

XII WORLD CONGRESS OF MUSIC THERAPY
BUENOS AIRES, ARGENTINA



THE COLOR OF US

MUSIC THERAPY FOR YOUNG CHILDREN
AROUND THE WORLD

PANEL

presented by

Dr. Petra Kern, Moderator

Renato Tocantins Sampaio, Representative for South America

Dr. Petra Kern, Representative for North America

Dr. Simon Gilbertson, Representative for Europe

Hye Won Chung, Representatives for Asia

presented by Dr. Byunchuel Choi

Anja Tait, Representative for Australia

Presentation Language: English

SOUTH AMERICA (Brazil)

Snapshot of Brazil and its People

Area

8,514,876 sq km

Population

183.987.291 (April 2007)

Children under 5

Approximately 10.841.990 (April 2007)

Source

Source: IBGE – Brazilian Institute of Geography and Statistics
www.ibge.gov.br



Renato Tocantins Sampaio Universidade de Ribeirão Preto (Ribeirão Preto–Brazil) Representative of South America

*"Há um menino, há um moleque, morando sempre no meu coração
Toda vez que o adulto balança ele vem pra me dar a mão
Há um passado no meu presente, o sol bem quente lá no meu quintal
Toda vez que a bruxa me assombra o menino me dá a mão
Ele fala de coisas bonitas que eu acredito que não deixarão de existir
Amizade, palavra, respeito, caráter, bondade, alegria e amor ..."*

*[There is a boy, there is a child, living forever in my heart.
Every time the grown up swing he came to give me a hand.
There is a past in my present, the sun shining in my backyard.
Every time the witch haunts me the child gives me a hand.
He talks about nice things I believe will forever exist.
Friendship, honor, respect, character, goodness, joy and love ...]*

Milton Nascimento and Fernando Brant

Demographics

There are no official statistics about music therapy practice in Brazil, although working with children is common and traditional practice. Music therapy with children is offered in many settings such as social settings (e.g., with homeless children) to general hospitals, clinics, schools, special education settings, psychiatric clinics among others.

Services are funded by the government, non-governmental agencies or by private pay from families. Clinical practice ranges from child-centered to family-centered or social-centered, from process-oriented to goal-oriented, from multidisciplinary approach to inter- or transdisciplinary approach and from

individual to group or family sessions.

Background Information

According to Barcellos (in Costa, 2008) there are three complementary origins of music therapy practice: ritual music (used in religious settings), music education, and the use of music in hospitals to treat different illness. Brazilian music therapy was born out of music education and music special education but soon was strongly influenced by health theories and practices. It also had a very strong influence on education and on the general culture related to the way of being, dealing with life, family and other aspects.

For instance, one of the most famous Brazilian educators, Paulo Freire, mentions that the teacher has to establish a connection with their students that is based on respect to their past and present and the belief that they are able to learn; that the educational program has to be one that has a clear concept of who they are and what their place in culture is. This culture should be the base of their joint work. Music Therapy is not different from that as one may think when using the ISO Principle (defined by Rolando Benenzon) as the sound identity that characterizes the person at many levels, from individual through group and member of culture until a human being. As another example, music and movement are not seen as separated elements in Brazilian culture and they usually appear together in the music therapy practice.

There is a law underway in the Brazilian Senate that will regulate the profession of music therapy. It is expected that this law will be sanctioned in the next few months.

Common Approaches

Brazilian Music Therapy is strongly influenced by the Benenzon Model but a variety of approaches can be found in the work with children, ranging from more medical and behavioral perspectives to humanistic or psychodynamic ones. Most therapists use Active Music Therapy (mainly re-creation and improvisation) but Receptive Music Therapy can be found in some settings.

Case Vignette

When I worked in a pediatric unit of a hospital specialized in heart surgery, one day I noticed that the children and their escorts were too quiet and seemed with very little energy. I asked the nurse if I could use the corridors instead of the room I always used for the music therapy session and she gave me permission to do so. As I walked through the ward, I started to sing a greeting song and gathered the children as a group. I asked where they came from and then we sang children folk songs from their hometowns.

When I noticed that the energy level rose, I started a music play where we all pretended to be the tail of a serpent that was lost in the woods and the snake should get it all together again. We sang and danced through out the corridors and invited other children, escorts and other patients in the adult ward to join us. The tail became a long line of patients (both children and adults), their escorts and also nurses, physicians and other therapists that were working on that floor. Everybody was singing and dancing this folk song and there was no distinction between

children and adults, patients and health professionals, we were only people playing, singing and dancing. The clinical director of the hospital told me later that from that day on he changed his view of illness and wellness and that he would work hard so that the children would not forget that they were children, no matter what illness they had.

