography of articles from Music Therapy Journals (1990-2005) specifically related to music therapy with young children in educational settings or methodologies pertaining to young children can be found in Humpal, M. & Colwell, C. (Eds.) (2006). *Effective Clinical Practice in Music Therapy: Early Childhood and School Age Educational Settings*. Silver Spring, MD: AMTA. The following selection is based on an interview conducted with Marcia Humpal. The interview is available at *Music Therapy Today (online) Vol. VI*, Issue 3, July, 2005, http://musictherapyworld.net.

Colwell, C. M., & Murrless, K. D. (2002). Music activities (singing vs. chanting) as a vehicle for reading accuracy of children with learning disabilities: A pilot study. *Music Therapy Perspectives, 20* (1), 13-19.

Gunsberg, A. (1991). A method for conducting improvised musical play with children both with and without developmental delay in preschool classrooms. *Music Therapy Perspectives, 9*, 46–51.

Hibben, J. (1992). Music therapy in the treatment of families with young children. *Music Therapy, 11* (1), 28 - 44.

Hughes, J., Robbins, B., McKenzie, B., & Robb, S. (1990). Integrating exceptional and nonexceptional young children through music play: A pilot program. *Music Therapy Perspectives, 8*, 52–56.

Humpal, M. (1991). The effects of an integrated early childhood music program on social interaction among children with handicaps and their typical peers. *Journal of Music Therapy, 28* (3), 161–177.

Kern, P., Wakeford, L., & Aldridge, D. (2007). Improving the performance of a young child with autism during self-care tasks using embedded song interventions: A case study. *Music Therapy Perspectives, 25* (1), 43-51.

Kern, P., Wolery, M., & Aldridge, D. (2007). Use of songs to promote independence in morning greeting routines for young children with autism. *Journal of Autism and Developmental Disorders, 37,* 1264-1271.

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Standley, J. M., & Hughes, J. (1997). Evaluation of an early intervention music curriculum for enhancing prereading/writing skills. *Music Therapy Perspectives, 15* (2), 79–86.

Standley, J. M. (2003). Music Therapy with premature infants. Research and Developmental Interventions. Silver Spring, MD: AMTA.

About the Panelist

Dr. Petra Kern has lived and worked as a music therapist, researcher and educator in Germany, Canada, and the USA. She specializes in early childhood education, inclusion, autism, and international aspects of music therapy. Currently, she is a Professor for Music Therapy at SUNY at New Paltz and a Visiting Scholar at the FPG Child Development Institute at the University of North Carolina at Chapel Hill. Petra is the Secretary/Treasurer of the World Federation of Music Therapy (WFMT).

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EUROPE

Prominent Publications

The following publications represent a limited selection of research and research-related topics. The list is not exhaustive, but aims to give an impression of the diversity of areas of recent research in Europe.

Aasgaard, T. (2000). A Suspiciously Cheerful Lady. A Study of a Song's Life in the Paediatric Oncology Ward, and Beyond. *British Journal of Music Therapy, 14 (2),* 70-81.

Elefant, C. (2003). Enhancing Communication Skills of Girls with Rett Syndrome through Music Therapy. Unpublished doctoral thesis. Institute of Music and Music Therapy, Aalborg University.

Gilbertson, S. & Aldridge, D. (2008). *Music therapy and traumatic brain injury: A light on a dark night.* London: Jessica Kingsley Publishers.

Gold, C., Wigram, T., & Voracek, M. (2007). Effectiveness of music therapy for children and adolescents with psychopathology: A quasi-experimental design. *Psychotherapy Research 17 (3),* 292-300.

Noecker, M., Guenter, M., & Riegel, K.P. (1987). The effect of the mother's voice on the physical activity and the tcPO2 of very premature infants. *Pediatric Research* 22, 221-234.

Oldfield, A., & Flower, C. (2008). *Music therapy with children and their families.* London: Jessica Kingsley Publishers.

