EARLY CHILDHOOD NEWSLETTER VOLUME 15 FALL 2009

Imagine

EARLY CHILDHOOD MUSIC THERAPY

Newsletter

EDITOR

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MT-DMtG, MT-BC, MTA, NICU-MT

2009

Growing and Maturing

Due to our collective efforts, the field of early childhood music therapy is growing and maturing. It is evident in our increasing number of publications, expanding services, interest from various stakeholders, and growing international network.

The 15th issue of the Early Childhood Music Therapy Newsletter, *Imagine,* includes 26 articles, summaries, reports, ideas and announcements from clinicians and researchers around the world. Angela Snell provides a report about our energetic and well attended 2008 network session followed by Judy Simpson's update on government relations and Marcia Humpal's invitation to attend innovative early childhood music therapy sessions at the forthcoming AMTA conference. Jamie Sussman reports about her recent study on music and peer awareness followed by an update on the rapidly growing body of research on music therapy for infants and toddlers by Olivia Swedberg as well as Darcy Walworth. Annie Heiderscheit and Jason Albrecht introduce their pilot project "Songs for Our Child," and Chris Barton offers the rationale behind why babies need music. "In the Beginning: Music Therapy in Early Childhood Intervention Groups" by Elizabeth Schwartz is a fine example how latest research findings are applied in her clinical setting. "Early Childhood Inclusion" summarizes the joint position statement by DEC and NAEYC. Some of the fundamental ideas therein have been implemented by the "Music Therapy Within a Partnership Model" described by Grace Thompson. Critical topics such as music therapy with children with autism, disaster events and young children, and bilingual early childhood education are addressed by Kaja Weeks, Rachel Hinze/ Cristina Larkin/Garret Stanton, Barbara Else, and Bill Matney/Christina Stock respectively. David Gildiner introduces the Hydraulophone, an instrument producing sounds through water and Beth McLaughlin, Ruthlee Adler, Kamile Geist, and myself are offering intervention ideas ready to implement. This year's series "The Colors of Us: Music Therapy with Young Children Around the World" provides insights from Juanita Eslava (Columbia), Karen Twyne (New Zealand), Sunelle Fouche (South Africa), and Aksana Kavaliova-Moussi (Kingdom of Bahrain). Additionally, Robert Krout reports about his clinical service project in the Bahamas and so do Noelle Pederson and Alexandra Field about their work with children receiving Patent Ductus Arteriosus surgery in Cambodia.

As our readers may notice, our Early Childhood Newsletter *Imagine* has matured. It has grown from a 6 to a 39 page publication, accessed by readers around the world. Therefore, the AMTA Board of Directors has approved expanding this newsletter to a clinical online magazine. I invite you to be part of this exciting development and share your expertise, research, and news in the inaugural issue in 2010. Thank you to all authors and colleagues who have contributed to the growth and maturity of the Early Childhood Music Newsletter over the past 15 years.

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 therapists working with young children and colleagues from related fields.

Inside this issue:

2008 Early Childhood Music Therapy Special Target Population Session

Session Report from 11-21-2008

BY ANGELA SNELL, MT-BC

1. **Welcome and Introductions.** Dr. Petra Kern and Angie Snell, Early Childhood Network Co-Chairs, welcomed all those in attendance and gave time for each person to introduce themselves. 24 colleagues from 12 states (TN, FL, NY, NC, MD, IL, OH, CT, MA, WI, TX, MI) were present at the 2008 early childhood music therapy session. Items handed out included: Attendance List, Sign-up Sheet for the Early Childhood Newsletter 2009, and a Handout on the Early Childhood Network. The group recognized the following Early Childhood Network members for receiving national awards from AMTA at the national conference: Dr. Petra Kern, 2008 AMTA Research/Publications Award, Beth McLaughlin, 2008 AMTA Professional Practice Award, and Jean Nemeth, 2008 Service Award.

2. **Info to Early Childhood Network.**
   - 2.1. **Listserv/Facebook.** The listserv has not been used effectively by the Early Childhood Network. Therefore, the EC Network decided to discontinue it and use the Early Childhood Music Therapy Network Facebook page as a major communication platform. The Facebook page is set up as an invitation-only group that allows members full access to all content and distribution of information in a secured way. Dr. Kern explained that to join the group, members need to sign up at www.facebook.com (Group: Early Childhood Music Therapy) and request an invitation to join. The direct link to this Facebook Group is http://www.facebook.com/group.php?gid=21785131838
   - 2.2. **Newsletter.** Dr. Petra Kern, the editor, thanked all those who have contributed to the Early Childhood Newsletter in the past. Dr. Kern shared that people from many countries and other professions are accessing the newsletter. The group embraced the new name *Imagine* for the newsletter and discussed Dr. Kern's suggestion to develop the newsletter into a clinical online magazine. The group explored whether the Early Childhood Network would want to possibly publish two issues a year since there has been an abundance of submissions. Currently submissions are not peer-reviewed. Authors were therefore reminded to proof-read their submissions and be diligent in properly citing others' work. Ronna Kaplan suggested to consider an assistant editor. Irene Kessel and Lisa Jacobs volunteered to help with proofreading. The newsletter can be downloaded from the AMTA website www.musictherapy.org. It also appears under the Google search topic of "early childhood and music therapy." Back issues are archived at www.musictherapy.biz under Early Childhood Network.

3. **Year 2008 in Review.**
   - 3.1. **Presentations.** A sample of professional presentations mentioned for 2008 includes:
     - *2008 AMTA Conference*. Marcia Humpal and Petra Kern will present an Early Childhood Sharing Our Strategies session today, Friday, Nov. 21.
     - *2008 AMTA Conference*. Jean Nemeth and Angie Snell will present a School Age Sharing Our Strategies session Saturday, Nov. 22.
     - *2008 AMTA Conference*. Rachel Hinze, Cristina Larkin, and Garret Stanton co-presented How Does Garrett Feel? Enhancing Emotion Identification in Children with Autism today, Nov. 21.
     - *2008 AMTA Conference*. Petra Kern will present Applying Evidence-Based Practice in Early Childhood Music Therapy: How Does It Work? Saturday, Nov. 22.
     - *2008 AMTA Conference*. Kamile Geist will co-present Project Academia – Teaching Music Therapy: A Guidebook, Nov. 23.
     - *2008 AMTA Conference*. Darcy Walworth co-presented at the NICU Music Therapy training held prior to the conference Wednesday, Nov. 19.
     - 2008 ZERO TO THREE Conference. Darcy Walworth will present with Dr. Standley.

continued

Roundtable Session Report (continued from p. 2)

3.2. **Research Initiatives.** Early Childhood Network members are involved in the following research initiatives:

- Kamile Geist is working on a multi-site research project called Math Star in collaboration with Eugene Geist focusing on the development of math skills in early childhood through music.
- Denna Register received a cooperative grant with the University of Kansas on Early Reading Skills through the Department of Education.
- Darcy Walworth and Petra Kern are interested in conducting a multi-site research project through the AMTA Autism Task Force. They will call for collaborators working with individuals on the autism spectrum in the near future.

3.3. **Government Relations.** Angie Snell reported that the Reauthorization of IDEA is due in 2009. It is not clear if the Congress will begin this process in 2009 due to the transition from the Bush administration to Obama administration. Snell noted that the reauthorization process can be lengthy. The current form of IDEA was passed in 2004. The corresponding rules and regulations were not reformulated and put in place until 2006. After that date each state took time to update their Special Education rules and regulations to line up with the Federal rules. Many states are just now implementing those changes resulting from IDEA 2004. Reauthorization will begin the process all over again. It will be important for music therapists and client families to become involved with any new reauthorization activities. Angie Snell said that members should pay attention to the AMTA website's government relations section for updates on this topic. During the meeting Meryl Brown received an email message stating that the Illinois Autism Insurance Bill had just passed.

3.3. **Publications.** Members shared the following published and forthcoming publications:

- Beth Schwartz recently published her book *Music, Therapy, and Early Childhood: A Developmental Approach* with Barcelona Publisher.
- Marcia Humpal authored *A Variety of Abilities + Music = Totally Tuned in Toddlers* in the Fall 2008 issue of the Michigan Music Educator. This particular issue featured articles on Special Education throughout the publication.
- Angie Snell authored a series of two articles on Special Education for the Michigan Music Educator's Association publication. *ACCESS to Music Education for ALL Students, Part 1*, was published this fall. Part 2 of this article will appear in the 2009 Winter Issue of the Michigan Music Educator. The MMEA is also featuring Angie in an ongoing Special Education Q & A Column.
- Beth McLaughlin contributed a chapter to *Courage, Heart, and Wisdom: Essays in Autism*. It is currently in press.
- Darcy Walworth's publication on social learning for infants attending learning groups has been accepted by *JMT* and will be published shortly. Additionally, she submitted her dissertation to AMTA for publication. It is a developmental curriculum for early childhood and parent groups with goals and curriculum that correspond to activities. There are 130 developmental milestones outlined.
- Kamile Geist is in the process of submitting an article to *Young Children* on math and music.
- Petra Kern was featured in a podcast produced by FPG at UNC-Chapel Hill. She also has been invited to write an article on transitions and routines for *Children and Families*, a Head Start publication.
- Rachel Hinze and Garret Stanton were guests on a radio show at St. Francis Hospital in Hudson Valley, New York. They will upload the link on to the Early Childhood Music Therapy Facebook Page.

4. **Music and Product Sharing.** The following were shared by meeting attendees:

- Garrett Stanton shared his cymbal song, published in the EC Newsletter 2008.
- Beth Schwartz shared her handout from the CMTE with songs included.
- Angie Snell shared simple signs and gestures to the Toy Story song *You've Got a Friend in Me*.
- Kamile Geist shared the Color Train song/chant that reinforces color patterning and lining up in a line. She will submit it to the 2009 Newsletter.
- Petra Kern shared that AMTA Students are selling their products such as large decorated hand picks at the AMTA Market Place and refers to the free training resources of International Society of Early Intervention (ISEI) and NICHCY Fact Sheets on disabilities.

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, Ed.M., MT-BC

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

Members
Music Therapists of AMTA working with young children

Meeting
Annual AMTA Conference Special Target Populations Session

Facebook
Available for members by invitation

Early Childhood Newsletter
Will expand into an online magazine format in 2010

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

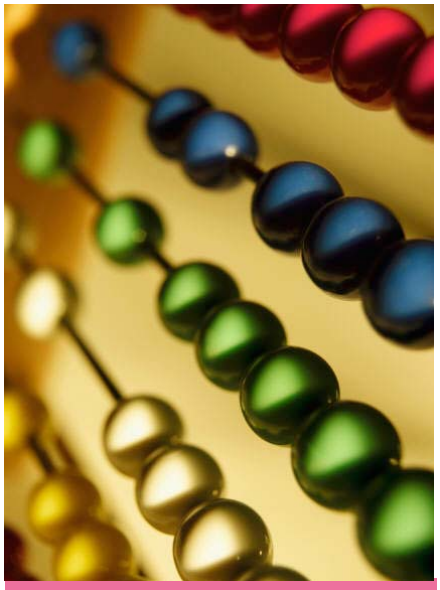
Links
www.musictherapy.org
www.musictherapy.biz

Special Target Populations Network Session 2009

The next meeting will take place at the 2009 Annual AMTA Conference on

Friday, November 13, 2009
12:30 - 2:15 PM
San Diego, California

See you there!



"Mandated Services " in Early Childhood Intervention

BY JUDY SIMPSON, MHP, MT-BC

AMTA Director of Government Relations
Silver Spring, MD

Music therapists providing services in early intervention settings are sometimes told that music therapy is not considered a "mandated service" under the Individuals with Disabilities Education Act (IDEA) Part C, as amended in 2004. It is important for all music therapists to be aware that none of the early intervention services within IDEA Part C are considered "mandated." To help address this inaccurate rationale for restricting access to music therapy, clinicians are encouraged to share the following information with administrators.

Although regulations have not yet been finalized for IDEA Part C, the U.S. Department of Education proposed regulations published May 9, 2007 in the Federal Register state that early intervention services are

"...developmental services that – ...(4) Are designed to meet the developmental needs of an infant or toddler with a disability and as requested by the family, the needs of the family to assist appropriately in the infant's or toddler's development, as identified by the individualized family service plan team, in any one or more of the following areas, including– (i) Physical development; (ii) Cognitive development; (iii) Communication development; (iv) Social or emotional development; or (v) Adaptive development;..."
(Federal Register, May 9, 2007, p.26499)

Music therapy can fall under the early intervention services category of "Special Instruction" referenced in Section 303.13 Early intervention services: (b) Types of early intervention services:

"(11) Special instruction includes–(i) The design of learning environments and activities that promote the infant's or toddler's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction; (ii) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the individualized family service plan for the infant or toddler with a disability; (iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and (iv) Working with the infant or toddler with a disability to enhance the child's development."
(Federal Register, May 9, 2007, p.26500)

Music therapists are eligible to provide services in early intervention programs through the clarification outlined in the proposed Part C Regulations Section (d) Other Services:

"The services and personnel identified and defined in paragraphs (b) and (c) of this section do not comprise exhaustive lists of the types of services that may constitute early intervention services or the types of qualified personnel that may provide early intervention services. Nothing in this section prohibits the identification on the IFSP of another type of service as an early intervention service provided that the service meets the criteria identified in paragraph (a) of this section or of another type of personnel that may provide early intervention services in accordance with this part, provided such personnel meet the requirements in § 303.31."
(Federal Register, May 9, 2007, p.26500)

This referenced Section 303.31 regarding qualified personnel states:

"Qualified personnel means personnel who have met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which the individuals are providing early intervention services."
(Federal Register, May 9, 2007, p.26503)

Although not all states specifically list music therapist qualifications within state documents, music therapists do meet "comparable requirements" by obtaining the national board certification credential, MT-BC, from the Certification Board for Music Therapists (CBMT).

Please note that none of the early intervention services within IDEA Part C are considered "mandated." Rather, the IFSP team determines which services are appropriate to support the individual child in benefiting from special education. This discussion is also supported within the U.S. Department of Education comments from the final 2006 IDEA Part B Regulations "the list of services in § 300.34 is not exhaustive and may include other developmental, corrective, and supportive services if they are required to assist a child with a disability to benefit from special education. It would be impractical to list every service that could be a related service...."
(Federal Register, Aug. 14, 2006, p. 46569)

Hopefully this information helps to clarify how music therapy services fit within current federal EI regulations. AMTA national office serves as a resource for members seeking supportive materials to educate administrators on music therapy's recognition within special education. In addition, clinicians are encouraged to inform parents of the availability of these resources through emailing info@musictherapy.org

Contact:

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simpson@musictherapy.org

2008 AMTA Member Recognition Awards

From *MUSIC THERAPY MATTERS (2008)*

Volume 11 (4), p. 10-12

Celebrating Achievements

Jean Nemeth

AMTA Service Award

Jean is a music therapist in private practice working with numerous public schools in Connecticut. Jean has provided outstanding and long time services to AMTA. She served on the Board of Directors as Council Coordinator. Jean co-chaired the national Standards Committee and has been a member of both the Development Advisory Board and the Restructuring Advisory Board. In addition to being a long-standing member of the Assembly of Delegates, a position she currently holds, she is also currently serving as co-chairperson of the national Continuing Education Committee. Jean organized the Silent Auction a few years ago, chaired the AMTA Recognition Awards committee, and assisted in the development of the Standing Committee Handbook. She can always be counted on to take on any assignment, no matter the size, if she feels it will benefit AMTA. Jean lives the life of service to AMTA, exemplifying what this award is all about.

