Demographics

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

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

Source: AMTA Member Sourcebook 2007.

Background Information

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

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

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

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

Dr. Petra Kern
SUNY at New Paltz
FPG Child Development Institute at UNC Chapel Hill

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

USA

Snapshot of the USA

Area

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

Population

303,824,646 (July 2008 est.)

Ethnic Groups

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

Median Age

36.7 years

Children under 5

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

Source


The Color of Us:
Music Therapy for Young Children Around the World

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

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Meisels & Shonkoff
Common Approaches

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

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

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


Prominent Publications


About the Panelist

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

Contact: PetraKern@prodigy.net