Pavlicevic, M. (2005). *Music Therapy in Children's Hospices.* London: Jessica Kingsley Publishers.

Schwaiblmair, F. (2005). Infant research and music therapy: The significance of musical characteristics in early mother-child interaction for music therapy. *Music Therapy Today (online) Vol. VI, Issue 1* (February), 48-59. Available at http://musictherapyworld.net

Wigram, T. & Gold, C. (2006). Research evidence and clinical applicability of music therapy for autism spectrum disorder. *Child Care, Health and Development 32, 5,* 535-542.


Picture Curtsey of Ben

Dr. Simon Gilbertson

Irish World Academy of Music and Dance
University of Limerick, Ireland

As the therapist asks, 'What shall we do today?', the child sings: 'I'm going back to mummy!'

Demographics

Music therapy with young children in Europe represents a widely diverse and contrasting field of application. There are fifty countries (depending on political or physiogeographical inclusion criteria) that make up Europe. Music therapists in Europe work with young children and their families in diverse settings including neonatal intensive care units, early intervention settings, hospitals, rehabilitation clinics, a wide range of pre-school settings, medical treatment centers, hospices and designated specialist music therapy centers.

In addition to early pioneering work carried out with young children with special needs, music therapists in Europe are developing responses to the contemporary demands within the European community on early childhood. These include the survival of increased extremes of premature birth, challenges to development, physical injury and disease, abuse, neglect and the effects of war and unrest. Increasingly there is a return to perceiving the young child within their natural context of the family and to develop adequate interventions providing for the needs and wishes of the whole family.

Background Information

State recognition of music therapy as a health-care profession is the main challenge in many European countries to enable reimbursement of music therapy. In only a small number of European countries is music therapy officially recognized by the State as a health care profession as in the UK (HPC) and the Netherlands. In some European countries, music therapy is yet to be formally introduced and others are finding themselves in a situation of being forced to choose between joining the professional body of psychotherapists to attain state recognition or to remain in a group of other non-state recognized health care professions.

Many of the approximately 60 training courses throughout Europe are recognized by their States and an overarching organization of the training exists, the European Consortium of Arts Therapies Education (E.C.Ar.T.E.). The European Music Therapy Confederation was founded as a confederation of professional music therapy organizations within Europe in 1990.

Common Approaches

There is a varied tradition of music therapy approaches within Europe and these have constantly reflected the interaction between educational models and the exploration of new clinical realties. In addition, there has been a constant migration of clinicians and researchers to, from and within Europe, carrying with them the seeds and fruits of approaches found all over the globe. Instrumental and vocal improvisation, song creation, music listening, have provided the basis for approaches such as creative music therapy, Orff-Schulwerk music therapy, psychodynamically informed approaches and anthroposophic music therapy. Many music therapists in Europe who work with young children have been informed by the conceptual work of a large number of authors including Stern, Klein, Trevarthen, the Papouseks, Winnicott, Bowlby, Ainsworth, Holmes and Bronfenbrenner.

About the Panelist

Dr. Simon Gilbertson has worked as a music therapist in England and Germany with children since 1993. He has extensive experience in working with children and families in neurorehabilitation. He is currently Lecturer of Music Therapy at the Irish World Academy of Music and Dance, University of Limerick, Ireland.

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KOREA

Prominent Publications

The following selected master thesis provide an overview of the wide range of research conducted in Korea.

Eun-Young Hwang (2001). Effect of Music Listening with Physical Expression on Improving of Emotional Intelligence (EI) for five-year old children.

Hae-Won Jang (2001). The Influence of Music Activity on the Social Interaction Behaviors of Developmental Delayed Children in the Inclusion Setting.

Ji-Yeon Song (2002). The Influence of Musical Activities on Social and Emotional Development of Infants.

Yoon-Gyung Chon (2002). The Influence of Musical Experience on Emotional Intelligence of Kindergarten Children.

Sung-Eun Kim (2003). The Effect of Musical Activities through Imaginative Play in Improvement of Creativity of Young Children.