Petra Kern

AMTA Research/Publications Award

Petra is an Assistant Professor at SUNY New Paltz and Visiting Scholar at the Frank Porter Graham Child Development Institute at University of North Carolina at Chapel Hill. Her pioneering work in music therapy and community based learning has significantly added to the music therapy knowledge base by: Providing school music therapists with needed evidence for music therapy embedded instructional support; providing replicable research models; inspiring clinical music therapists to develop innovative music therapy approaches in inclusive settings; and providing the public with needed information on the relevance and efficacy of music therapy for preschool and school-aged children. Dr. Kern's contributions have come in the form of innovative and outstanding research in the areas of early childhood and children with diagnosis on the autism spectrum, with a focus on embedded instruction and collaborative consultation in inclusive children's settings.

Beth McLaughlin

AMTA Professional Practice Award

Beth serves as music therapist and Clinical Training Director at Wildwood School for students with neurological impairments and autism in Schenectady, NY. Beth has made significant contributions to the practice of music therapy through the integration of innovative ideas into her clinical practice and the enhancement of her clinical work with her talents as a published songwriter. Working with her students at Wildwood School inspired Beth to write numerous songs that would help teach social, motor and academic skills. Her 2002 CD, "Songs for Stories" is a wonderful addition to practice. She has developed practice models for instruction, assessment, and service delivery for both the clinical setting and for music therapy interns. Beth has a special interest in technology and has used her skills in this area to open up the world of music to her students at Wildwood School who might otherwise never have found a voice. She has authored the chapter, "Using Technology, Adaptations, and Augmentative Tools" in the AMTA monograph, Effective Clinical Practice in Music Therapy – Early Childhood and School Age Educational Settings. In 2000, she also published Picture Symbols for Communication in Music Therapy and the Music Classroom. She is well known for her willingness to share her work with colleagues at national and regional music therapy conferences, inspiring and motivating many music therapists. She has also provided administrative leadership enhancing clinical education as a long time and successful clinical training director.

RESEARCH

Music and Peer Awareness

BY JAMIE ERIN SUSSMAN, MA, MT-BC

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Children with developmental disabilities often experience difficulty in the development of peer awareness. While typically developing children acquire awareness of peers incidentally, children with developmental disabilities are often unaware of their peers or other social objects. One reason for delayed peer awareness development is a difference in the attentional patterns of these children (Swettenham, Bahron-Cohen, Charman, Cox, Baird, & Drew, 1998). Interventions that target changes in attentional patterns may be beneficial to assist in developing peer awareness skills. This study compared the use of musical and non-musical elements as mediums to change attentional patterns to aid preschool age children with developmental disabilities in the development of peer awareness. Specifically, this study compared the effects of musical and non-musical elements on the sustained and alternating attention of preschool age children with developmental disabilities towards their peers.

Changes in attentional patterns were targeted by utilizing both musical and non-musical objects (nonsocial objects) to direct attention towards the children's peers social objects. Interventions were delivered in both play-based and musical contexts to determine whether environmental factors could be manipulated to increase attention towards peers in children with developmental disabilities. Research findings related to music and attention (Huron, 1992; Morton, Kershner, & Siegel, 1990) and clinical research in the field of music therapy (Gunsberg, 1991; Humpal, 2001; Kern & Aldridge, 2006; Register & Humpal, 2007; Robb, 2003; Whipple, 2004; Wimpory, Chadwick, & Nash, 1995), support the hypothesis that musical elements may be effective at improving both sustained and alternating attention of children with developmental disabilities towards peers.

Nine preschool age children, who had been diagnosed with a developmental disability, participated in this study. Each child participated in the following four research conditions: (1) music during passing, pass musical object; (2) music during passing, pass non-musical object; (3) no music during passing, pass musical object; and (4) no music during passing, pass non-musical object. Each of the four research conditions used in this study was structured to incorporate passing and turn-taking elements in a small group setting. In all four conditions, the children were seated in a circle. First, the children were provided with opportunities to pass an object around the circle, then one child would take a turn playing with the object, followed by a return to passing. The activities would continue to alternate between having a child take a turn playing with the object and passing the object around the circle. In conditions one and three (pass musical object), the children passed and took turns playing with a colorful rainstick. In conditions two and four (pass non-musical object), the children passed and took turns playing with a baton filled with glitter. In conditions one and two (music during passing), the therapist sang and played guitar during the passing portion of the activity. In conditions three and four (no music during passing), the therapist counted to ten during the passing portion of the activity.

Behavioral data were recorded on the children's ability to sustain attention towards peers and alternate attention from peer to peer. Sustained attention was defined as the duration of time a child oriented his or her head and/or body towards a peer while the peer completed his or her turn playing with either the musical or non-musical object. Alternating attention was defined as a child orienting his or her head and/or body towards one peer followed by a reorientation of his or her head and/or body towards a second peer as the musical or non-musical object was being passed from the first peer to the second peer.

Two research questions were addressed in this study. The first research question asked which condition would produce the longest durations of sustained attention towards peers. The second research question asked which condition would produce the highest frequency of alternating attention from peer to peer. Results of this study indicated that condition 3 (no music during passing, pass musical object) elicited both the longest durations of sustained attention towards peers and the highest frequency of alternating attention from peer to peer.

continued

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Based on the results of this study, interventions designed to target peer awareness through sustained and alternating attention towards peers may be most effective if they utilize a musical instrument in a non-music or play-based context. These interventions could be implemented in a variety of environments including classroom circle time activities and music therapy sessions. During classroom circle time activities, the addition of a musical object may provide the necessary stimulus to increase attention towards peers. During music therapy sessions, the use of a single musical stimulus, in this case a musical object, may focus the children's attention towards their peers. The results of this study provide preliminary evidence regarding the best methods for targeting peer awareness in preschool age children with developmental disabilities.

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Do Try this at Home: Parents' Use of Music Activities Learned in a Developmental Music Group for Infants and Toddlers

BY OLIVIA SWEDBERG, MME, MT-BC, NICU-MT

A questionnaire was distributed to approximately 80 parents of infants and toddlers (from 6 to 24 months of age) who participate in weekly interactive music groups designed to teach developmental skills. During the music groups, music therapists educate parents in ways to use music with their children to promote development. Parents and music therapists also model and encourage appropriate cognitive, communication, motor, and social skills for infants and toddlers. During their child's first visit to the group, parents receive a packet with lyrics of songs that are used in the curriculum and a packet with American Sign Language signs that are paired with songs in the curriculum. Within the first few weeks of attendance, parents also receive a free CD which contains age-appropriate songs for young children. Parents are given a new handout each week which gives ideas of other developmentally appropriate activities, some of which involve music, to try at home with their children.

The questionnaire asked parents how often they use songs/activities from the curriculum and from the handouts with their child outside of the group, which activities they use with their child outside of the group, and whether they have noticed any development in their child that parents attribute to use of the music curriculum.

Questionnaires were returned by 20 parents (approximately 25% of all parents surveyed) regarding their use of songs and types activities in other settings. The responses are summarized in the charts below:

Songs/activities most frequently used outside of group	Percentage of parents who reported using activities
Transitional songs	95% (19 parents)
Greeting songs	90% (18 parents)
Songs for affection and bonding	60% (12 parents)
Songs paired with movement	55% (11 parents)
Songs with stories	45% (9 parents)
Songs with puppets	40% (8 parents)
Songs naming emotions	30% (6 parents)
Songs with sign language	30% (6 parents)
Songs with scarves (used for color identification and visual tracking)	20% (4 parents)

Songs identified by more than five respondents as being used outside of group	Number of parents who reported using song outside of group
Hello, Baby, How Are You Today? (greeting song)	12 parents
All Done (transitional song)	9 parents
Time to Go (greeting song)	6 parents
If You're Happy and You Know It (emotional identification)	5 parents

All parents who responded reported using songs and activities outside of the group at least once. The majority of parents (85%) reported using songs and activities learned in the group in other situations at least six times, while activities from the handouts were used less frequently (60% reported using activities from handouts at least three times). Songs and activities that teach and reinforce social skills (such as transitioning from one activity to the next or greeting peers) were most often used by parents in other situations.

Many parents wrote positive comments about the benefits of participation in the groups on their children's development, reported using songs and activities learned in the group in multiple other settings (at home, when traveling, while shopping, etc.), and reported making up their own songs/activities based on their experiences with the group. The responses to the questionnaire indicate that direct parent instruction in a music group setting with demonstration of appropriate activities and handouts describing ways to use music at home is an effective format for teaching parents to use music with their children to enhance development.

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Bright Start Music: Connecting the Dots for Infants and Tots: An Infant/ Toddler Developmental Learning Curriculum

BY DARCY WALWORTH, PH.D., MT-BC
The Florida State University

The Bright Start Music Curriculum was designed to address developmental milestones across domains through music for infants and toddlers born prematurely and at full term. Providing infants and toddlers with opportunities to explore and immerse themselves in a variety of environments and experiences is an ever increasing aim within child development. Children learn through the social and communicative exchanges in which they engage their peers and caregivers throughout each day. Simultaneous cross-domain learning occurs when children interact in various activities. Structured music activities facilitate a child processing multiple sensory inputs to fully interact throughout the song. For example, a song traditionally seen as a movement activity requires a child to process visual input from a peer or adult model, auditory input from the music source, receptive language to decode directions in the song, cognitive functioning to enable decision making, expressive language to communicate within the activity, emotional regulation to remain engaged, and kinesthetic inputs to implement the motor skills demonstrated in the activity.

The developmental charts included in this book identify specific developmental milestones each child demonstrates between ages 6 months through 24 months. The charts cover cognitive, fine motor, gross motor, receptive and expressive language, and social-emotional developmental domains. The specificity of skills identified within each domain provides concrete actions an early childhood educator or music therapist can address during infant and toddler interactions. For this reason, the interventions in this book for infants and toddlers ages 6 months through 24 months all address multiple developmental skills simultaneously. Within music activities, music therapists and educators can commonly name broad goals and objectives identified such as gross motor skills, communication skills, or slightly more specific goals and objectives such as increasing range of motion or increasing verbalizations. Identifying very specific skills requires a shift in how a music therapist generates goals such as "imitates a gesture other than a finger point" or "performs other movements while sitting without support." Documenting the specific developmental skills that infants are given an opportunity to observe, explore, and practice during music therapy interventions raises awareness and increases communication regarding the benefits of music therapy for parents and professionals outside of the music therapy field.

The Bright Start Music curriculum was implemented and investigated to determine the impact of music on developmental learning for infants and toddlers. Infants who regularly attended the groups using the current curriculum were compared with infants who were their same ages who attended only one time (Standley, Walworth, & Nguyen, 2009). Regular attending infants demonstrated significantly advanced music skills, cognitive skills, and social skills. The infants who participated in the curriculum groups clapped in time, moved in time, and played instruments independently. They also followed directions to retrieve and return objects, pointed to their own body parts when named, and performed sign language and other gestures at a significantly higher rate than infants who only came to the group once. Additionally, infants attending the groups regularly shared with others more often, socialized with peers at the group, and responded to other people's names with higher frequency.

A follow up study with group participants investigated the impact of group involvement on the caregiver/infant interaction (Walworth, 2009). All subjects were matched according to developmental age and were also matched by group for socioeconomic status and for maternal depression. Types of infant play and parent responsiveness were measured using observation of a standardized toy play for parent-infant dyads, a demonstrated measurement tool used in similar mother-infant dyad research. The toy play time that was observed occurred at a time other than during the music group. The amount of time caregivers and infants spent in social play versus non-social play was recorded.

The infants attending the music groups using the current curriculum with their parents demonstrated significantly more social toy play during the standardized parent-infant toy play than infants who did not attend the music groups. While not statistically significant, graphic analysis of parent responsiveness showed parents who attended the developmental music groups engaged in more positive and less negative play behaviors with their infants than parents who did not attend the music groups. Another interesting finding involved the premature infants who attended the music groups. While their social toy play time was not as great in amount as the full term infants attending the groups, the premature infants did spend more time in social play than full term babies who did not come to the music groups. This investigation supported the positive effects a developmental music group can have on social behaviors for both premature and full term infants under two years old.

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Songs for our Child:
Lullaby DVD for Critically ill Infants and Toddlers

BY ANNIE HEIDERSCHEIT, PH.D., MT-BC, FAMI, MFT & JASON ALBRECHT, CCLS

Eva and the "Happiest Day"
Once upon a time there was a couple, James and Elizabeth. The day had finally come, the day their first child would be born. Only, ... it was much much better than that. They discovered along the way that Elizabeth was having twins – twin girls. The excitement permeated their home and even reached part way around the globe – as far away as Australia, where the matriarch of the family awaited the time when she would finally become... a grandmother. The family decided that Elizabeth would work full time and James would continue running a business. Grandma would come following the birth and help take care of the girls for as long as she could remain in the US.

The pregnancy proceeded with no complications. The girls were delivered naturally and were named Ella and Eva. Breast-feeding the first day was an adventure in motherhood. Things really didn't work all that well. "Not to worry," said the nurses, "Get some rest. It takes a little time." The second day was much easier. What troubled her was that while Ella seemed to feed with a growing ease, Eva seemed to struggle with swallowing and seemed to cough up most (or perhaps even all) of the milk she swallowed.

Given they were twins, the girls were a bit small. It didn't seem Eva was getting much nutrition so the doctor decided to give Eva a little food through a tube inserted from her nose to her stomach. This was when Elizabeth realized the object of her intuition. The tube would not go down. After repeated attempts at what should have been a very simple process, the staff realized something was wrong. Elizabeth learned that Eva was born with a condition known as esophageal atresia. Between her stomach and the base of her throat, her esophagus failed to grow.

After a whirlwind of shock, fear and disbelief, Elizabeth and James found themselves deciding between two choices: Eva could live and grow the rest of her life feeding through a tube in her stomach or pursue a new treatment involving a series of surgeries to stimulate growth of what little existed of her esophagus. Few places in the world perform this procedure. Eva would need to go to the children's hospital at the University of Minnesota – nearly 500 miles away. The process would take months.

Grandma came as quickly as she could. She would stay at home with one girl, while Elizabeth was 500 miles away with the other. James would continue to work. Health insurance and income were critical to their family's survival. For much of the time between surgeries, Eva would be fully sedated to prevent disrupting the array of sutures used to pull and stretch the two ends of her esophagus– stimulating new tissue to grow.

During this process, hour after hour, day after day, like so many parents of infants and toddlers in a Pediatric ICU, all Elizabeth could do was sit at the bedside. She could barely hold or interact with Eva except for short periods between surgeries. She longed to hold her. She ached for that bond.

After more than three months, Eva's esophagus was nearly connected. It was working. Then, abruptly and unexpectedly, there was a problem with grandma's visa. She had to go home. Elizabeth found herself in an agonizing position. She couldn't care for Ella alone while staying with Eva. She needed to focus her time in one place or the other. Since Eva was sedated much of the time, she chose to return home with Ella and visit Eva as often as she could. That meant every other weekend. Travel expenses, child care, James' time away from work, Elizabeth's need to work to cover growing expenses – they could find no other solution.

Elizabeth left photos of the family all around Eva's bed. She bought a small voice recorder and recorded short "I love you" messages for staff to play for Eva when she wasn't there. She called every day and every night to check on her and have the phone placed by her head so she could tell her she loved her and say goodnight.

As Eva's treatments continued to work, she was plagued by an infection that started when a portion of the tissue being stretched became necrotic. Literally, a small step backwards in the process of stretching and growing, but it began a long-term struggle to rid the infection.

As September gave way to October and then to November, Eva was awake much more than she was sedated. It was a cold Friday in December when Elizabeth entered her room after a dreadfully long two weeks away to find her crying, like babies do sometimes. She quickly dropped her coat and purse and rushed to comfort her. She placed her hand over the top of her head and leaned over to say, "Eva, it's Mommy. I'm here. I love you. It's okay. Shhhhh."

continued

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With this, Eva cried even louder. Elizabeth continued to soothe and reassure her. She continued to cry.