This is the story of the serpent
that came down the hill
to search for the little parts of its tail
You too are part of its long long tail
You too are part of its long long tail

Song/Activity

Menina que dança é essa que a cabeça fica mole
Menina que dança é essa que a cabeça fica mole
É uma dança nova, que mole mole, que mole mole
É uma dança nova, que mole mole, que mole mole
Mole mole mole mole, mole mole mole mole
Mole mole mole mole, mole mole mole mole

Hey child, which dance is this that the head become so limp
Hey child, which dance is this that the head become so limp
It's a new dance that we go limp, limp, limp
It's a new dance that we go limp, limp, limp
Limp limp limp limp, limp limp limp limp
Limp limp limp limp, limp limp limp limp



About the Panelist



Renato Tocantins Sampaio has a Bachelor degree in Music Therapy and Art Education. He holds a Master's degree in Communication and Semiotics. He is the Head of the Music Therapy Undergraduate Course at Universidade de Ribeirão Preto (Ribeirão Preto-Brazil) and also teaches in the Music Education and Pedagogy Programs. Renato has been working with children as music therapist since 1995 in a variety of settings (i.e., hospitals, private practice, clinics and schools for the developmentally disabled) and also has experiences as a music and art teacher with different developmental levels (i.e., nursery, primary, and secondary schools) as well as University programs. He has presented at conferences and hold workshops at national and international meetings in Brazil, Argentina, Uruguay, USA, and Australia. He has published art education books and music therapy books and articles. Renato has worked for more than ten years in Apemesp (Association of Music Therapy Students and Professionals from the State of São Paulo) as Secretary, Vice-President and President. He was the president of the Latin American Committee of Music Therapy from 2004 to 2007.

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Prominent Publications

This list includes only books and articles published over the past 10 years in Portuguese by Brazilian music therapists related to clinical practice, theory, and researches with children. It therefore does not include translations or papers presented in national or regional conferences, courses.

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- CRUZ, N. (2001). Como pode um observador ajudar o musicoterapeuta na compreensão de uma sessão? [How can an observer helps the music therapist to understand a session?]. *Revista Brasileira de Musicoterapia*. Ano IV, n. 5.
- DELABARY, A. M. (2006) A Música em uma Unidade de Terapia Intensiva. [Music in the Intensive Care Unit]. *Revista Brasileira de Musicoterapia*, Ano X, n. 8.
- FREITAS, E. F. (2006) A atuação do musicoterapeuta na educação especial: experiência clínica. [Music Therapy practice in special education: a clinical report]. *Revista Brasileira de Musicoterapia*, Ano X, n. 8.
- GALLICHO, M. E. (2001). Pedro e o Lobo: Musicoterapia com crianças em quimioterapia. [Peter and the wolf: Music Therapy with children in chemotherapy]. *Revista Brasileira de Musicoterapia*, Ano IV, n. 5.
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- TODRES, D. (2006). Música é remédio para o coração. [Music is medicine for the heart]. *Jornal de Pediatria*. 82 (3), 166-168.
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NORTH AMERICA (USA)

Snapshot of the USA and its People

Area

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

Population

303,824,646 (July 2008 est.)

Ethnic Groups

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

Median Age

36.7 years

Children under 5

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

Source

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



Photograph by Don Trull

Dr. Petra Kern

**State University of New York at New Paltz
FPG Child Development Institute at UNC Chapel Hill
Representative of North America**

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

Meisels & Shonkoff

Demographics

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

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

budgets, grants, private pay or state/government funds.

Source: AMTA Member Sourcebook 2007.

Background Information

To understand how children with special needs and their families are seen in each society, and how therapeutic services are delivered one must look into each 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) www.cec.sped.org

Common Approaches

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

- Developmental Approach (e.g., 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.

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

Prominent Publications

An annotated bibliography of articles from *Music Therapy Journals* (1990-2005) specifically related to music therapy with young children in educational settings or methodologies pertaining to young children can be found in Humpal, M. & Colwell, C. (Eds.) (2006). *Effective Clinical Practice in Music Therapy: Early Childhood and School Age Educational Settings*. Silver Spring, MD:AMTA.

The following selection is based on an interview conducted with Marcia Humpal. The interview is available at *Music Therapy Today* (online) Vol. VI, Issue 3, July, 2005, <http://musictherapyworld.net>.