Sang-Hee Ahn (2003). A Study of the Relationships between 4-5 year old Children's Korean Traditional Children Songs' Recitation and Syllable Awareness.

Ji-Yeon Kim (2003). The Effect of Interactive Musical Activity on Children with Down Syndrome on Linguistic Learning Ability Improvement.

So-Young Park (2004). The Effect of Musical Drama Activities in Young Children's Creativity.

Hye Won Chung

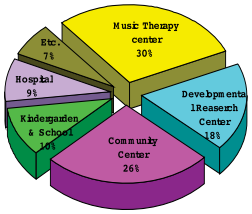
Sookmyung Women's University of Seoul, Korea

The creative approaches through music will be a method of awakening the unlimited potentials of young children.

Balkin (1985)

Demographics

According to the Public Hearing of the Korean Music Therapy Association in December 2007, 688 students graduated from 12 Music Therapy Graduate Schools since 1997. 45% of all music therapy practitioners are working with young children in various settings: Music Therapy Centers, Developmental Research Centers, Community Centers, Kindergarten and Schools, Hospitals, and Others.



Music therapists are serving children with physical injury and abuse, adopted children, divorced families, and multicultural families. In addition to music therapy in special education, the demand of serving children age birth to five years in general preschool settings is increasing.

Background Information

Governmental recognition of music therapy as a healthcare profession is currently in progress. Federal regulation to include music therapy in the special education laws is currently discussed. In the public hearing of December 2007, the Korean Ministry for Health, Welfare and Family Affairs suggested to the Korean Music Therapy Association to submit documentation describing the qualification and certification of Korean music therapists. The Association is diligently working on the approval. In 1997, Sookmyung Women's University Graduate School started the Music Therapy Training Program with Dr. Byungchuel Choi. Today, there are 12 universities offering music therapy programs on a graduate level. Since 2008, Sookmyung Women's University Graduate School offers an innovative non-degree music therapy certification for the public.

Common Approaches

Music therapists in Korea are well educated. Many have extensive knowledge in general theories and philosophical frameworks. Music therapy approaches applied in early childhood music therapy include primarily Behavioral Music Therapy (Applied Behavior Analysis) and the Nordoff-Robbins Creative Music Therapy Model. Music therapy session include music listening, instrumental, and vocal improvisation. Music education approaches such as Orff Schulwerk, Kodaly, Dalcroze, Gordon's theory and methods are also commonly used with young children.

About the Panelist

Hye Won Chung has worked with young children with developmental disorders and families in various settings since 1999. She is a Ph.D. candidate at the Sookmyung Women's University, Seoul, Korea.

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AUSTRALIA

Snapshot of Australia

Population
General Population: 21 million
Indigenous Population: 500,000 (25%)

Median Age
36.7 years

Children 0-4
1.3 million (6.3%)
4% with disabilities

Valuing Arts
"The arts should be an important part of the education of every Australian child." (85% of 2,600 people surveyed, across gender, generation, culture, educational level, employment status and income level).

Sources
Australian Bureau of Statistics http://www.abs.gov.au, and the Australian Institute of Health and Welfare http://www.aihw.gov.au/
Costantoura, Paul (2001): Australians and the Arts. Federation Press: Australia Council for the Arts.

About the Panelist

Anja Tatit works as consultant music therapist in cross-cultural contexts, in maternal and child health, early childhood intervention, education across the stages of schooling, and palliative and bereavement care. Her practice and research focuses on enabling individuals, families and communities to participate in active artmaking (music, movement, visual arts) for learning and wellbeing across the lifespan.