As Katie, her primary nurse, looked on she noticed Eva's heart rate and blood pressure were climbing, she instinctively moved to Eva's bedside to help calm her. As she leaned over her and their eyes met, she softly whispered, "Eva, you're okay." With this, she held her gaze and calmed immediately as she touched her cheek. Within a moment, the room was quiet.

But in that moment, Katie felt the weight of that silence and wished she could have taken back that last minute. For in that moment of peacefulness and calm existed a whole new suffering – the realization that mom was the stranger and Katie, the primary nurse, was the primary caregiver in Eva;s eyes.

Being an excellent nurse, Katie quickly engaged the support of the team of professionals caring for Eva. The next Monday, she contacted the child life specialist and the unit social worker to seek a way to foster stronger attachment between Eva and her mother and to help Elizabeth with the pain she felt. They communicated with Elizabeth by phone. Together, they developed a plan.

The child life specialist, working both in the Pediatric Intensive Care Unit (PICU) and in palliative care, had been working to develop a creative arts therapies program for critically ill and dying children. The interdisciplinary team had been exploring how to utilize art, music and poetry therapists to carry the work of the team to new levels. In particular, they had been brainstorming ways to support the needs of infants and parents on the PICU – exactly the needs of Eva and her family.

To address suffering associated with separation, to empower Elizabeth with something she could do for Eva, to facilitate better attachment, the child life specialist, music therapist and poetry therapist, the nurse and Eva's family collaborated to weave their talents into comfort.
During Elizabeth's next visit, she met with the poetry therapist to explore and sort her feelings, to articulate her immense love for Eva and to express a heartfelt, personal message that embraced the intimacy of a mother-child bond. Afterward, she met with the music therapist and child life specialist to learn how to deliver her message to Eva. She learned about an amazing phenomenon called entrainment and couldn't wait to see how it worked. Intimidated by the prospect of being recorded, Elizabeth was coached on how to maintain a slow, consistent tempo as she spoke and sang into a video camera late at night after Eva had gone to sleep. She envisioned holding and rocking her to the tempo of her heartbeat as she sang to her through the lens.

Making her own recordings dispelled some of her anxiety. She was now ready to sing the lyrics of one of the poems she created, accompanied by the music therapist. She could do this. She wanted to do this. It felt so good to make this for Eva. The warmth of her presence, the sincerity of her love, the nurturing of her words poured forth from the little DVD player that would soon be placed in the crib next to Eva as part of her bedtime ritual. The nurses would cling to the care plan that involved: completing cares by a specific time, dimming lights, preparing for Elizabeth's evening call, placing the phone by Eva's ear and pressing the "PLAY" button so she could fall asleep to the familiar image of her mother's face and a voice she'd known since before birth.

New Ways to Meet Family Needs

The Songs For Our Child initiative began as an effort to empower parents of infants and toddlers in the PICU to comfort their children and engage in meaningful ways at the bedside. The University of Minnesota Amplatz Children's Hospital provides highly advanced medical care to some of the most critically ill children in the upper Midwest and from around the world. Many parents struggle with feelings of intense helplessness at their child's bedside, particularly when their child is sedated, intubated and unable to be held for complex medical reasons. Parents are also frequently faced with demands of maintaining employment and caring for other children at home and can experience tremendous guilt when they are forced to leave their child's bedside. Our continuing efforts to serve families such as these have lead to the development of this innovative approach that incorporates the therapeutic elements of music, poetry and technology to provide comfort to some of our nation's most fragile children.

The certified poetry therapist works with parents to explore and articulate their intense feelings of love and nurturance for their child in the form of a lullaby that can be spoken or sung. The board-certified music therapist then educates parents about the importance of tempo and coaches and accompanies them in singing or rhythmically speaking their lullaby. The slow, soothing tempo of the lullaby, along with personal messages, stories, prayers or other meaningful expressions are video-recorded in a special way that focuses on the parent's voice, close-up images of the parents' faces and facial expressions. The recordings are then played on a portable DVD player in the child's crib to help the child calm and relax.

The music entrainment process along with the close-up images of the parents speaking heartfelt words of love directly to their child creates the foundation of the lullaby DVD and its amazing impact on the child. We have seen the lullaby DVDs promote relaxation and calm, accentuate the effectiveness of pain medications and have a positive impact on child attachment with the parents. Currently, the team is working on designing a pilot study to measure the impact and effectiveness of the lullaby DVD intervention. Enrollment for the study is targeted for Fall 2009.

A parent's familiar face – the video

A parent's calming voice – the song

A parent's loving words – the poetry, the connection

How does Garrett feel? Enhancing Emotion Identification in Children with Autism

BY RACHEL M. HINZE, HPMT, MT-BC, CRISTINA A. LARKIN, MT-BC, & GARRETT M. STANTON, MT-BC

SUNY at New Paltz, NY

Children with autism often demonstrate significant developmental delays in their ability to identify the primary emotions (American Psychiatric Association, 2000). However, understanding emotions conveyed through facial expression is an important skill in communicating with others and developing relationships (Katagiri, 2009).

We conducted a multisite study to examine the effects of social stories with and without songs on increasing the identification of emotions in twelve 4-5 year-old children with Autism Spectrum Disorder. All children were enrolled in two self-contained community-based preschools in upstate New York. Additionally, we examined whether children choose the musical presentation more often than the spoken presentation of a social story, and wether parents would be able to identify enhanced learning of emotion identifications in the home environment.

For each participant, we created four individualized social storybooks (Gray, 2000) displaying the emotions happy, sad, angry, and scared, respectively. Each social story captured children's everyday situations with one of the four emotions displayed. Photographs of facial expressions of adults familiar to each child accompanied the social storybooks (see Example 1 on the right side bar).

During an *Initial* and *Post Assessment Phase*, we determined each participant's capability to identify emotions correctly. In the *Intervention Phase*, we alternated singing and reading the individualized storybook to each child followed by a *Testing Phase* during which we asked the individual child to identify the emotions presented in the photographs (see Example 2 on the right side bar) and whether they would like to repeat the story. In other words, we compared a music condition (story book sung to the child) and non-music condition (story book read to the child) in terms of the effectiveness on the study participant's emotion identification by using a single-subject randomized alternating treatment design (Barlow, Nock, & Hersen, 2009).

We found that all study participants improved their emotion identification skills through the social storybook intervention, although it was unclear whether the music or non-non-musicmusic condition was more successful. However, children requested singing the social story more often than reading the story, and parents reported an increase in emotion identification and expression after the intervention. Overall, we concluded that the musical adaptation of individualized social stories may provide familiarity and motivate children to further facilitate the learning and generalization of emotion identification (Hinze, Larkin, & Stanton, 2008).

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Hinze, Larkin, & Stanton (2008). *The Effect of Music on Enhancing the Learning Process of Emotion Identification in Children With Autism Spectrum Disorder*. Unpublished master's thesis, State University of New York, New York.

Gray, C.A., (2000). *The new social storybook: Illustrated edition*. Arlington, TX: Future Horizons.

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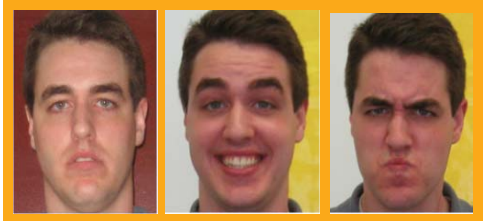
Example 1: Pictures presented in an individualized social story for "Happy."

When Rachel wants to play the guitar, Garrett is…

Happy



Example 2: Pictures presented during the *Initial/Post Assessment* and *Testing Phase*.

PRACTICE

Visit the new Infant and Toddler Section at The Listening Room at www.hearingjourney.com

0 to 6 months

This Listening Room is a steady stream of FREE activities and resources to support the development of speech, language and listening skills of children, adolescents and adult cochlear implant recipients.

Music developed by Chris Barton.

Why Babies Need Music

BY CHRISTINE BARTON, MM, MT-BC

Once upon a time, a very long time ago, a new mother gazed into her baby's eyes and began to sing. Why? Because she quickly learned that singing helped to calm her baby, capture its attention and forge a bond so strong as to be nearly unbreakable. What she probably didn't realize was that it would also help her baby to acquire spoken language later on. Scientists now refer to this kind of sing-song communication as Infant Directed (ID) singing or speech. You may recognize it by its common name, motherese. It is characterized by a higher than usual pitch, slower tempo and an emotional expressiveness. Studies show that babies prefer this kind of communication over typical adult speech. It is not only mothers who engage in ID singing, but fathers as well. In fact, this behavior occurs universally among caregivers!

We also know that for an infant, its primary response to rhythm is movement. Isn't it interesting that when we hold an infant we begin to rock or bounce, thus reinforcing that response? There is evidence to suggest that a strongly metric rhythm actually induces an internal clock in infants and that they can discriminate when that rhythm changes. This is important for developing the ability to synchronize movements to an external source, such as a piece of music.

Babies are also able to recognize a melody sung at a different pitch as long as the relationships between the tones are unchanged. It's notable that when mothers sing to their infant, they tend to use the same tempo and pitch over extended periods of time.

One crucial function of ID singing is its ability to teach infants about auditory patterns like phrases, rhythm and grouping. This is critical to developing the processing skills needed to decode speech.

But what does this mean for our infants with a hearing loss? Research has demonstrated that when a hearing mother first discovers that her infant has a hearing loss, she will increase her use of vocal range, but over time this fades. In a study conducted by the Department of Otolaryngology at the Indiana University School of Medicine (Bergeson, Miller & McCune, 2006), researchers discovered that hearing mothers of infants with cochlear implants used typical ID style when communicating with their child. They also adjusted their vocal style to match the hearing experience rather than the chronological age of the child. This is good news, indeed, because of the critical link between ID singing and the development of language, speech discrimination and cognitive skills. The current technology that enables early identification of hearing loss affords us the opportunity for early intervention. A natural part of that intervention should include ID singing.

So, bounce, rock, and SING to your baby!!

Source:
Bergeson, T. R., Miller, R. J., & McCune, K. (2006). Mothers' speech to hearing-impaired infants and children with cochlear implants. *Infancy, 10, 221-240.*

TuneUps Wins 2009 Therapy Times Most Valuable Product Award

MVP 2009 Winner: Advanced Bionics' TuneUps®
Developed by music therapist Chris Barton and speech therapist Amy Robbins, this music CD and habilitation program engages children in a listening, language, and learning experience.

Links

Therapy Times Newsletter July 20, 2009:
http://www.therapytimes.com/content=0302J84C48769286406040441/#speech

Advanced Bionics, Hearing Journey, TuneUps:
http://www.hearingjourney.com/Listening_Room/Kids/Tune_Ups/index.cfm?langid=1

Christine Barton

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, the 2009 Award-Winning CD for children with cochlear implants.

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In the Beginning: Music Therapy in Early Intervention Groups

BY ELIZABETH K. SCHWARTZ, LCAT, MT-BC
Alternatives for Children
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The music therapists at Alternatives for Children on Long Island, New York have been providing services through early intervention groups for well over ten years. The program, called "My Grown Up and Me" clinically demonstrates the recent positive findings of music therapy researchers at Florida State University (Walworth, 2009) on the benefits of music interventions in infant and toddler groups. The documented positive outcomes for children and families along with solid research and the popularity of this program support the success of these groups.

"My Grown Up and Me" is a weekly, one-hour developmental play group for children ages 18 to 36 months and their 'grown up.' Each session includes playtime with developmentally appropriate toys, opportunity for peer to peer socialization and parent to parent networking, grownup/child book time and of course, music. The goal of "My Grown Up and Me" is to provide a structured, comfortable and familiar setting that encourages socialization, language and communication, play activities, group participation and the ability to generalize learned skills. The groups are held in several local libraries and include a mix of children from the library community as well as children receiving early intervention services.

For the young child receiving early intervention services, "My Grown Up and Me" is an approved service listed on and funded through their IFSP (Individual Family Service Plan). In New York State, approved Early Intervention services may include **Parent/ Child Groups** defined as a "group comprised of parents or caregivers, children and a minimum of one appropriate qualified provider of early intervention services at an early intervention provider's site or a community based setting (e.g., day care center, family day care, community center);" and **Group Developmental Intervention** which refers to the "provision of early intervention services by appropriate qualified personnel to a group of eligible children at an approved early intervention provider's site or in a community based setting (e.g., day care center, family day care, community center). This group may also include children without disabilities." Since music therapy is not on the list of approved services under IDEA (Individuals with Disabilities Education Act) Part C, the music therapist works in collaboration with a social worker or special education partner, allowing for a broad range of knowledge and experience in meeting the needs of the children.

For the library, "My Grown Up and Me" provides their patrons with quality early childhood programming run by qualified professionals who also serve to reach out to families in the community with special needs children.

For parents and grown ups, this program gives them the opportunity to join in the child's music and play in a positive way. The music therapists share songs and musical games that promote bonding and two-way communication. Grownups report that the songs learned become a staple of the children's play at home. "My Grown Up and Me" is also known in the community as a place where community parents can feel comfortable sharing concerns about their child's development with knowledgeable professionals in a non-judgmental, non-pressured environment and meet with other families that are struggling with understanding a child with special needs.

For the professionals providing this program, "My Grown Up and Me" fulfills the spirit and letter of IDEA (Individuals with Disabilities Education Act) through providing services with **typical peers in a natural environment**. IDEA states that services for young children "to the maximum extent appropriate, are provided in natural environments, including the home, and community settings in which children without disabilities participate." It is a 'win-win' situation for all involved.

"My Grown Up and Me" follows a familiar routine each week, which allows grown up and child alike to feel at home and safe. Music therapy interventions are a key ingredient of the program and are included in each step of the session. Interventions were developed based on the five levels of musical development articulated by Schwartz in *Music, Therapy and Early Childhood- A Developmental Approach* (2008). All music for "My Grown Up and Me" is created and composed by the therapists with the children's needs and developmental level in mind. The music is unaccompanied vocal songs repeated each week so children can remember and reproduce them independently or with their family. The key and pitches chosen are in a comfortable range so that 'grownups' will freely participate and share in the music making. Instrument play and movement is integrated throughout the session. Compelling rhythms and minor and modal melodies open up new musical worlds to the children while taking advantage of these elements in capturing attention and focus. Language used models functional and social phrases such as "Come and play" or "Thank you very much."

continued

"My Grown Up and Me" Session Outline

Each portion of *the "My Grown Up and Me"* session is designed to provide a 'normal' early childhood experience. For our library friends, playing with toys or sitting and reading books comes easily. For our early intervention friends, music is used to facilitate maximum involvement in these activities and with their "grown up" and peers.

Toy Play and Socialization: Music therapy strategies use 'embedded' music- short phrases or song fragments that mirror and rhythmically or grammatically support interaction and mutual play. The snippets of music are informal, very short and immediately responsive to the child's actions.

Transitions: Unique, composed songs signal each and every transition throughout the hour-long session. To encourage generalization, the timbre of these songs are varied while the melody and rhythm stays the same - sometimes sung, sometimes whistled, sometimes played on a pitched instrument.

Gathering: Gathering songs are used in several places throughout the more structured circle time. Gathering songs use strong-metered rhythm, synchronous musical movements and clear structure.

Bonding: Bonding songs allow the grownup and child dyad to move together and develop trust by playing together in structured songs that use movement, close touch, and rhythmic and tempo variations to draw the pair close.

Movement: Movement songs encourage independence and freedom of expression within the group setting. The movement songs often use instrument play and have a clear predictable structure and strong rhythm and meter.

Connections: Connection songs move to free structure, melodic freedom and call and response phrases. In the connection songs, children return once again to their grownup or to a peer.

Book Time: A simple repeated melody is sung as a backdrop to the sounds of grownups reading to their child. The tempo slows and the dynamics drop as the volume of the spoken words increases.

Bye-Bye: Pentatonic bells are played by grown ups and children alike in the only harmonic intervention of the session. The timbre of the bells and the calmness of the pentatonic scale set the tone of resolution, as the children get ready to leave. The final music is once again a simple embedded phrase "Thank you, thank you, thank you, thank you, thank you very much" as the children and grownups shake hands.