- Colwell, C., & Murrless, K. D. (2002). Music activities (singing vs. chanting) as a vehicle for reading accuracy of children with learning disabilities: A pilot study. *Music Therapy Perspectives*, 20 (1), 13-19.
- Gunsberg, A. (1991). A method for conducting improvised musical play with children both with and without developmental delay in preschool classrooms. *Music Therapy Perspectives*, 9, 46-51.
- Hibben, J. (1992). Music therapy in the treatment of families with young children. *Music Therapy*, 11 (1), 28 - 44.
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- Kern, P., Wakeford, L., & Aldridge, D. (2007). Improving the performance of a young child with autism during self-care tasks using embedded song interventions: A case study. *Music Therapy Perspectives*, 25 (1), 43-51.
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Case Vignette

Phillip is a four-year 9-month old boy with autism. On his childcare program's playground, he shows interest in his peers with and without disabilities, but does not always know how to approach them appropriately. At times he becomes physically rough with them as play progresses; peers view him negatively or are afraid of him. He most often engages in behaviors such as wandering aimlessly, spinning a leaf, or sitting on a bench, unless adults involve him in riding a tricycle.

Modifying the playground by adding a musical outdoor center (Music Hut), composing a unique song matching Phillip's abilities and interest, and providing a teacher and peer-mediated intervention helps Phillip learn how to interact with his peers and make friends.

Source: Kern & Aldridge, 2006, FPG Snapshot #39 available at www.fpg.unc.edu

Song/Activity

"Row, Row, Row, Your Boat," is a popular children's song, often sung as a round. It can also become a movement activity when singers sit opposite one another rowing rhythmically back and forth while holding hands. If using rhythm segments of the song, the song can become a drumming activity.

Ali, a 4-year old child with Down Syndrome, who loved to sing and play with Phillip in the Music Hut has her special version of this song. It goes like this:

Row, Row, Row, Your Boat,
Gently Down the Stream,
Merrily, Merrily, Merrily, Merrily,
Life is Like Ice-Cream.



Photograph by Petra Kern

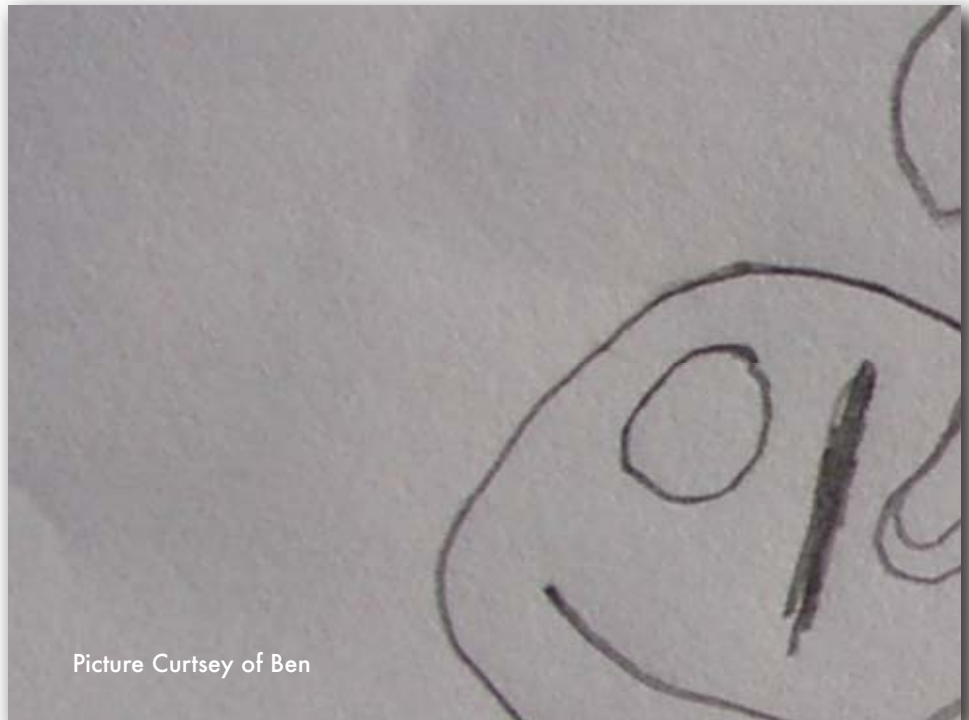
About the Panelist



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. Petra's work has been published in *Young Exceptional Children*, *Young Children*, *Children & Families*, the *Journal of Autism and Developmental Disorders*, the *Journal of Music Therapy*, *Music Therapy Perspectives*, and *Music Therapy Today* and she has presented at conferences in the U.S., Europe, Asia, and Australia. Currently, she is a Professor for Music Therapy at the State University of New York 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 editor of the American Music Therapy Association's (AMTA) *Early Childhood Newsletter*, co-chairs AMTA's Early Childhood Network, and is serving as Secretary/Treasurer on the WFMT Council.