Contact: anja.tait@cdu.edu.au

Anja Tait

Social Partnerships in Learning Research Consortium
Charles Darwin University

Through music children "express ideas, their knowledge and life meaning"

Torres Strait (Parents), Australia

Demographics

Australian music therapists working in early childhood care and education in 2008

Number of Therapists	90-120
Workplace conditions	part-time, full-time, sessional
Settings	hospital, hospice, community, childcare, preschool, disability services
Service delivery models	inter-disciplinary, inter-agency, cild-centred, family-focused, individual, family, small group, preventative, intervention

Background Information

Federal and state/territory regulations influence access to and the practices of music therapy with young children. In late 2007, Australia had a change of federal government and Prime Minister. This impacts at all levels of society, as new policies and priorities emerge for early childhood education, health and care, as well as the arts sector.

Common Approaches

Current Australian Government policies and funding priorities emphasize the delivery of programs that strengthen the development and learning of 0-5 year olds. Music therapy practice in Australia will become increasingly visible in this political climate, representing a range of philosophical standpoints and clinical practices. Examples of contemporary music therapy practice in Australia include:

ArtStories
http://artstories.cdu.edu.au

Giant Steps Foundation
http://www.giantsteps.net.au/

Music Together, Uniting Church of Australia
http://www.mca.org.au/fileadmin/user_upload/mpfl_pdfs/Music_Together_report.pdf
http://www.connections.org.au/index.php?option=com_content&task=view&id=35&Itemid=36

Nordoff Robbins: Golden Stave Music Therapy Centre
http://www.nordoff-robbins.com.au/contentsMain.asp?CatID=15

Pediatric music therapy programs in hospitals in major capital cities of Australia
http://www.rch.org.au/musictherapy/index.cfm?doc_id=1075
http://www.health.qld.gov.au/rch/
http://www.kidswithcancer.org.au/hospital%20achievements.htm
http://www.chw.edu.au/prof/services/allied_health/
http://www.sch.edu.au/departments/allied_health/
http://www.wch.sa.gov.au/services/az/divisions/paedm/clinhaem/index.html

Sing and Grow, Playgroup Queensland
http://www.playgroupaustralia.com.au/qld/index.cfm?objectid=DC19F14A-E41A-0CF5-77C3D0D601E6EC70

Prominent Publications

A growing body of Australian literature is now evident in the fields of early childhood intervention, early childhood care and education, music education and music therapy. Some prominent articles follow, sourced across disciplines.

Music Education

Barrett, Margaret (2003). Meme Engineers: Children as Producers of Musical Culture, *International Journal of Early Years Education*, 11(3), 195-212, Oct 2003.

De Vries, Peter (2004). Exploring the piano from the ages of eight to thirty six months: implications for infant and toddler music development, in the peer-reviewed proceedings of the Australian Association for Research in Music Education Annual Conference, pp107-115.

Wright, S. (2003). *The arts, young children, and learning*. Boston, MA: Pearson.

Early Childhood Care and Education

Elliott, Allison (2005). Creative Arts (Editorial). *Every Child*, 11(2), Autumn 2005.

Rankin, Beth (1999). Mother and baby: The positive benefits of active music making to a child's musical development and learning, in the peer-reviewed proceedings of the Australian Association for Research in Music Education Annual Conference, pp269-272.

Southies, Louie & Larkin, V (1998). A comparison of the responses of four year old children to music and movement experiences in two different contexts: a specialised music program and as part of a daycare curriculum, in the peer-reviewed proceedings of the Australian Association for Research in Music Education Annual Conference, pp101-108.

Early Childhood Intervention/Music Therapy

Chen-Hafteck, L (1996). Music and language development in early childhood: Integrating past research in the two domains. *Early Child Development and Care*, 130, 85-97.

Shoemark, H. (1996). Family-centred early intervention: Music therapy in the playgroup program. *The Australian Journal of Music Therapy*, 7, 3-15.

Skewes, K. & Thompson, G (1998). The use of musical interactions to develop social skills in early intervention. *The Australian Journal of Music Therapy*, 9, 35-44. (abstract)

Tait, A & Blight, C (1998). *Creatively Communicating: The music in language & the language in music.* Published in the conference proceedings of the 3rd National Conference of Early Childhood Intervention Australia, Sydney, September 1998.