The music therapists of Alternatives for Children would be happy to share their musical material and interventions with you and can be contacted via Elizabeth K. Schwartz at beth.schwartz@alternativesforchildren.org

Resources

Models of Early Intervention Service Delivery. New York State Department of Health www.health.ny.us

Individuals with Disabilities Act Part C http://idea/ed.gov

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Early Childhood Inclusion: A Summary

A Summary of the Joint Position Statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC).

Background

Today an ever-increasing number of infants and young children with and without disabilities play and learn together in a variety of places–homes, early childhood programs, and neighborhoods, to name a few. Promoting development and belonging for every child is a widely held value among early education and intervention professionals and throughout our society. Early childhood inclusion is the term used to reflect these values and societal views. However, the lack of a shared national definition has created some misunderstandings about inclusion. The DEC/NAEYC joint position statement offers a definition of inclusion. It also includes recommendations for how the joint position statement can be used to improve early childhood services for all children.

Definition of Early Childhood Inclusion

Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports.

What is meant by Access, Participation, and Supports?

Access – means providing a wide range of activities and environments for every child by removing physical barriers and offering multiple ways to promote learning and development.
Participation – means using a range of instructional approaches to promote engagement in play and learning activities, and a sense of belonging for every child.
Supports – refer to broader aspects of the system such as professional development, incentives for inclusion, and opportunities for communication and collaboration among families and professionals to assure high quality inclusion.

Recommendations for Using this Position Statement to Improve Early Childhood Services

The following recommendations describe how the joint position statement can be used by families and professionals to shape practices and influence policies related to inclusion.

1. Create high expectations for every child, regardless of ability, to reach his or her full potential.
2. Develop a program philosophy on inclusion to ensure shared assumptions and beliefs about inclusion, and to identify quality inclusive practices.
3. Establish a system of services and supports that reflects the needs of children with varying types of disabilities and learning characteristics, with inclusion as the driving principle and foundation for all of these services and supports.
4. Revise program and professional standards to incorporate key dimensions of high quality inclusion.
5. Improve professional development across all sectors of the early childhood field by determining the following: who would benefit from professional development on inclusion; what practitioners need to know and be able to do in inclusive settings; and what methods are needed to facilitate learning opportunities related to inclusion.
6. Revise federal and state accountability systems to reflect both the need to increase the number of children with disabilities enrolled in inclusive programs as well as to improve the quality and outcomes of inclusion.

Suggested citation

DEC/NAEYC. (2009). Early childhood inclusion: A summary. Chapel Hill: The University of North Carolina, FPG Child Development Institute.

Summary drawn from

DEC/NAEYC. (2009). Early childhood inclusion: A joint position statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC). Chapel Hill: The University of North Carolina, FPG Child Development Institute.

April, 2009

DEC naeyc

Music Therapy Within a Partnership Model

GRACE THOMPSON, BMUS(HONS) RMT

In 2001, Broad Insight Group Early Childhood Intervention Center (BIG) made the decision to change its practice model to one that embraces working in partnership with families. Prior to this, parents and caregivers brought their children with special needs into the centre for centre-based group programs. Sometimes parents stayed for the sessions, sometimes they didn't, and occasionally staff visited the family and child at home or preschool. Making the change to a partnership model came about through recommendations from our professional body - the Early Childhood Intervention Association (ECIA) - and the literature presented to the sector by the Center for Community Child Health (CCCH). Working in partnership is seen as preferable, so that parents can be actively involved in the interventions for their child, learn problem solving strategies to assist their child's development and provide the interventions for their child consistently in the child's natural settings.

In particular, the work of Hilton, Day & Bidmead (2002) was influential in the direction BIG took. Working in partnership with families marked a change in the style of relationships between families and early intervention professionals. At the same time, there was also recognition of the importance of working in natural settings, such as home, childcare centres and preschools (Shelden & Rush 2001, Hanson & Bruder, 2001). These two factors impacted greatly on the delivery of therapy services.

As a music therapist, this was a challenging time. Making the shift to working in natural settings meant not only a change in where service was delivered, but how it was delivered. Sharing music therapy methods and strategies with family members, childcare workers and preschool teachers necessitated a re-thinking of what was being offered. It surprised me how much recorded music was being used in these other settings and how shy and hesitant many adults were in using music. There was a lot of work to be done.

When I look back now, and as I prepare to undertake some research in this area, there are a couple of case vignettes that particularly stand out. In particular, I am moved by the impact of music therapy participation not only on the child, but on other family members and carers.

One father, who rarely came in the room during music therapy sessions with his two sons and wife, suddenly started playing the guitar again. His four year old son was significantly affected by cerebral palsy with some autistic characteristics, and was greatly limited in his motor and communication skills. However, during music therapy, his son would become lively and request 'more music' through gesture and a switch device. His wife later described how her husband got out his guitar and tried a few of the activities that he had heard us doing. His son responded to the music offered by his father, and this interaction became a meaningful and communication-rich interaction.

Another mother had lost touch with how much she used to enjoy music, and reflected on the fact that since her child had been diagnosed with an intellectual impairment, she had not even played much recorded music in the house. She said that she just didn't feel like being happy or lively. When she heard her daughter's attempts to sing, she remembered her own childhood love of singing, and greatly identified with her daughter. One day during the session she said that she wasn't a good singer, but loved to sing, and heard something of herself in her daughter's efforts. The strengthening of connection between parent and child was beautiful, and through a common love of music, relationship and hope had been rekindled.

In preschools and childcare centers the impact of music therapy is slightly different. Creating opportunities for the child with special needs to be included, and for their strengths to shine, can have an effect on the quality of their interactions with peers. At a preschool, puppets and songs were used to teach key-word signing and to introduce the children to different ways that people can communicate. Within these motivating activities, the children quickly learned the keyword signs that were being used by the child with special needs. They also quickly picked up other important messages about tolerance and difference, affirming that it is okay if you can't use words because you can talk with your hands. Through the use of nonverbal music therapy methods such as instrumental improvisation, an inclusive environment for participation was created where each child could make a valuable and unique contribution.

While there are still many challenges for music therapists in the partnership model, such as role release and coaching the adults around the child, it's a great model for promoting and providing access to music and music therapy with a wide range of adults and children. When the child's carers are confident to provide motivating and therapeutic strategies for their child throughout the day or week, the child has many more opportunities for learning and development.

Resources

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Disaster Events and Young Children

BY BARBARA A. ELSE, MPA, LCAT, MT-BC

The Context of Disaster and Traumatic Events with Young Children
In order to tailor music therapy services for children affected by disaster, it is important to understand the context and typical immediate goals of music therapy and music-based activity during disaster recovery periods.

Preschool and young school-age children exposed to a traumatic event may experience a feeling of helplessness and uncertainty about whether there is continued danger. They may have a general fear that extends beyond the traumatic event into other aspects of their lives. Young children have difficulty describing in words what is bothering them or what they are experiencing emotionally. Therefore, music may help address and mediate that difficulty.

Feelings of helplessness and anxiety are often expressed as a loss of previously acquired developmental skills. Children who experience traumatic events might not be able to fall asleep on their own or might not be able to separate from parents at school or daycare. Children who normally venture out to play prior to a traumatic event now might not be willing to play in the absence of a caregiver. Often, children lose some speech and toileting skills, or their sleep is disturbed by nightmares, night terrors, or fear of going to sleep. Parents, family, caregivers, clinicians, and teachers may need to tolerate regression in developmental tasks for a period of time following a traumatic event.

In many cases, children may engage in traumatic play. This type of play is a repetitive and less imaginative form of play that may represent the child's continued focus on the traumatic event or an attempt to change a negative outcome of a traumatic event.

The therapist can support the child during this period using the basics of emotional first aid such as listening, being compassionate, showing great interest in the child, being persistent and calm, asking simple questions (where appropriate), and acknowledging the child's responses and behavior (Buell, 2006). Parents and caregivers may offer support, by providing comfort, rest, and an opportunity to play, draw, and engage in music, movement and the arts. Parents and caregivers need to provide reassurance that the traumatic event is over and that the children are safe. It is helpful when caregivers, clinicians, and teachers assist children in verbalizing and expressing their feelings so that they don't feel alone with their emotions. Providing consistent caretaking and a reasonable sense of routine is important. In some situations this may mean creating pseudo-routine within temporary or transitional living situations such as shelters, shared housing, or hotel rooms.

Development and Age Variance in Responding to Children Affected by Disaster
What children worry about varies and depends on their age. Firstly, if you listen to a child's questions and observe their behavior, you will have a better idea of what they are concerned about. Second, because children depend on the adults around them for safety and security, it is important for the adults to take care of themselves in order to take care of the children.

Infants (ages 0-2)
Infants depend totally on the adults who look after them. They sense the emotions of their caregivers and react accordingly. If the adult is calm and confident, the child will feel secure; if on the other hand, the adult is anxious and overwhelmed, the infant will feel unprotected. When adults are overtly anxious and distressed, infants may react. Infants may respond with fretful fussing, difficulty being soothed, or sleep and eating disturbances, or they may withdraw and seem lethargic and unresponsive.

Adults can help by remaining calm and maintaining ordinary routines of life.

Toddlers (ages 2-4)
At this age children have begun to interact with a broader physical and social environment. They still depend on the adults who look after them and therefore will respond to the situation depending on how adults react. As with infants, if the adult is calm and confident, the child will feel secure; if on the other hand, the adult is anxious and overwhelmed, the toddler will feel unprotected. Common reactions include disturbances in eating, sleeping and toileting, increased tantrums, irritability and defiance. They may also become more passive and withdrawn. It is also very common for children to become clingier.

Adults can help by remaining calm and maintaining ordinary routines of life. At this age, children have access to television. Television can generate anxiety because of the repetitive and graphic images it projects. Exposure should be limited as much as possible.

Preschool Children (ages 4-6)
At this age, children usually have become part of a social group beyond their family. Their language, play, social, and physical skills are more advanced. Through their play, talk and behavior, they show their ideas of good and bad, their pride in all the things they can do with their bodies, and their fears about possible injury. Common reactions include disturbances in eating and sleeping, bed-wetting, increased tantrums, irritability and defiance. Changes in play and drawings may include more aggression, fighting, or re-enactments of the frightening events. Some children may show they are upset through their inability to take part in play and other activities that usually give them pleasure. Children can have difficulties separating from parents or caregivers; they can also make a big fuss about small injuries. Preschoolers may be very preoccupied with questions related to who did it and what will happen to them.

Adults can help by remaining calm and maintaining routines. Caregivers can become aware of the specific worries of individual children by listening to their comments and questions and observing their play and other behavior. Once adults understand children's worries, they can answer questions, correct misunderstandings and offer reassurance. Exposure to television should be limited. An adult should be present to monitor and protect children from the overwhelming graphic images and to talk about what they are watching.

Source: National Center for Children Exposed to Violence at the Yale Child Study Center

continued

Disasters: Common Symptoms and Suggested Approaches: Ages 1-5

Behavioral Symptoms	Physical Symptoms	Emotional Symptoms	Intervention Options
Fears of dark	Loss of appetite Stomach aches	Anxiety	Give verbal assurance and physical comfort
Avoidance of sleeping alone	Nausea	Fear	Provide comforting bedtime routines
Increased crying	Sleep problems, nightmares	Irritability	Avoid unnecessary separations
Resumption of bed-wetting, thumb sucking, clinging to parents	Speech difficulties	Angry outbursts	Permit the child to sleep in parents' room temporarily
	Tics	Sadness	Encourage expression regarding losses (i.e., deaths, pets, toys)
		Withdrawal	Monitor media exposure to disaster trauma
			Encourage expression through play activities

Source: Field Manual for Mental Health and Human Service Workers in Major Disasters. DHHS ADM 90-537, 2006.

The Role of Music and Music Therapy in Disaster Recovery

During and immediately following a disaster event, responders must deal with immediate concerns related to rescue and safety. Typically, music and music therapy interventions begin once there is stability around the event and any geographic or physical "hot zones". A program of music and music therapy interventions in the immediate days following a disaster generally focuses on establishing stability and some sense of normalcy, even if that normalcy is reinvented and a "new normal" is established. Music therapy in response to crisis or trauma may provide opportunities for:

- Non-verbal outlets for emotions associated with traumatic experiences
- Anxiety and stress reduction
- Positive changes in mood and emotional states
- Active and positive participant involvement in treatment
- Enhanced feelings of control, confidence, and empowerment
- Positive physiological changes, such as lower blood pressure, reduced heart rate, and relaxed muscle tension

Source: AMTA Fact Sheet: Music Therapy in Response to Crisis and Trauma

Music therapists are reminded to only provide services within their scope of practice, training, and qualifications. There are numerous techniques and approaches available and in use by some music therapists such as Somatic Experiencing, Psychological First Aid, and a new modified technique under development and study by music therapy Professor Tian Gao called Music Entrainment Desensitization and Reprocessing (MEDR). However, only trained and qualified clinicians should consider using these techniques.

Following a disaster, young children often respond well to individual or small group activities. Preferably, this is with the consistent presence of a parent or caregiver. Initially, the most important function of live music is to quickly establish a relationship with the children (Gao, 2008). Music based activities tailored to the needs of the children provide much needed structure and routine, especially in temporary housing situations. Music-based activities should be designed to facilitate a sense of emotional stability and control. Therefore, activities should engage the child and/or allow the child to have some sense of empowerment in the process.

The music therapist can also provide an important consultation service with respect to the availability of live and recorded music for young children for the purpose of creating a calming environment, masking noise, and cueing children about transitions to nap time, bedtime, meals, and other daily activities that may be taking place in an unfamiliar, distracting, and/or transitional environment.

Finally, music therapists should consider designing activities that incorporate movement and touch with the music to reinforce a sense of presence, self, and "being in their own body". This is because trauma can trigger enormous physiological reaction as well as difficulty in focus and being present in the moment. Children (and adults) need time to rest, settle, and allow the body to return to a state of balance or homeostasis. The neuroscience and neuro-physiology behind these recommendations is a rapidly growing area of inquiry with positive trends in favor of the use of music and music therapy.

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Music Therapy in Bilingual Early Childhood Education

BY BILL MATNEY, M.A., MT-BC &
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Introduction
Bilingual education offers children an opportunity to learn in their native language while also facilitating their acquisition of English. Most English Language Learners (ELLs) in the United States are native Spanish speakers. While individual student needs are prioritized, studies suggest that both typically-developing bilingual students and learners with disabilities appear to benefit from both English and native language instruction (Bruck, 1997; Muller, 2004). Music shares many components with language, including sound categorization, rhythm, tonal properties, syntax, and cultural relevance. Music therapists who work in early-childhood bilingual education settings encounter unique challenges and opportunities; they work to maximize learning while also validating the cultural and individual identities of their students.

Facilitating Second Language Acquisition
Language acquisition is the subconscious internalization of language. Language theory (Pinker, 1994; Barber, 1980) and research (Krashen, 1973; Perani, 1998) both point to early childhood as a beneficial time to begin second-language acquisition. Research also suggests that while formal language learning helps to refine our understanding of language, almost all of our fluency and accuracy is a result of language acquisition. Early-childhood language acquisition can be best facilitated through the following: a) continued native-language development, b) comprehensible input, c) strategies that promote involuntary verbal rehearsal, d) kinesthetic reinforcement of words and phrases, and e) environments that positively modify the "affective filter." The following offers a brief description of each of these areas, and discusses how music therapy can play a salient role.

Continued Native-Language Development
Children's native language skills are crucial to their second-language development (Randall, 2009). Music therapists can build bridges between languages by learning introductory words and concepts, such as colors, shapes, and foods, in their client's native language. Internet resources and language CD-Roms can act as helpful materials.