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EUROPE



Picture Curtsey of Ben

Dr. Simon Gilbertson

Irish World Academy of Music and Dance

University of Limerick, Ireland

Representative of Europe

As the therapist asks, 'What shall we do today?', the child sings:

'I'm going back to mummy!'

Demographics

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

In addition to early pioneering work carried out with young children with special needs, music therapists in Europe are developing responses to the contemporary demands within the European community on early childhood. These include the survival of increased extremes of premature birth, challenges to development, physical injury and disease, abuse, neglect and the effects of war

and unrest. Increasingly there is a return to perceiving the young child within their natural context of the family and to develop adequate interventions providing for the needs and wishes of the whole family.

Background Information

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

Many of the approximately 60 training courses throughout Europe are recognized by their States and an overarching organization of the training exists, the European Consortium of Arts Therapies Education (E.C.Ar.T.E.).

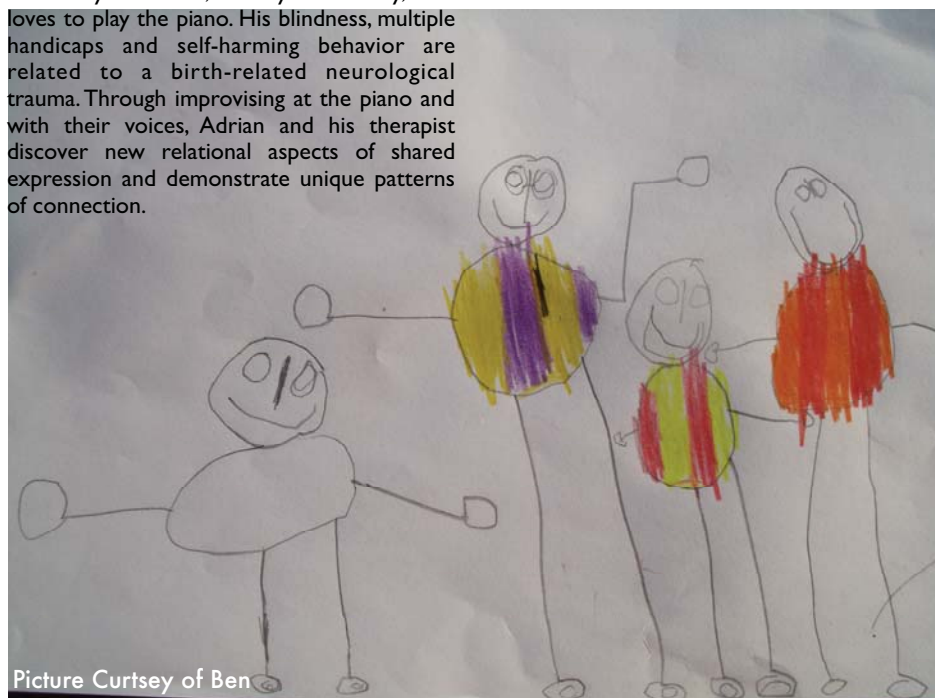
The European Music Therapy Confederation was founded as a confederation of professional music therapy organizations within Europe in 1990.

Common Approaches

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

Case Vignette

The story of Adrian, a five year old boy, who loves to play the piano. His blindness, multiple handicaps and self-harming behavior are related to a birth-related neurological trauma. Through improvising at the piano and with their voices, Adrian and his therapist discover new relational aspects of shared expression and demonstrate unique patterns of connection.



Picture Courtesy of Ben

Song/Activity

The song which will be shared is a funny improvised hello song titled, "I'm going back to Mummy!", which was created by a five year old girl and her therapist and her mum! The song was created during the first moments of an early music therapy session and the text was sang in response to the therapist's question, "What shall we do today?"

About the Panelist



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

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Prominent Publications

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

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

Gilbertson, S. & Aldridge, D. (2008). *Music Therapy and Traumatic Brain Injury: A Light on a Dark Night*. London: Jessica Kingsley Publishers.

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

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Wigram, T & Gold, C. (2006). Research Evidence and Clinical Applicability of Music Therapy for Autism Spectrum Disorder. *Child Care, Health and Development* 32 (5), 535-542.