Tait, A & Blight, C (2000). *Making Magic!* A multi-sensory approach to early language acquisition. Published in the Conference Proceedings of the 4th National Conference of Early Childhood Intervention Australia, Brisbane, August 2000.

Wilmot, Catherine. (2004). Sound Communication: Music for Teaching Oral Language Skills. Perth , WA: Music Therapy Matters .

Children in Hospital/Music Therapy

Calabro, J., Wolfe, R., & Shoemark, H. (2003). The effects of recorded sedative music on the physiology and behavior of premature infants with a respiratory disorder. The Australian Journal of Music Therapy, 14, 3-19. (abstract).

Daveson, B. (1999). A model of response: Coping mechanisms and music therapy techniques during debridement. *Music Therapy Perspectives*. *17*(2), 92-98.

Edwards, J & Kennelly, J. (1999). Clinician's Manual – Music therapy for children in hospital. University of Queensland Printery, St Lucia, Brisbane.

Edwards, J. & Kennelly, J. (2004). Music therapy in paediatric rehabilitation: The application of modified Grounded Theory to identify techniques used by a music therapist. *Nordic Journal of Music Therapy*, 13(2), 112-126.

Han, P. (1998). The use of music in managing pain for hospitalised children. *The Australian Journal of Music Therapy*, *9*, 44-56. (abstract)

Kennelly, J. (2000). The specialist role of the music therapist in developmental programs for hospitalised children. *Journal of Pediatric Health Care*, *14* (2), 56-59.

Kennelly, J. & Edwards, J. (1997). Providing music therapy to the unconscious child in the paediatric intensive care unit. *The Australian Journal of Music Therapy*, *8*, 18-29. (abstract)

Rosenfeld, J.V. & Dun, B. (1999). Music therapy in children with severe traumatic brain injury (pp. 35-46). In R.R. Pratt & Grocke, D.E. (Eds). *MusicMedicine 3. MusicMedicine and music therapy: Expanding Horizons*. Melbourne: University of Melbourne.

Sheridan, J. & McFerran, K. (2004). Exploring the value of opportunities for choice and control in music therapy within a paediatric hospice setting. *Australian Journal of Music Therapy, 15*, 18 - 32.

Shoemark, H and Dearn, T (2008). Keeping parents at the centre of family centred music therapy with hospitalized Infants. *Australian Journal of Music Therapy*, 19.

Shoemark, H. (2004). Family-centred music therapy for infants with complex medical and surgical needs. In M. Nocker-Ribaupierre (Ed.), *Music therapy for premature and newborn infants* (pp. 141–157). Gilsum NH: Barcelona Publishers.

Shoemark, H. (1999). Singing as the foundation for multi-modal stimulation of the older preterm infant (pp. 140-152). In R.R. Pratt & Grocke, D.E. (Eds). *MusicMedicine 3. MusicMedicine and music therapy: Expanding Horizons*. Melbourne: University of Melbourne.

Activities

The Cymbal Song

BY GARRETT STANTON, MT-BC

Description

The *Cymbal Song* utilizes the cymbals as musical reinforcement for engaging in musical play. The purpose of this rhythmical game is for children to improve attending behaviors and name orientation while engaging in social interactions.

Directions

1. Show the children the cymbals and allow them to explore the musical instrument.
2. Model the "ready position" by holding one cymbal on your lap and invite the children to imitate you.
3. Speak the words of the *Cymbal Song* rhythmically.
4. Next, call out each child's name followed by a loud crash of the named child's cymbal and your cymbal.

Materials

One cymbal for each child

Goals

- to increase name orientation
- to increase attentive behaviors

Behavior Observation

The child will

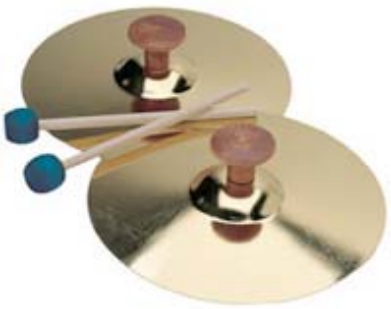
- recognize and respond to her/his name
- crash the cymbal of the music therapist

Adaptations

Once attentive behaviors and name orientation are learned, children can be cued to crash each other's cymbal when their name is called out.