Comprehensible Input
Comprehensible input means that students should be able to understand the essence of what is being presented to them, even if they are receiving new vocabulary. Music therapists can create comprehensible input by associating native-language words with second-language vocabulary. Music therapists may also create strategies that incorporate familiar objects, movements, pictures, and manipulatives. Active experiences can engage multiple learning modalities and increase the relevance of language skills.

Involuntary Verbal Rehearsal
Involuntary verbal rehearsal has been described as the "din in my head" phenomenon (Krashen, 1983). We largely acquire language through unconscious practice. Music, with its use of predictable melody, rhythm, repetition, and rhyme, can facilitate subconscious language rehearsal (Murphey, 1990).

Music, Rhythm, and Language
Rhythm is the first characteristic of language that we are able to discern (Bosch, 1997; Nazzi, 1998; Mehler, 1988). Language types are categorized by their rhythmic qualities. English and Spanish belong to two different rhythmic classes (Pike, 1945). Studies have indicated that both folk and classical music from different cultures are written with both the rhythmic and tonal qualities of their native languages (Patel, 2007). The use of indigenous songs will likely facilitate a more consistent prosody and intonation in the target language.

Kinesthetic Reinforcement
Kinesthetic reinforcement of language occurs through physical movement and sensory stimulation, commonly referred to as "total physical response." Physical movement is useful for imprinting and internalizing both first and second languages. Movement games may utilize sign language (indigenous to the target language), or use movements that creatively resemble animals, mimic actions, or focus on prepositional words (Asher, 1969).

Affective Filter
The affective filter is an impediment to our learning; a psychological obstruction usually triggered by negative emotional states such as anxiety, boredom and low self-esteem. Immigrant learners may be experiencing culture shock, and may be anxious about learning the nuances of a new language. Music can facilitate active practice and learning in a fun and non-threatening manner, sparking interest and strengthening self esteem in students. Studies indicate that music can also be neurologically linked to reward and motivation (Menon, 2005).

Music Therapy Studies
There are many articles addressing English as a Second Language (ESL) and other educational journals advocating the use of music to facilitate language learning (Darrow, 1998), but there currently exists a scant amount of literature on music therapy and second-language acquisition. A total of three articles have been published between 1998 and 2008 in the *Journal of Music Therapy* and *Music Therapy Perspectives*

continued

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that specifically address the use of music therapy in ESL classrooms (Schunk, 1999; Kennedy & Scott, 2005; Kennedy, 2008).

The purpose of a recent study by Stock (2009) was to determine the effect of bilingual music therapy on the expressive language output in special needs children who are learning English in early childhood classrooms. Eleven English-language learners at an early childhood education center in north Texas participated in an English-only control group and a bilingual experimental group. In the English-only group, the researcher utilized Western songs, spoke and sang only in English. In the bilingual group, the researcher sang indigenous folk songs in Spanish and English, and communicated with the students in both languages. Pretest and posttest data were analyzed on the Woodcock-Muñoz Language Survey-Revised (WMLS-R) and the school district's Pre-Kindergarten Assessment Chart (PKAC) to determine gains in expressive communication within each group and any differences between control and experimental groups. While improvement was noted on the WMLS-R, it was not statistically significant. The students' PKAC data revealed improvement in expressive language, with the bilingual group experiencing greater improvement.

Summary

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

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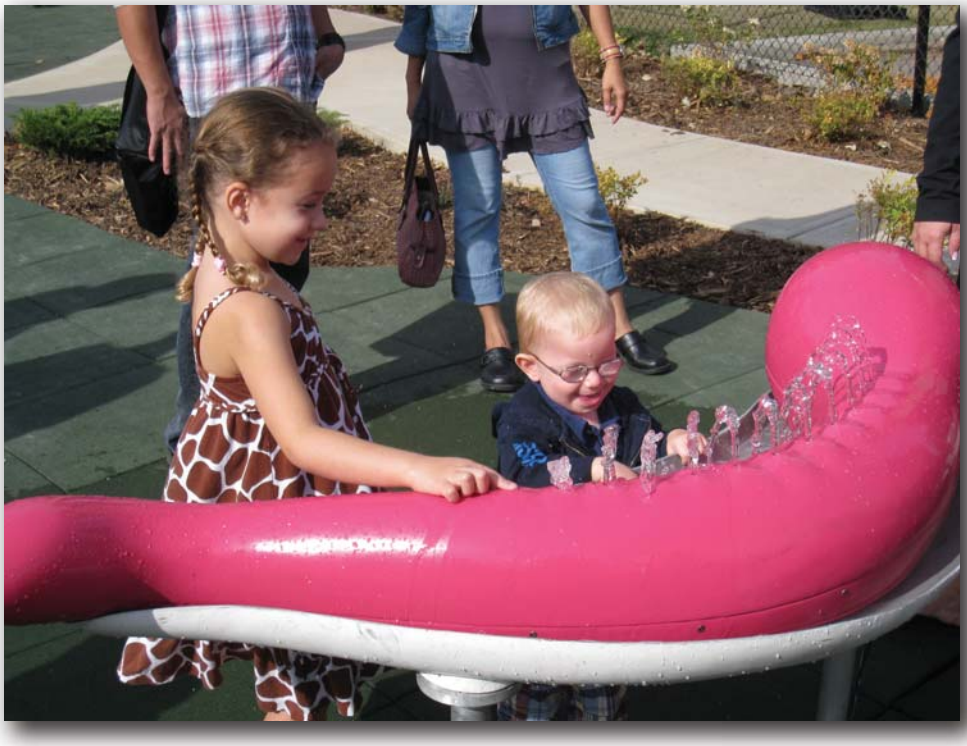

For more information on the Hydraulophone visit www.FUNtain.ca and H2organ.com

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The Hydraulophone: Music from Water

BY DAVID GILDINER

A group of engineers, musicians and designers from the University of Toronto have redefined the physical capabilities of water and provided a fun and useful tool for early childhood education and music therapists – the Hydraulophone.

The Hydraulophone is an instrument that literally makes music with water. Imagine an organ whose keys are replaced with water nozzles, each one corresponding to a note on the musical scale. When blocking a "hydraulikey" with a finger the water is forced back through the instrument and creates a tone. By manipulating the flow of water one can play chords, harmonies, and create simple to complex music. Tones are arranged diatonically so that complete musical pieces can be played.

The Hydraulophone has expanded the fundamental sources used to make sound. Instruments of the past used only two natural elements to make music: solids (strings, percussion) and gas (woodwinds, brass). Meaning, the narrow channel through which we previously thought about sound production has been expanded.

At the core of the Hydraulophone is the idea to create a new tool that encourages children to discover their senses from a perspective of exploratory play and to infuse gaiety and merriment in order to nurture a sense of engagement and wonder that is the foundation of scientific, musical, and personal exploration.

The most beneficial aspect of this new invention is its expressivity and accessibility for everyone. Because water is naturally multi-dimensional (it's a fluid after all), the Hydraulophone can sculpt an array of aquatic sounds that seem to emanate from another world, the water world. One can make music that bends, swirls, and flows around itself and may sound like an orchestra of flutes, oboes, and organs. Children can use their fingers, hands, arms or bodies to play the Hydraulophone.

Moreover, the player can actually see and feel the music as it is created. The Hydraulophone can be referred to as an "outstrument" as it is essentially always on. The water continuously flows from the jets and a note is activated by closing the note, i.e. blocking the water. This makes it possible to actually see the music being created. With a flute or an organ, one cannot see the air, but a Hydraulophone allows the user to see and feel exactly how they are manipulating the sound producing medium to create the music they hear. When the finger blocks a note the water cascading out of other notes will dance in response to the change in water flow, allowing the player's eyes to see what their ears hear and what their hands feel. All senses are immediately and seamlessly engaged. This has been especially powerful for children with sensory disabilities such as visual impairments. Children with hearing disorders can also experience music as they can feel the hydraulikeys, the sonic vibration in the instrument and can see the affects of the note on the water flow.

The Hydraulophone has been installed in numerous institutions in North America. For example, The Canadian National Institute for the Blind uses the Hydraulophone as a centerpiece for their sensory garden to teach math, music, and meaningful play at their Calgary facility. A giant sculptural Hydraulophone that is located at the "urban beach" in front of the Ontario Science Centre in Toronto is open to the public 24 hours a day. Children's Museums such as the Chicago Children's Museum and Jeane's Discovery Center in Texas also have Hydraulophones that engage their visitors' senses while learning about music, math and having fun!

SPECIAL TOPIC

Musical Gold: The Partner's Singing Voice in DIR®/ Floortime™

BY KAJA WEEKS, C-DIR®/FT™
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Evolutionary and neuro-affective aspects of early communication suggest, "the human capacity for singing, first evident in the sing-song babbling of babies, is an adaptation that facilitates teaching and learning between mother and child" (Panksepp & Bernatzky, 2002). The singing voice evolves and stays with us for life; it is available to us everywhere, anytime. In the realm of the highly dynamic, relational approach known as DIR® (Developmental, Individual Difference, Relationship-based)/Floortime™ (Greenspan & Wieder, 2006), it is certainly musical gold!

Based on my experience and supported by research in the scientific literature, this is a brief view of procedures and rationale for the adult partner's singing voice when applied to a child's challenges in the earliest (four out of six) functional emotional developmental capacities articulated by DIR®, detailed below. Greenspan (2008, chap. 17) considers the earliest four capacities to have particular importance, as embedded in them are many of the most critical building blocks for mental health. Challenges in the earliest capacities often impact joint attention, social engagement and expressive communication, with even minimal signaling posing difficulties.

A transdisciplinary approach developed by Drs. Stanley I. Greenspan and Serena Wieder, DIR® "is a framework that helps clinicians, parents and educators conduct a comprehensive assessment and develop an intervention program tailored to the unique challenges and strengths of children with Autism Spectrum Disorders (ASD) and other developmental challenges." (http://www.icdl.com/DIRFloortime.shtml) Assessment is made regarding each of the developmental milestones (capacities) that a child needs for healthy growth: 1.) Shared attention and regulation 2.) Engagement 3.) Two-way purposeful signaling 4.) Long chains of shared problem-solving 5.) Creating representations 6.) Logical thinking. Strongly impacting DIR® interventions is the overarching principle that affect is a critical factor for healthy development; failure of affect to connect a child's sensory perceptions to motor planning, and later to symbols, is seen as the primary neurologically-based compromise in ASD (Greenspan & Shanker, 2004).

Floortime™, one component of DIR®, is carried out in multiple daily sessions of naturalistic play with the parent or caregiver in a developmental-partner's role. Affect is mobilized by following the "child's lead" (interest) and then gradually challenging him or her to successively higher stages. The voice is a natural and powerful medium in this special kind of interactive play. Serena Wieder refers to the value of a prosodic speaking voice clearly dressed with musical riches when she says, "Remember, the voice is probably the most powerful tool you have to cue your child. Whether or not he understands the words, the message comes from the tone and the rhythm and the loudness and the pacing of it." (Greenspan, 2004).

Singing for social communication and regulation in settings with children who have developmental impairments is similar to that which Trehub (2003) describes mothers universally applying in the developmental process with pre-linguistic infants. However, while mothers of typically developing babies use "meaningful melodies" (Fernald, 1990) to propel dyadically-attuned states, children with developmental delays often need to be drawn out from affectless, self-absorbed states. Here, we have reason to value vocal material with heightened impact of pitch (frequency). While Zatorre, Belin, and Penhune (2002) distinguish music processing from speech (the latter requiring left-hemisphere processing of rapid, brief auditory stimuli), research (Gervais et al, 2004) suggests cortical impairment in speech processing in ASD. Importantly, though, there is also evidence for a heightened ability for pitch processing in ASD (Heaton, 2003). This combination – impairment in speech processing and strength in pitch – bodes well for singing as a medium of intervention which offers slower, more defined spectral information that evidently "gets through" and that retains some common elements of both speech and music.

Further support for the power of the singing voice for these early social dynamics comes from research by Porges and Lewis (in press). According to them, evolutionary shifts in the vagus (the primary parasympathetic cranial nerve regulating visceral states) brought reciprocal vocalizations into a privileged role; Along with facial expressions, head movements and listening, vocalized intonations are thought to actually trigger the social engagement system and evolve there in the service of regulation. Interventions designed with these principles in mind could hypothetically "enhance social behavior, facilitate state and affect regulation, reduce stereotypical behaviors, and improve vocal communication, including both prosody in expressive speech and the ability to extract human voice from background sounds." (Porges, in press).

In Floortime™, I encourage drawing stylistically from an expanded vocal model, including a.) Highly prosodic speech b.) Monotonic unmeasured chant c.) Multi-tone rhythmic chant d.) Non-speech vocalizations (animal and environmental sounds, clicks, sighs, etc.) e.) Musical babble f.) Ornamentation g.) Recitative-like speech/song h.) Melodic phrases and full songs from the child's musical culture h.) Improvised phrases and songs i.) light-hearted melodic patterns that highlight "building blocks of music" from just-sung tunes (Reynolds, Valerio, Bolton, Gordon, & Taggart, 1998).

Photograph:
"Where's the treasure, do you know, is it high or low?" Mom uses singing with pivotal DIR/floortime principles and

continued

tactics to help her son advance from repetitive, self-absorbed puzzle play through the first four developmental milestones and into a joyful, interactive game. The power of singing (alerting attention, stimulating engagement and evoking spontaneous vocal participation) is magnified when following his lead and joining his play, meaningful gestures coordinated with sound, face-to-face high affect, and "playful obstruction" (hiding his desired puzzle piece in one of her hands).

The timing and purpose of each singing style is evoked by the lead of the child and is purposefully linked to the sensory-motor states that are precursors of representational self-expression, with aims of both co-regulating and lending meaning. Along with occasional body percussion and rhythmic instrument play, singing is integrated with semantic and prosodic speech, gestures, facial expressions and, most importantly, embedded in play with toys of the child's choice and Floortime pursuits (Weeks, 2005).

The child may show a range of positive responses, including alert acculturation/absorption (Reynolds et al, 1998), engaged vocalizations, sung or spoken material in "proto-conversation," (Trevarthen, 1998, chap. 1) or non-musical social interaction. As the child is moved to communicate more, the singing partner's choices and rhythmicity must be exquisitely sensitive to the child's unique biological vulnerabilities and strengths in order to cultivate a steady back and forth flow, creating more and stronger "circles of communication." (Greenspan & Wieder, 2006). Especially here, being able to "carry" one's voice in tandem with rapid and versatile physical mobility for proximity and contingent responses gives the singing partner a unique musical and relational advantage.

Greenspan and Wieder (2006) have consistently advocated for hands-on, primary roles for parents in applied solutions for their children. Thus, singing partners in Floortime™ are often parents. Just as parent coaching is applied to Floortime™ techniques, so too some vocal coaching by a knowledgeable professional is feasible and valuable in this setting. Many adults today are so removed from live music-making that they have either forgotten or never developed fundamental singing skills or confidence. Yet significant improvements can result from attention to basic competencies, such as breathing, diaphragmatic support, use of articulators (jaw, tongue, lips) particularly to adapt timbre, and appropriate use of vocal registers (Appelman, 1967).

While my work has primarily been as a coach to parents, DIR®-based clinicians and educators from a variety of (non-musical) disciplines have increasingly been interested in incorporating tactics informed by a singing model. With direction and training, there is flexibility on many levels for such use, ranging from "ordinary" singers whose emergent voices can be supported by basic physical adjustments and stylistic choices, to those with considerable pastime or professional experiences who might, for example, be able to reap the benefits of "voice bending" to heighten affect (Sundberg, 1999, chap. 6) or strengthening spectral resonance, including the special ringing sound known as the "singer's formant" (Titze, 2001). Further development of feasible methods for training parents and professionals related to a singing and DIR®/Floortime™ context are timely and called-for. As these skills, integrated with DIR® principles, move toward second-nature for singing partners, their value as "musical gold" will optimally enrich the child's early developmental capacities.

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For more information contact Kaja Weeks at kaja.weeks@gmail.com

Editor's Note:

It has been brought to my attention that there has been an oversight in referencing Kaja Weeks' work in the article "A Glimpse into the use of Music Therapy and the DIR®/Floortime™ Model for Children with Autism," Early Childhood Newsletter Issue 14, 2008, p.18-19. The editor and author of this article apologize for this error.

AMTA 2009

Featured Early Childhood Conference Events

Catch the Waves of Early Childhood Topics in San Diego

MARCIA HUMPAL, M.ED., MT-BC
AMTA Vice President and Conference Program Chair

The 11th Annual AMTA Conference in San Diego will offer many opportunities for learning more about music therapy across a wide variety of early childhood settings. Here are some of the session topics, as of this writing:

- Bright Start Music: Connecting the Dots for Infants and Tots
- Catch the Wave Early: ABC's to XYZ's of starting an Early Childhood Music Program
- Containers: Music Therapy in Pediatric Oncology
- Intergenerational Music Therapy Programs
- Join the Circle: Music Therapy and Young Children with Emerging Autism
- Lullaby 101: A Program for At-Risk Expectant and Parenting Teens and Adults
- Music Therapy and Hope: Songwriting with Pediatric Oncology Patients
- Music Therapy, DIR ©, and Autism: It's in the Relationship, Baby!
- Reuniting Families in Crisis through Music Therapy and Music Together
- The First Duet: The Music of Human Attachment
- Therapeutic Performance for the Young and Young at Heart
- Think Green: Applying Low-Cost and Eco-Friendly Interventions in Early Childhood Music Therapy
- Toddler Rock: The ABC's of Music Therapy and Preschool Literacy
- Who Knows a Song in Locrian? Baby Does!

CMTE offerings of interest to those working with young children include:

- Surfing Through Contemporary Practices in Pediatric Medicine: Music Therapy Skill Development and Clinical Intervention
- Attachment Based Music Therapy

The always popular pre-conference NICU Music Therapy training returns, as does the Sharing Our Strategies (SOS) Early Childhood session, led by Petra Kern, Beth Schwartz, and Beth McLaughlin. Be thinking of what you can share. This one is for those of you who want something new to take home and use in your sessions on Monday. Also, don't miss the Early Childhood Networking Lunch session, sponsored by the Special Target Populations Committee – be sure to bring your business cards!

Additional information will be shared at the Clinical Practice Forum and the Research Poster Session. Come visit the Exhibits and the AMTA Village to see what new products and resources are now available.

There will be something for everyone waiting for you in San Diego. Come be inspired and renewed in sunny California!

Early Childhood Conferences

SELECTED BY
DR. PETRA KERN
MT-DMtG, MT-BC, MTA,
NICU-MT

The Division for Early Childhood
25th Annual International Conference on Young Children with Special Needs & Their Families
www.dec-sped.org
October 15-18, 2009 in Albuquerque, NM

National Association for the Education of Young Children
2009 NAEYC Annual Conference & Expo
www.naeyc.org
Nov. 18-21, 2009 in Washington, DC.

ZERO TO THREE
24th National Training Institute
www.zerotothree.org
Dec. 4-6, 2009 in Dallas, TX.

Council for Exceptional Children
Convention & Expo
www.cec.sped.org
April 21-24, 2010 in Nashville, TN

Early Childhood Music and Movement Association
International Convention
www.ecmma.org
August 5-8, 2010 in Leavenworth, KS.

International Society on Early Intervention
3. International Conference
www.isei.washington.edu
May 2-5, 2011 in New York, NY.

The Color of Us:

Music Therapy for Young Children Around the World

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

Columbia
South America

Snapshot

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

Population
45,888,592

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

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

Median Age
26.3 years

Juanita Eslava

Instituto Colombiano de Neurociencias
Universidad Nacional de Colombia

Bogota, Columbia

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

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

Demographics

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

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

Background Information

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

continued

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

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

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

Common Approaches

Given that the group of music therapists in the country studied at such broad range of music therapy schools, one might find quite a variety of approaches used in practice. The philosophy and characteristics of the different settings will also determine the approach to be used. Some of the commonly used approaches include: Behavioral approaches, Developmental approaches, Creative music therapy, Plurimodal approach (Schapira), Benenzon model, Social and Community Music Therapy, and Eclectic approaches. As can be seen, American, European, and Latin-American Music Therapy models and schools of thought influence our practice. In school settings it is also common to find approaches based upon music education programs such as Dalcroze, Orff, Suzuki and Kodaly. The methods more widely used are re-creation, improvisation and composition and those less used are the receptive method and its techniques. Related to our culture, there is also a strong reliance on techniques that derive from dance and movement. There is still very little use of technology due to of the lack of resources in the area.

Prominent Publications

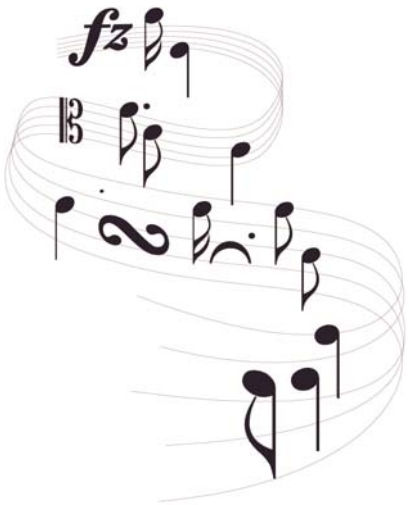
Eslava, J. (2006). Music Therapy in developmental disabilities. Neuropediatria Revisiones, 4 (1), 28-34.

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

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

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

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



Snapshot (cont.)

Children under 14

30.3% of the general population.

Source

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

About the Author

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

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New Zealand Aotearoa

Karen Twyford

Music Therapist
in Private Practice

Wellington, New Zealand

Snapshot

Area

The physical area is 268,680 sq kms, so a little smaller than Italy or Japan, and a little larger than the United Kingdom. New Zealand comprises the North and South Islands (the two main islands), and a host of smaller islands including Waiheke, Stewart and the Chatham Islands. New Zealand's wildlife includes the flightless kiwi bird. Physical features include active volcanoes, hot springs, geysers and mudpools, also the Southern Alps with fiords, glaciers and lakes. In Maori, Aotearoa means *'Land of the Long White Cloud.'*

Population

4,305,890

Official Language

English, Maori and NZ sign language

Ethnic Groups

78% European/Other
14.6% Maori
9.2% Asian
6.9% Pacific peoples

Median Age

36.4 (2008 estimate)

Children under 5

275,076 (2006)

Source

Statistics New Zealand
http://www.stats.govt.nz/default.htm

"In my experience music therapy is a most integral component of the multidisciplinary team. Aside from the sheer joy and delight experienced in music therapy sessions, children also have the ability to reach their full potential and develop skills in the most motivating context. I cannot imagine our centre operating without the wonder of music therapy."

Victoria Crone, Pediatric Physiotherapist, Coordinator, Wellington Early Intervention Trust

Demographics

The present number of registered music therapists in New Zealand is 51. The majority of these work in part time or sessional employment. Music therapy has been practiced in New Zealand over the last 25 years and a gradual migration of overseas trained therapists has seen the population of therapists increase during this time. The commencement of the Wellington based Masters in Music Therapy course in 2004 has enabled the profession to expand considerably over the last few years. Music therapists work primarily in and around the three main cities of Wellington, Auckland and Christchurch. A small number of therapists work in more isolated locations.

One third of registered music therapists practicing in New Zealand currently work within the area of Early Intervention[1]. Services are provided on both a direct and consultancy basis. Therapists working exclusively with this client group work part-time or on a sessional basis. A small number of music therapists in full time employment provide services to children of varying ages.

Music therapy is provided to young children in a variety of settings. These include early intervention centers including the Wellington Early Intervention Trust, family homes, community, early childhood centers, kindergartens, and the Raukatauri Music Therapy Centre in Auckland.

A number of music therapists working in Early Intervention are employed within specialist teams including government funded and independent charitable trusts. Some therapists work with children presenting with a variety of special needs. Others work for organizations focusing on specific needs such as hearing and visual impairment. Some music therapists are self-employed, working through early childhood agencies, or directly with families. All music therapists work as part of multidisciplinary, interdisciplinary or transdisciplinary teams and contribute to children's Individual Plans where possible. Collaborative approaches at differing levels are an integral part of music therapy practice.

[1]Results from a recent (2008) online survey of 36 Registered Music Therapists working in New Zealand in which a 50% response rate was achieved.

Background Information

Music Therapy New Zealand (MThNZ) is the professional body representing music therapists. Music therapists are encouraged to apply for registration with MThNZ to gain a practicing certificate. As the profession continues to establish its identity, New Zealand agencies are encouraged to employ only registered music therapists. The Ministry of Education endorses this approach and lists registered music therapists within its Specialist Services Standards (2006).

Sources

Ministry of Education (2006). *Specialist services standards*. Wellington: Ministry of Education

Common Approaches

Music therapists working with young children employ both client centered and family centered approaches. Therapists are aware of the NZ health model for promoting Maori health, Whare Tapa Wha, and incorporate this where applicable. The model concentrates on the four pillars of mental, physical, spiritual and family health. Consultative approaches are necessary

where availability of music therapy resources are scarce. By using this approach, skills and knowledge are imparted to families and professionals working with young children. This ensures that skills and strategies modeled by music therapists can be continued and used in the home and other settings.

A variety of techniques are used with children in Early Intervention with a focus on improvisational models. Music therapists work with individuals and small groups. This work can include parents and/or peers. An emphasis is placed on the establishment of a therapeutic relationship and through this, identified physical, emotional, intellectual and social aims can be addressed. Music therapists use structured musical activities and free musical play/improvisation, including singing, chanting, movement and use of instruments and multi-media props.

Prominent Publications

Archer, C. (2004). Music therapy and early intervention: The parent-child relationship is centre stage. *New Zealand Journal of Music Therapy* 2, 35-49.

Archer, C. (1995). Music and early intervention: A survey. *Annual Journal of the New Zealand Society for Music*, 46-54.

Ayson, C. (2008). Child-Parent Wellbeing in a Paediatric Ward: The Role of Music Therapy in Supporting Children and Their Parents Facing the Challenge of Hospitalisation. *Voices: A World Forum for Music Therapy*. Retrieved April 5, 2009, from http://www.voices.no/mainissues/mi40008000261.php

Cooper, A., Bagley, M., Bailey, A., Choi, H-C., Gang, N-H., & Molyneux, C. (2009). *The first five years: Celebrating the growth of the Raukatauri Music Therapy Centre*. Poster presentation at the 6th Nordic Music Therapy Conference

Croxson, M. (1999). *Music Therapy and Families*. *Annual Journal of the New Zealand Society for Music*, 40-49.

Hoskyns, S. (In Press). Promoting readiness for learning in a pre-school child with features of developmental dyspraxia: Some strategies from music therapy. *Paper for Proceedings of Music 09: Modulations Music Education Conference, Christchurch July 09*.

Hoskyns. S. (2005) Creativity in music making: Some thoughts from music therapy. *Sound Arts 1, 3,* 11-12.

Rickson, D. J., McLaren, S. J., & Jones, L. L. (2007). "A kind of serene feeling washing over the centre": Perceptions of staff and trained observers regarding the use of background music to improve the auditory environment in an early childhood centre setting. *New Zealand Research in Early Childhood Education 10*, 81-94.

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Rickson, D. (1993). The use of music to facilitate communication with children aged 0-7 years with severe or profound congenital hearing loss. *Annual Journal of the New Zealand Society for Music*, 3-29.

Shaw, F. (2006). *Triadic Improvisations: Developing Communication Skills*. *New Zealand Journal of Music Therapy 4*, 46-63.

Stevenson, K. (2003). Music Therapy Assisted Communication with Children with Severe Disabilities. *New Zealand Journal of Music Therapy 1*, 82-92.

Twyford, K. (In Print). Finding a Niche: Establishing a Role for Music Therapy within the Ministry of Education, Special Education, New Zealand. *New Zealand Journal of Music Therapy*.

About the Author

Karen has worked as a music therapist in Australia, England and more recently, New Zealand. She has worked in a variety of clinical areas since 1992, with the majority of her experience being with children. Karen is currently self employed and is contracted by the Ministry of Education, Special Education, in the areas of early intervention and school focus. Her work focuses on inclusion, children with special educational needs, autism and transdisciplinary teaming.

Special thanks to Fiona Hearn for her assistance with this article.

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Featuring

Integrated Team Working explores transdisciplinary and collaborative approaches between UK music therapists and other professionals and demonstrates how they can be valuable methods of music therapy intervention. The book is both a theoretical and practical guide for music therapy students and professionals. It considers the music therapist's role in the multidisciplinary team and the rationale, purpose and application of collaborative approaches in work with children, adults and the elderly in a range of clinical settings. Eighteen case studies illustrate a variety of creative and innovative collaborative approaches between music therapists and other professionals including occupational therapists, physiotherapists, speech and language therapists, psychologists and other arts therapists.

South Africa

Snapshot

Population
47,9 million of which 48% lives below the poverty line

Ethnic Groups
79.6% African
8.9% Colored
2.5% Indian/Asian
9.1% White

Median Age
23 years

Children under 5
Estimated at 10.8% of total population

Source
Statistics South Africa. Mid-year population estimates 2007. http://www.statssa.gov.za/publications/P0302/P03022007.pdf

Nelson Mandela Children's Fund: http://www.mandela-children.ca/index.php?option=content&task=view&id=99

UNAIDS: http://www.unaids.org/en/CountryResponses/Countries/south_africa.asp

Department of Social Development: http://www.hsrc.ac.za/Document-1648.phtml

The Music Therapy Community Clinic: http://www.music-therapy.co.za/

Sunelle Fouché

The Music Therapy Community Clinic

Cape Town, South Africa

Early Childhood Development in South Africa

In 2005, the South African Government Program of Action set out Early Childhood Development as one of its key actions, which places an integrated and holistic approach to early childhood care and development high on the political agenda. The vision and mission of this program include the following:

- Provide a caring and integrated system (service delivery) for young children and their caregivers
- Facilitate human development (pre-birth to age 9 years) through developmental services/ social protection services
- Improve the quality of life for young children and their caregivers in a sustainable manner.
- Have a special focus on those (young children and their caregivers) that are most vulnerable and in need of special interventions.

Demographics

There are currently approximately 30 registered music therapists in South Africa. The majority of the practicing music therapists work with young children in various settings including mainstream schools, schools for children with special needs, multi-disciplinary centers, community centers, hospitals and in private practice. Music therapists are working with young children with a wide range of needs including children with mental disabilities (including Autism, Down Syndrome), physical disabilities (including cerebral palsy, burn victims), learning difficulties (including ADHD, ADD), children experiencing emotional difficulties (dealing with grief or trauma) and children suffering from illness (including TB and HIV&AIDS). Most of the music therapists work part time.

Background Information

The University of Pretoria offers the only music therapy training program in South Africa in the form of a two year post graduate degree. Completion of this Masters degree leads to registration with the Health Professions Council of South Africa. This year, the University of Pretoria will be running its 6th Music Therapy training program and the program has delivered 28 graduates since its inception in 1999.

Common Approaches

Music therapists' approaches in work with young children primarily focus on Creative Music Therapy (based on the Nordoff-Robbins approach). Music therapists are furthermore finding innovative ways of responding to the prevalent HIV pandemic in South Africa and its effects on society. At the end of 2007, there were approximately 5.7 million people living with HIV in South Africa, and almost 1,000 AIDS deaths occurring every day. For each person living with HIV in South Africa, not only does it impact their lives, but also those of their families, friends and wider communities. Not only are many children infected with HIV in South Africa, but many more are suffering from the loss of their parents and family members from AIDS. UNAIDS estimated that there were 1.4 million South African children orphaned by AIDS in 2007, compared to 780,000 in 2003. Once orphaned, these children are more likely to face poverty, poor health and a lack of access to education. Music therapy is a powerful tool that can offer psycho-social support to HIV- and AIDS-affected young children, their caregivers, and wider communities.