Note

The original music of the Cymbal Song can be obtained by contacting Garrett Stanton at garracoustic@aol.com



Cymbal Song

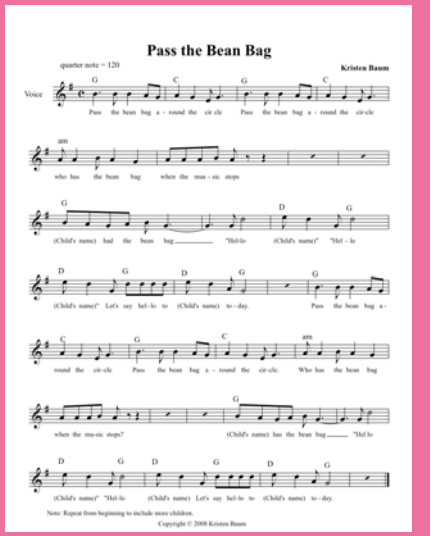
Words by Garrett Stanton

This is the Cymbal Song,
come and play along,

This is the Cymbal Song,
come and play along.

When you hear your
name, we make a crash,

And we can all play
along.



A copy of the music score can be obtain by contacting Kristen Baum.

Pass the Bean Bag

BY KRISTEN BAUM, MT STUDENT

SUNY at NEW PALTZ

Description

The purpose of the *Pass the Bean Bag* song is to name peers and to pass on objects.

Directions

1. Arrange the class in a circle format.
2. Give the child sitting next to you the bean bag and start the song.
3. Instruct children to pass the bean bag to the person sitting next to them when the directions are given in the song.
4. When the music stops, ask the children, "Who has the bean bag?" and wait for a response.
5. Continue with the song after students have named the target child and repeat from the beginning.
6. End song with "Thank you so much for helping me remember your names!" and move onto next circle time activity.

Materials

One bean bag

Goals

- to pass a manipulative object appropriately
- to name other students
- to improve verbal communication with peers

Behavior Observation

The child will

- pass the bean bag
- name students in classroom when the music stops
- sing along by saying, "Hello (child's name)"

Adaptations

If there are more than 10 students in the classroom then naming all the children will be time consuming, therefore in the beginning say, "Because there is so many of you, I need special help naming some students. Can you help me name the students?" This will focus the importance of naming the students rather than having the bean bag and being named.

Kristen Baum can be contacted at kbaum64@gmail.com

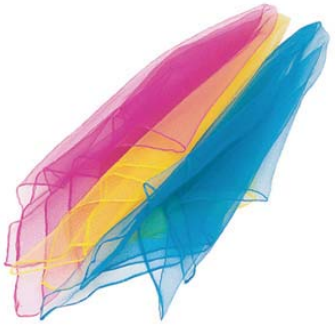
Props and Toys in Early Childhood Music Therapy