About the Author

Sunelle is the director of the Music Therapy Community Clinic in Cape Town, South Africa. Contact: sunelle@music-therapy.org.za

Kingdom of Bahrain

Aksana Kavaliova-Moussi
BMT, BA, MTA

The Children's Academy, Bahrain

Snapshot

Area
Archipelago in the Persian (Arabian) Gulf, east of Saudi Arabia. 665 sq km, or 3.5 times the size of Washington, D.C.

Population
1,050,000 approximately, including 530,000 citizens (Human Rights Report, 2008)

Official Language
Arabic is the universal language, English is widely spoken, Farsi and Urdu less so.

Ethnic Groups
63% Indigenous Bahrainis (northern Arab)
19% Asians
10% other Arab groups
8% Iranians
6% other ethnic groups
(Encyclopedia of the Nations, 2002)

Median Age
30.1 years

Children under 5
65,000 (UNICEF Bahrain, 2007)
Children with disabilities: Data is not available

Source
CIA. The World Factbook. Bahrain. https://www.cia.gov/library/publications/the-world-factbook/geos/ba.html

"Almost all children respond to music. Music is an open-sesame, and if you can use it carefully and appropriately, you can reach into that child's potential for development."
Clive Robbins, Nordoff-Robbins Center, New York

Demographics

Music therapy in early childhood education in Bahrain, 2008:
Number of music therapists: 1
Workplace conditions: Sessional
Setting: Special education school

There is no music therapy education program in the Arab Gulf region. The music therapists working in the region are trained in Europe (in Dubai), Canada (in Bahrain), and the USA (in Qatar). The only music therapy service available in Bahrain at the moment is at the Children's Academy. The program started in October, 2008, and provides individual and small-group interventions to children with various diagnoses such as Autism Spectrum Disorder, Down Syndrome, Learning Disabilities, ADHD, PDD (NOS).

Background Information

Children with special needs in the Arab Gulf region have long been excluded from or have not received adequate education. According to Al-Hilawani, Koch, and Braaten (2008), "this is a culture where efforts have been made to hide individuals with disabilities from society" (p. 3). Children with special needs have traditionally attended special centers. However, the concept of inclusive education is gaining more attention now. This concept was developed as part of the "Education for all" issued in Jomtien, Thailand in 1990. It means that all children, regardless of their sociocultural background or their abilities, have rights to the same standards of education. However, there still exist some barriers to this principle, and they are listed in "The development of education: National report of the Kingdom of Bahrain (Inclusive education: the way of the future)" (2008, p. 67):

- Shortage of specialized human cadres in the field of the provision of care for students with special needs
- Shortage of financial resources to execute projects for inclusive education for students with special needs. The equipment and other requirements of this group are also too costly.
- Lack of data and information about the cost of education for students with special needs whether they are in schools or private centers
- High expectations of the parties concerned (society and parents) to get quick results following the integration of these children into formal schools can have a negative effect on the development process.

Music therapy in Bahrain is not yet a state-recognized health care profession, but the future projects of the Ministry of Social Development might include music therapy as part of their therapeutic services available to the public.

Common Approaches

The music therapy approaches used in early childhood education include Developmental Approach, Behavioral Music Therapy (ABA), the Nordoff-Robbins Creative Music Therapy Model, as well as music educational approaches (Dalcroze, Orff-Schulwerk). Techniques used are active music making and improvisation (instrumental, vocal), singing, chanting, music and movement, painting to music, music listening.

continued from p. 30

Resource

Al-Hilawani, Y. A., Koch, K. R., & Braaten, S. R. (2008). Enhancing services for students with mild disabilities in the Middle East Gulf region: A Kuwait initiative. TEACHING Exceptional Children Plus, 4(5) Article 1. Retrieved May 10, 2009 from http://escholarship.bc.edu/education/tecplus/vol4/iss5/art1

Ministry of Education, Kingdom of Bahrain (2008). The development of education: National report of the Kingdom of Bahrain (Inclusive education: the way of the future). Retrieved May 10, 2009 from http://www.ibe.unesco.org/National_Reports/ICE_2008/bahrain_NR08.pdf

About the Author

Aksana Kavaliova-Moussi, Belarus-born, graduated from the University of Windsor, Ontario, in 2008. During her academic years, she provided music therapy for children with special needs, expectant teen mothers, had been a member of the "Music Therapy in Medicine" project working with the oncology patients. As a music therapy intern, she worked with a hospice population in Windsor, Ontario, and Detroit Metro area, Michigan, and with pediatric patients at the Windsor Regional Hospital. She joined her husband in Bahrain in 2008, and now works at the Children's Academy.

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Cross Cultural Group Interactive Music Experiences with Young Children in Integrated and Special Needs Classrooms in the Abaco Islands of the Bahamas

ROBERT E. KROUT, ED.M, MT-BC
Professor and Director of Music Therapy
Meadows School of the Arts - Southern Methodist University
Dallas, Texas

I spent the month of January, 2009 in the Abaco island chain in the northern Bahamas. During that time, I volunteered as a music therapist and music educator in two schools, Every Child Counts (ECC) in Marsh Harbour on the island of Abaco, and in the Hope Town School on the island of Elbow Cay. During that time I worked with special needs students in both segregated and integrated classrooms. My goal was to involve all children in meaningful and engaging cross and multicultural music and learning experiences. The teachers asked that I use music of many cultures and share the origins of the music with the children.

ECC is located in Marsh Harbour. Home to more than 5,000 residents, Marsh Harbour is the 3rd largest town in The Bahamas. Its mission is to provide an alternative education for children with learning, developmental or physical disabilities (regardless of financial, family or social restraints) to maximize each child's ability to become a productive, successful and independent citizen. In 1997, a Bahamian couple adopted twin 3 ½ year old boys. They soon discovered that they had severe developmental delays and would require special education. Upon investigation they realized that no special needs program was available on their island of Abaco. Working with the church, a university in Florida, and other parents with similar needs, "Every Child Counts" was born. ECC is funded 100% by donations. The government does not require or provide funding for special needs students who cannot be successfully placed in regular or integrated classrooms. ECC currently has over 85 full-time students and a waiting list of 100. The children have varying exceptionalities including Autism, Down Syndrome, sensory impairments, speech difficulties, Cerebral Palsy, intellectual handicaps, behavior and emotional needs, and a host of neurological difficulties.

I worked with ECC classrooms two at a time to maximize student contact. As the school has no instruments, the experiences involved singing, moving, and using body sounds in structured and improvised music making. The emphasis was on successful and meaningful participation by each student. I worked with all the classrooms, including younger grades.

Photograph: Singing and structured movement/action experiences with the younger children.

continued

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The Hope Town School was founded in 1893. It serves students on the island of Elbow Cay from preschool through 6th grade, and includes students with learning and intellectual disabilities, physical and sensory limitations, and attention deficits whenever possible. Elbow Cay is a 6-mile long Island in the Abacos. Populated by British loyalists fleeing the US in 1785, its main village of Hope Town surrounds a protected harbor with a lighthouse built in 1863. The school has no music teacher or regular music in the curriculum. I brought an electronic keyboard and guitar from Dallas, and donated these to the school when I left. I worked with the classrooms twice per week during January, involving all regular and special needs students in singing, songwriting, playing, moving, learning music concepts, and improvising. At the end of the month we presented a concert for parents and visitors outside the school in the bright Bahamian sunshine. One song I used with the preschool class was Sharon, Lois, & Bram's "One Elephant, Deux Elephant," which I re-wrote as "One Hermit Crab, Deux Hermit Crabs." Hermit crabs are plentiful on the island, and the children related easily to them. Each child had to stay tucked "inside their hermit crab shell" until picked by the most recent crab who "came out to play upon a spider's web one day." Our next song was "Old MacDonald," which I changed to "Hope Town Preschool Has a Band." The class had a box of un-pitched percussion instruments, which we used. Each child identified and played their instrument when called to do so, and played together during "Hope Town Preschool has a band, yes we, yes we do." A third song for the Preschool was "Bonefish," a popular Bahamian song. After the singing of the verse and chorus, the children held up their "bonefish." These were paper plates cut out in the shape of a fish and colored by the children. The children then had their bonefish "dance" while we sang, ending with a rousing "Bonefish!"

Photograph: Children during the outdoor concert.

The concert was a community success, with many parents attending, and feedback from parents and staff was positive. Although they do not have any funding for a music teacher or therapist, the school does plan to continue to use the keyboard and guitar with the students, as the preschool teacher plays keyboard and sings. The teachers also helped students draw pictures expressing their thoughts about our month of music making and what they enjoyed best.

Photograph: Drawing from a preschool student which combines a palm tree, the sun, the ocean, lots of birds, a red flower, and me with a guitar. The heart she drew above my head makes the image very special.

In summary, this month of volunteering was both a challenge and a joy for me. I enjoyed creating cross-cultural music experiences that honored the heritage of the country of the Bahamas, while still exposing students to music from other cultures, including the U.S. It was meaningful to work with the special needs students in both the segregated environment (ECC) and integrated classrooms as well. I look forward to seeing these students again in the future.

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Robert Krout

Dr. Robert Krout is Professor and Director of Music Therapy in the Meadows School of the Arts at Southern Methodist University (SMU) in Dallas, Texas. Prior to joining SMU, Robert was Director of Music Therapy at Massey University in Wellington, New Zealand. He was Music Therapy Manager and AMTA Internship Director at Hospice of Palm Beach County, Florida, and taught Music Therapy at the State University of New York from 1982-1997. In 2005 he received the Research and Publications Award of the American Music Therapy Association. Robert remains actively involved in both clinical and research areas in music therapy. These include the uses of guitar in music therapy, music therapy-based songwriting, computer and technology applications, student training and personal growth, end of life care, and bereavement.

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Resounding Joy: Healing Hearts With Music International Outreach

ALEXANDRA B. FIELD, MT-BC, NICU-MT
NOELLE PEDERSON, MT-BC

Resounding Joy, Inc. is a non-profit organization based in San Diego that provides music therapy, recreational and supportive music services to under-served populations. Through networking opportunities, in August 2008, Alexandra Bashor, MT-BC, NICU-MT met Dr. Paul Grossfeld, a pediatric cardiologist from the University of California San Diego (UCSD). He and the cardiac surgical team through Variety Children's Lifeline were scheduled for a medical mission trip in October 2008 to Siem Reap, Cambodia. He was interested in the benefits music therapy can provide, so a budget proposal was created, illustrating the funding costs for travel, room and board, equipment, art supplies, and other necessities for the two-person music therapy team from Resounding Joy. Funding for the outreach project was provided by several private donations.

Each music therapist (Alexandra Bashor and Noelle Pederson) volunteered nearly sixty hours of their services to twenty patients receiving PDA (Patent Ductus Arteriosus) surgeries and their families at Angkor Hospital for Children. Outreach was also provided to approximately fifty other families who were at the hospital awaiting medical attention. The music therapy services included: direct contact with patients and families, documentation, audio/video recording, planning, and consultation with the UCSD cardiac team and Angkor Hospital for Children's staff. Intervention goals primarily focused on relaxation and pain-management, normalization of environment, and diversion from the hospital experience. The therapists compiled detailed numerical and anecdotal documentation; the following was written after the first session:

We used music as a distraction and to build a sense of community among those in the hallway waiting area. There were several little ones (ages 4-8) who consistently followed us wherever we went–always with big smiles, little giggles, and hands open for the next instrument to play. Our first experience of the day showed how quickly music works its magic. No words were said and yet mothers were down on the floor with us helping their children create the community of sound through the common language of music.

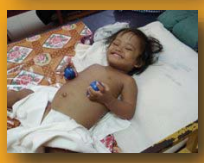
Dr. Grossfeld stressed the importance of "keeping the patients calm to prevent their bodies from entering a hypertensive state post-surgery." Sedation and medications can be administered to prevent hypertension; however, music therapy techniques offer a natural and holistic alternative to support medical interventions. The therapists used a variety of melodic mediums, such as classical guitar, ukulele, Native American flute, kalimbas, and vocal improvisation to create a comforting, supportive, and relaxing atmosphere for approximately forty people in a one-room surgical unit. Post-operative data was collected from each patient's heart monitor every five to fifteen minutes to gauge increases and decreases in the heart beats per minute (bpm).

The therapists matched the music to the patients' heart rates and gradually decreased the tempo to entrain the heartbeats to a more relaxed rate. The medical staff watched in amazement as a patient's pre-session heart rate was monitored at 146 bpm and was down to 107 bpm post-session after one hour of musical relaxation listening and interactive play. This occurred throughout the sessions, and the staff took several photographs and repeatedly acknowledged the power that the music therapy interventions had.
The therapists encouraged individual creativity, family bonding, and play through music and creative art interventions by using various hand-percussion instruments, glockenspiel, bubbles, scarves, parachutes, and various small toys like a "Viewfinder." The concept of outdoor chalk art was introduced to build rapport and get them outside to experience their own creativity.

The instrument retailer REMO donated five uniquely designed, large shape drums with paintable heads and reinforced frames. Multiple families painted four drums during or after patients' surgeries. Each drum was painted in a different way – one sibling giggled with his mother as he held the paintbrush in his toes. Another toddler created her masterpiece by 'playing' the drum with her paintbrush like it was a mallet. A patient awaiting cataract surgery painted the last drum to take the focus off his pain. The therapists transported the completed drum art back to the United States where they were displayed at the REMO exhibition in Los Angeles as part of the "Artbeat for Humanity Project." They were later sold at a silent auction sponsored by Resounding Joy, Inc. to fund volunteer program opportunities for children through the Junior Joy Giver program.

These kids are so rhythmic; they just "get it" even though they probably have not heard music like this until now. We are continually surprised at how boldly and willingly the children try new things and how resilient their families have proven to be. – Alex Field, MT-BC, NICU-MT

This experience was unique because it allowed complete freedom to try anything and everything in regard to therapeutic interventions. Music was the common language, the "rapport-builder," and of course, fun! Resounding Joy donated the instrument kit, the kazoos and egg shakers to the hospital to share with patients and families. Maintaining detailed data, keeping anecdotal comments, audio/visual footage have all proven to be important factors in capturing the essence of our work. There is an enormous possibility for continued research and reaching past the borders into a new realm of music therapy techniques.



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INTERVENTION

IDEAS

It Looks Like Rain

BY BETH MCLAUGHLIN, LCAT, MT-BC

Description

The purpose of *It Looks Like Rain* is to encourage sound exploration and movement through music and instrument play.

Materials

- Paddle drums
- Scarves or wrist streamers (http://www.pbetc.com/moveprops.html)
- Sun graphic (laminated)

Attach scarf or wrist streamer to paddle drum handle. Fun tac or tape sun graphic inside paddle drum.