BY WENDY ZIEVE, MA, MT-BC

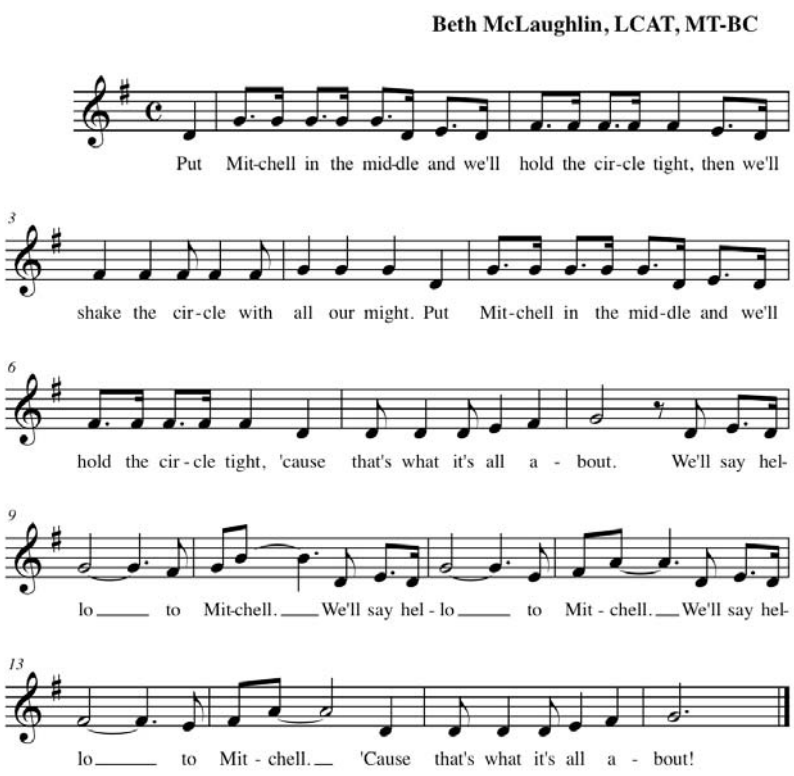
As music therapists we effectively use our voice, instruments and props to establish contact and elicit responses from our clients. Very young children learn best through play and are drawn to hands-on toys and props, textures and colors. Our tool kit can include toys to facilitate imaginative play, fine motor skills, sorting, matching, labeling, sharing, turn taking and joint attention. Using prompts within songs can initiate play, then improvised songs can reflect on what just happened and what you want to embellish. Those of us who are parents of young children probably have these props around the house. Those who don't can keep their eyes open for yard sales and there is always eBAY.

For more information related to the song choice or other ideas, please contact Wendy Zieve at wzieve@comcast.net

Prop	Song	Objectives
Scarves	Peek-a-boo by Lynn Kleiner	Children will come out on cue.
Flags	You are a Grand Old Flag or any other patriotic song	Children will march and wave flags to the beat.
Train Cars	Train is a Coming	Children will link train cars up, name them and their colors.
Puppets	Let's Go Walking	Children will find action words (such as rolling, eating, kissing, hugging, jumping) for the puppets to do.
Coconut Soap	Coconut Soap by Frank Leto	Children will smell on cue and use soap to pretend washing body parts.
Plastic foods	Today is Monday or Going on a Picnic	Children will label the foods and find them on cue.
Doll Clothes	Going on a Trip	Children will label the clothes, find them on cue, and dress a doll.
Plastic Tools	When I Build my House by Parachute Express	Children will sequence four tools in the order of the song.
Plastic Hammers	Johnny Works with One Hammer	Children will keep a steady beat.
Plastic Hammer and Big Plastic Needles	Shoemaker Dance by Shenanigans	Children will sew, hammer and dance.



Hokey Pokey Hello



Hokey Pokey Hello

BY BETH MCLAUGHLIN, LCAT, MT-BC

Directions
Establish the circle with the following chant

Shake the circle,
ch ch ch ch ch ch ch ch ch ch

♩ ♪. 𝅘𝅥𝅯 ♩ ♪. 𝅘𝅥𝅯 ♩ ♩ ♩

And then relax.
poo, poo, poo, poo, poo, poo, poo, poo, poo

♩ ♪. 𝅘𝅥𝅯 ♩ ♪. 𝅘𝅥𝅯 ♩ ♩ ♩

Begin singing the song. Stretch the stretchy band so it's behind one of the students. They may choose to stand inside the circle or stay in their chair. If seated make sure the stretchy band has contact with the student to give them input during the song. If they resist the contact, stretch it beyond their chair so they're still included. This is a really fun and non-intrusive way to include and acknowledge students who do not initiate participation due to apraxia, physical limitations or behavior.

Materials
Stretchy band

Environment
Students seated or standing in a circle holding the Stretchy band.

Contact

Beth McLaughlin can be contacted at bmclaughlin@wildwood.edu

Check also out her website http:/cdbaby.com/cd/bmclaughlin

A Publication of the American Music Therapy Association's Early Childhood Network

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Graphic Design
Petra and her imac

The newsletter is available at
www.musictherapy.org

New Publications

COMPILED BY DR. PETRA KERN, MT-BVM, MT-BC, MTA

The following articles reflect a selection of publications in early childhood music therapy published during 2007-2008. Colleagues are encouraged to send their publication for future inclusion in this annual list.

Abad, V. & Williams, K. E. (2007). Early Intervention music therapy: Reporting on *a 3-year project to address needs with at-risk families. Music Therapy Perspectives 25 (1),* 52-58.

Darrow A.-A. (2007). Looking to the past: Thirty years of history worth remembering. *Music Therapy Perspectives, 25 (2),* 94-99.

Dun, B. (2007). Journeying with Olivia: Bricolage as a framework for understanding music therapy in pediatric oncology. Voices: A World Forum for Music Therapy. Retrieved June 7, 2008, from http://www.voices.no/mainissues/mi40007000229.php

Farnan, L.A. (2007). Music Therapy and Developmental Disabilities: A glance back and a look forward. *Music Therapy Perspectives, 25 (2),* 80-85.

Geist, E., & Geist, K. (2008). Do re mi, 1-2-3; That's how easy math can be. *Young Children, 63*(2), 20.

Hilliard, R. E. (2007). The effects of Orff-based music therapy and social work groups on childhood grief symptoms and behaviors. *Journal of Music Therapy, 44 (2),* 123-138.

Kern, P., & Snell, M. A. (2007). Songbook Vol. 1: Songs and laughter on the playground. Santa Barbara, CA: De La Vista Publisher.

Kern, P., & Wakeford, L. (2007). Supporting outdoor play for young children: The zone model of playground supervision. *Young Children, 62* (5), 12-16.

Kern, P., Wakeford, L. & Aldridge, D. (2007). Improving the performance of a young child with autism during self-care tasks using embedded song interventions: A case study. *Music Therapy Perspectives, 25* (1), 43-51.

Kern, P., Wolery, M., & Aldridge, D. (2007). Use of songs to promote independence in morning greeting routines for young children with autism. *Journal of Autism and Developmental Disorders, 37,* 1264-1271.

Nicholson, J. M., Berthelson, D., Williams, K., & Bradley, J. (2008). Impact of Music Therapy to promote positive parenting and child development. *Journal of Health Psychology, 13 (2),* 226-238.

Register, D. & Humpal, M. (2007). Using musical transition in early childhood classrooms: Three case examples. Music Therapy Perspectives 25 (1),25-31.

Schwartz, E. (2008). *Music, therapy, and early childhood: A developmental approach.* Gilsum, NH: Barcelona Publishers.

Walworth, D. D.(2007). The effects of developmental music groups for parents and premature or typical infants under two years on parental responsiveness and infant social development. Unpublished doctoral dissertation, Florida State University, Florida.

Thank you to all contributors of this year's newsletter.

The information contained in this newsletter does not necessarily reflect the opinion of AMTA, the EC network co-chairs, or the editor.

Brief Guidelines for Authors

Topics

Research reports, governmental issues, reviews, intervention ideas, conference announcements and reports, music therapy events, new products, grant opportunities, and/or other items related to early childhood music therapy (age zero to five).

Form & Style

APA Publication Manual (2001), Arial, 12 point font, no markups, no formatting. Submissions should include a title, author(s)' name(s), credentials, and affiliations, an email address, and a short reference list or website links if appropriate. Preferred article length is 250-1000 words.

Photographs

Pictures of clients, authors, or other visual materials are desirable. Photo releases must be obtained and sent to the editor along with the article.

Examples

Previous issues of the EC Newsletter are available at www.musictherapy.biz under *Early Childhood Network*.

Next Submission

by May 15th, 2009.