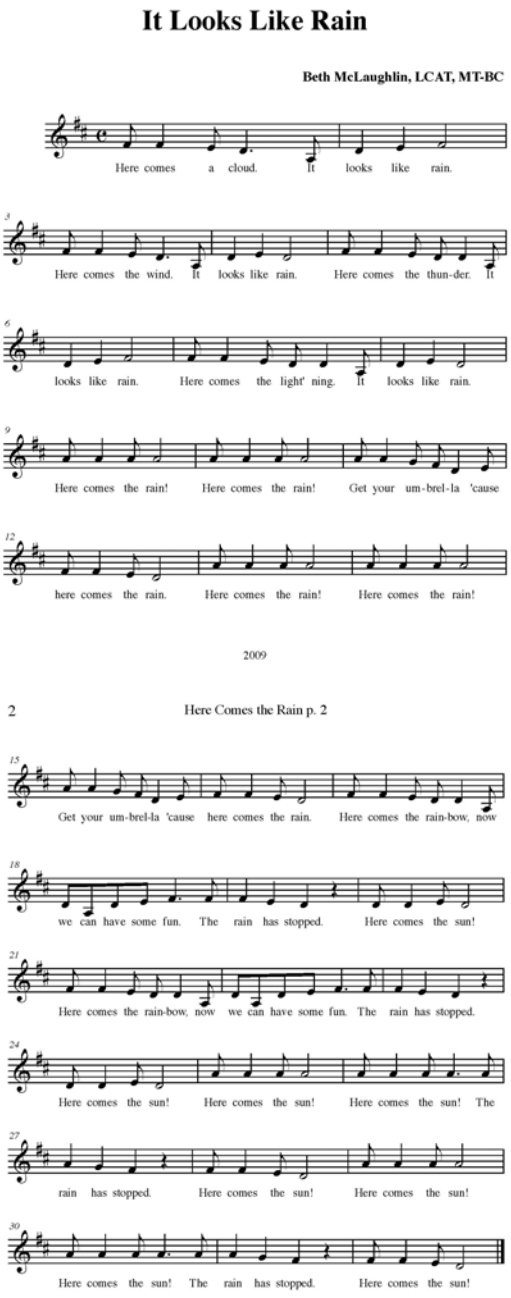
Goals

- to express dynamic and tempo changes associated with a rain storm
- to play paddle drums using various hand and finger positions

Behavior Observation

The child will

- rub, tap, hit paddle drums
- differentiate quiet, loud, slow, fast paddle drum accompaniment
- model positional changes with paddle drums



Directions

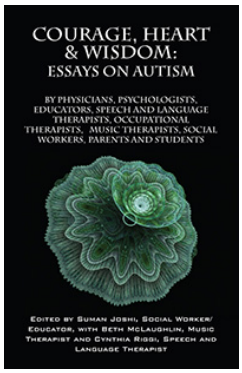
While sitting in a circle, instruct children to play as follow:

1. Here comes a cloud...extend paddle drum above head
2. Here comes the wind...rub drum with flat hand
3. Here comes the thunder...hit drum slowly
4. Here comes the lightening...hit drum faster tempo
5. Get your umbrellas...hold drum over head and tap with fingers
6. Here comes the rainbow...move drum overhead, side to side
7. The rain has stopped...hold drum still and turn so the sun is visible
8. Here comes the sun!...move drum overhead, side with sun showing

Adaptations

Since this is a pentatonic melody, a simple bordun accompaniment using C and G bass tone bars creates a lovely music experience and is very accessible to young children. Add other sounds effects e.g. thunder tube, flex-a-tone, rain stick and a gong to further dramatize the storm.

Beth McLaughlin can be contacted at bmclaughlin@wildwood.edu



Courage, Heart and Wisdom: Essays on Autism is edited by Suman Joshi, educator and social worker with Beth McLaughlin, music therapist, and Cynthia Riggi, speech and language therapist.

This is a collection of essays written by parents and professionals that offer practical information about working and living with people with autism. Each author brings a unique style and perspective that broadens the reader's understanding and appreciation of this perplexing disability. This book is available at www.amazon.com and www.barnesandnoble.com

Rhythm Stick Game

BY RUTHLEE FIGLURE ADLER, MT-BC

Description

The purpose of the *Rhythm Stick Game* is to enhance Concept Development/Cognition. As a child develops his/her gross and fine motor skills, is able to label the people and objects around him/her, and becomes familiar with body parts, s/he begins to generalize the information to other situations. Music experiences introduce concepts and provide additional practice through repetition and a multisensory, hands-on approach.

Goal

- to demonstrate understanding of basic directional concepts

Specific Objectives

The child will

- Demonstrate an understanding of the following concepts: high/low, up/down, front/back/side/other side, over/under, in/out
- Reinforce his/her concept of rhythm
- Improve motor skills
- Improve awareness of space

Materials

Rhythm sticks and simple song or chant.

Directions

1. If appropriate, give each child *one* rhythm stick. (Otherwise, have children raise one arm.)
2. Begin the chant, demonstrate correct action and instruct the group to join you.
3. Children follow and imitate movements.
4. Only teach concepts that are appropriate for your students and *do not* attempt too many different ones at one session.
5. When the first set is known, add the additional sets. Much repetition should be included for each set to ensure that the basic concepts are clear.
6. Once the children can imitate the action, provide only the verbal direction to make sure your students understand the basic concepts.

Adaptations

1. If rhythm sticks are difficult for children to control, paper plates or smaller sticks (e.g. claves) may be substituted or body movements may be used.
2. Children enjoy serving as leaders and this is a marvelous opportunity for them to demonstrate their mastery of these basic concepts. You can also further reinforce their awareness of self and others by including their names in a chant:

   "Let's all follow _____, _____, _____.
   Let's all follow _____, _____'s our leader now!"

3. For young children, the concepts of front/back can be modified with body part location, e.g., "Touch your tummy" or "Touch your back."
4. Encourage your students to add additional directions.
5. After one stick has been mastered, two may be presented for bilateral motor coordination, adding new directions, "Tap your sticks together" or "Tap a partner's sticks."
6. Number concepts may be reinforced with "Tap your stick <u>one</u> time," etc.
7. Melody concepts may be reinforced using boom whackers for tapping the floor following your directions.
8. For lower functioning children, physical patterning may be required for success.
9. For higher functioning children, individual sets of opposites can be alternated in one phrase e.g., "Sticks Up, Sticks Down," "Sticks In, Sticks Out."
10. Letters of the alphabet may be reinforced when two sticks or claves are used: "Sticks make a "T", an "X", an "L," etc.

This musical experience also enhances other developmental skills, e.g. Bilateral Motor Coordination, Eye-Hand Coordination, Motor Planning, Rhythm, Auditory/Visual Reception, Auditory Memory, Non-Verbal Expression, Following Directions, Body Awareness/Image, Self Awareness and Peer Interactions. It can easily be incorporated in a 1:1 setting – you are seated opposite the child – or with a group depending on your program and setting. I would love to hear how you use and adapt "Rhythm Stick Game" with the children in your practice.
Enjoy!!

For additional information please contact Ruthlee at radler8209@aol.com

Rhythm Stick Game

By Ruthlee F. Adler

"Sticks Up in the Air – Up, Up, Up in the Air,

Sticks Down on the Floor – Down, Down, Down on the Floor."

"Sticks Behind your Back – Behind, Behind, Behind your Back,

Sticks in Front of You – In Front, In Front, In Front of You."

"Sticks Next to your Side – Side, Side, Next to Your Side,

Sticks Across to the Other Side – Across, Across, Across to the Other Side."

"Sticks Go Side to Side – To Side, To Side, To Side, To Side."

(Alternating sides, crossing the midline each time.)

"Sticks Over your Head – Over, Over, Over your Head, (hold with both hands)

Sticks Under your Knees - Under, Under, Under your Knees."

"Sticks <u>In</u> our Circle – In, In, In our Circle,

Sticks <u>Out</u> of our Circle – Out, Out, Out of our Circle."

Other "directions" as desired, closing with "Sticks at Rest." (Placed quietly on the floor)

Adapted from Adler, R. F. 1988, Target on Music, 2nd ed. (pp. 110-111) Rockville, MD: Ivymount School.

The Color Train Song: Teaching Patterning With 3 and 4-Year-Old Children

BY KAMILE GEIST, MA, MT-BC

Assistant Professor of Music Therapy at Ohio University, Athens, OH

Description

The Color Train Song experience was used as one of the 4 musical interventions in a pilot study conducted at the Ohio University Child Development Center. Children ages 3 and 4 were observed during math only lessons and math/music lessons to see if there were any differences in how they learned emergent math concepts. Teachers were trained in both methods. Results indicate that children were more actively engaged during the math/music lessons as opposed to the math only lessons. Also, when interviewed, children articulated their understanding of math concepts more often and with more in depth explanations by singing or talking about the music lessons rather than explaining what happened during the math only lessons. The following experience was the most talked about and acted out by the children in the interviews. Teachers indicated that this was the most requested experience during future groups. Teachers also reported observing children singing the song and acting it out during free time at various times during the school day.

Results of this study were presented at the 2008 National Association of Early Childhood Educator's Conference in Dallas, TX and is the subject of an upcoming publication.

Goals

- to recognize, create, and/or complete color patterns. (This experience can be adapted to make any type of repeating pattern e.g. ABABAB or ABCABCABC or AABAABAAB, etc.)
- to increase active group engagement while constructing emergent mathematics concepts
- to increase generalization to other class environments and similar learning activities

Materials

None required. Teachers may choose to add visuals (see adaptations).

Directions

Group setting. Space needed in front for children to line up facing the group and to follow the leader in a circle around the group sitting.

1. The teacher/therapist begins the experience by keeping a steady beat by tapping his/her knees. The adult should immediately encourage the students to keep the beat as well. Continue tapping a steady beat throughout the experience.
2. The teacher/therapist begins by singing the song.
3. Children will follow directions in the song as they create patterns as directed by the teacher/therapist.
4. Each time the chorus is sung (other than the initial time), a train of children formed in a color pattern chug around the room while the remainder of the children in the group sing the song.

Adaptations

- The colors don't need to be the colors of their shirts. The students could be holding colored pieces of paper.
- The patterns could be created by the students before the song begins and listed on a chalk board or felt board to be seen during the lesson.
- The teacher could keep a steady beat during transitions (e.g. students in the train sit down before the song for another pattern).
- Repeat phrases as needed to reinforce concepts.
- Repeat 'come line up' for as long as it takes for the student to line up. Encourage the group to keep a beat and sing with you.
- Repeat the song to extend the pattern or create another pattern.
- The number of repetitions of each pattern can range from one repetitions to enough repetitions to use all students in the class. During the study one teacher reported that she adapted the lesson extending a pattern using all the students in the classroom and made a class color train.

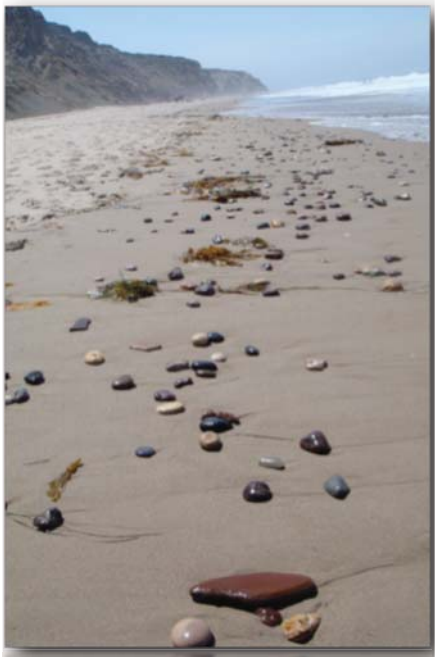
The Color Train Song

By Kamile Geist

Chorus (To the tune of "This Train is Bound For Glory")
Here comes the color train, here it comes. (choo choo)
Here comes the color train, here it comes. (choo choo)
The color train is here to stay, we line up line up on the way.
Here comes the color train, here it comes. (choo choo)
(Chant)

Looking for a PINK shirt, PINK shirt, PINK shirt.
Looking for a PINK shirt, come line up, come line up.
Looking for a RED shirt, RED shirt, RED shirt.
Looking for a RED shirt, come line up, come line up.
PINK RED (What's next?)
PINK!!!
Looking for a PINK shirt, PINK shirt, PINK shirt.
Looking for a PINK shirt, come line up, come line up.
PINK RED PINK (What's next?)
RED!!!!!
Looking for a RED shirt, RED shirt, RED shirt.
Looking for a RED shirt, come line up, come line up.
PINK RED PINK RED
Chorus (sing)

For additional information please contact Kamile at odonne@ohio.edu



Sound Walk

BY DR. PETRA KERN
MT-DMtG, MT-BC, MTA, NICU-MT

Description

A soundwalk is the empirical method proposed by R. Murray Schafer for identifying a soundscape for a specific location by moving through a limited geographical area with the ears as open as possible (Wikipedia, February 2009).

Goals

- to enhance focused listing
- to learn about the natural environment and how to preserve it

Materials

Natural materials found on the sound walk and children's voices.

Directions

1. Choose a natural environment (e.g., beach or forest).
2. Take children and their classroom teachers on a field trip to the chosen location.
3. Ask children to put their listening ears on and register all the environmental sounds they can hear.
4. Invite children to share what they have heard and help to label the sounds correctly. If possible let children touch, smell, see, and/or taste the sound source.
5. Use the moment and teach children something about what they have heard (e.g., ocean life) and how to preserve the environment.
6. Ask children to imitate the sounds with their voices and lead a vocal improvisation by using keynote sounds, figure sound, and soundmarks.*
7. Add in percussive sounds such as drumming on a stranded tree trunk, scrapping the ridges of seashells, or splashing with ocean water.

*Keynote is the basic environmental sound that is steady, predictable and always there. It is the base of the sound. Figure sounds are in the front of the perceptive focus. They are surprising, sudden or annoying. Soundmarks are these sounds that you identify a place with consciously (Wikipedia, February 2009).

Adaptations

Record a soundwalk and bring it to the classroom. Let children guess what sounds you recorded. Bring props if applicable to illustrate the sound source. Then follow step 5-7.

Environmental Note

Give facts about and simple examples how to preserve the natural environment you have chosen.

Eco-friendly Products

- Online Sound Walks
  http://www.soundwalk.com/#/TOURS/
- Environmental Sounds
- iLife Sound Effects

$$ Value

Soundwalk	$0.00
Vocal Improvisation	$0.00

For additional information please contact Petra at petrakern@musictherapy.biz

Think Green: Applying Low-Cost and Eco-Friendly Interventions in Early Childhood Music Therapy

with Dr. Petra Kern
MT-DMtG, MT-BC, MTA, NICU-MT
& Beth McLaughlin
MSE, LCAT, MT-BC

November 14, 2009 10:45-12:15 at the AMTA Annual Conference in San Diego, CA.

Catching the wave of "think green" find out how to preserve high quality services while applying low-cost and eco-friendly interventions. Besides the Sound Walk, learn about

- Building percussion instruments from natural materials
- Maximizing an instrument's potential through multiple uses (e.g. boomwackers).
- Establishing a classroom music library with the existing CD collection and/or with single eco songs on iTunes.
- Creating and editing music with eco-messages in GarageBand.
- Making low cost finger puppets out of eco-friendly materials.

See you in San Diego!

New Publications

COMPILED BY DR. PETRA KERN, MT-DMtG, MT-BC, MTA, NICU-MT

The following articles reflect a selection of publications related to early childhood music therapy published during 2008-2009. Colleagues are encouraged to send their publication for future inclusion in this annual list.

Ayson, C. (2008). Child-parent wellbeing in a paediatric ward: The role of music therapy in supporting children and their parents facing the challenge of hospitalisation. *Voices: A World Forum for Music Therapy*. Retrieved August 20, 2009, from http://www.voices.no/mainissues/mi40008000261.php

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Journal Articles, Books, Book Chapters

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

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The newsletter is available at
www.musictherapy.org

Back issues are archived at
www.musictherapy.biz

ANNOUNCEMENT: ONLINE MAGAZINE

The interest in the newsletter has increased tremendously. Many authors and readers around the world are accessing and contributing to the newsletter so that it has grown from a 6 to a 39 page publication. Responses from colleagues within and outside the field of music therapy have been extremely positive, especially from clinicians whose access to literature is limited.

AMTA has approved the expansion of the Early Childhood Newsletter into an online magazine format. The inaugural issue will be available 2010. Music therapists and others interested in early childhood music therapy may access and download the online magazine on the AMTA website for free.

Stay tuned and look for updates on the AMTA website at www.musictherapy.org and the Early Childhood Music Therapy Facebook page.

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.

New Online Magazine