ASIA (KOREA)

Snapshot of Korea and its People

Area

99,407 sq km

Population

46,136,101

Ethnic Groups

Koreans 98%, others 2%

Median Age

41.2 years

Children under 5

2,600,000

Source

National Statistic Information Service
www.nso.go.kr



Korean music therapy had its 10th year celebration with foreign visitors attending the event on October 2006. All fourteen foreign professionals from five countries presented their specialties at the International Conference at Seoul, Korea.

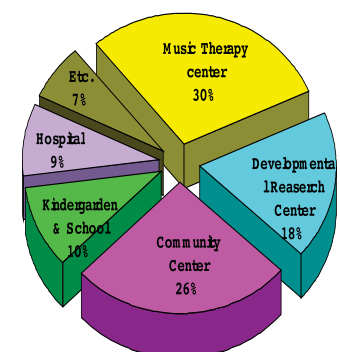
Hye Won Chung
Department of Music Therapy
Sookmyung Women's University of Seoul, Korea
Representative of Asia

The creative approaches through music will be a method of awakening the unlimited potentials of young children.
Balkin (1985)

Demographics

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

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



Background Information

Governmental recognition of music therapy as a healthcare profession is currently in progress. Federal regulation related to include music therapy in the special education laws is discussed. In the public hearing of December 2007, the Korean Ministry for Health, Welfare and Family Affairs suggested to the Korean Music Therapy Association to submit documentation describing the qualification and certification of Korean music therapists. The Association is diligently working on the approval. In 1997, Sookmyung Women's University Graduate School started the Music Therapy Training Program with Dr. Byungchul Choi. In its relatively short history, music therapy in Korea has developed exponentially and dramatically during the last twelve years. One of the contributions to such a development was the vivacious activity of having coordinated workshops and conferences with foreign professionals. More than 60 foreign professionals have participated in various workshops organized by Byungchul Choi either in Korea or in the US.

Common Approaches

Music therapists in Korea are well educated. Many have extensive knowledge in general theories and philosophical frameworks. Music therapy approaches

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

Case Vignette



U-Young is a five-year-old boy, who is diagnosed with autism. He has many behavioral issues. When communicating, he uses a screaming voice. Through reflection of his means of communication in a song improvisation, the music therapists started to interact with him. Structured song activities with instrumental accompaniment assist him in controlling his behavior and

evoke participation. Step by step he changes his vocal expression to a desirable communication.

Song/Activity

"Stop Right Now" is a very popular Korean children's movement song written by the well-known composer Kim bang-ok.

The lyrics mean move around freely and stop. The structure of the song cues the children when to move and stop. This song is often used in music therapy sessions in Korea.

About the Panelist



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

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Prominent Publications

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

Eun-Young Hwang (2001). Effect of Music Listening with Physical Expression on Improving of Emotional Intelligence (EI) for five-year old children. Unpublished master's thesis, Sookmyung Women's University, Seoul, Korea.

Hae-Won Jang (2001). The Influence of Music Activity on the Social Interaction Behaviors of Developmental Delayed Children in the Inclusion Setting. Unpublished master's thesis, Sookmyung Women's University, Seoul, Korea.

Ji-Yeon Song (2002). The Influence of Musical Activities on Social and Emotional Development of Infants. Unpublished master's thesis, Sookmyung Women's University, Seoul, Korea.

Yoon-Gyung Chon (2002). The Influence of Musical Experience on Emotional Intelligence of Kindergarten Children. Unpublished master's thesis, Sookmyung Women's University, Seoul, Korea.

Sung-Eun Kim (2003). The Effect of Musical Activities through Imaginative Play in Improvement of Creativity of Young Children. Unpublished master's thesis, Sookmyung Women's University, Seoul, Korea.

Sang-Hee Ahn (2003). A Study of the Relationships between 4-5 year old Children's Korean Traditional Children Songs' Recitation and Syllable Awareness. Unpublished master's thesis, Sookmyung Women's University, Seoul, Korea.

Ji-Yeon Kim (2003). The Effect of Interactive Musical Activity on Children with Down Syndrome on Linguistic Learning Ability Improvement. Unpublished master's thesis, Sookmyung Women's University, Seoul, Korea.

So-Young Park (2004). The Effect of Musical Drama Activities in Young Children's Creativity. Unpublished master's thesis, Sookmyung Women's University, Seoul, Korea.

AUSTRALIA

Snapshot of Australia and its Children

Population
21 million

Indigenous Australian
Population
500,000 (2.5%)

Median Age
36.7 years

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

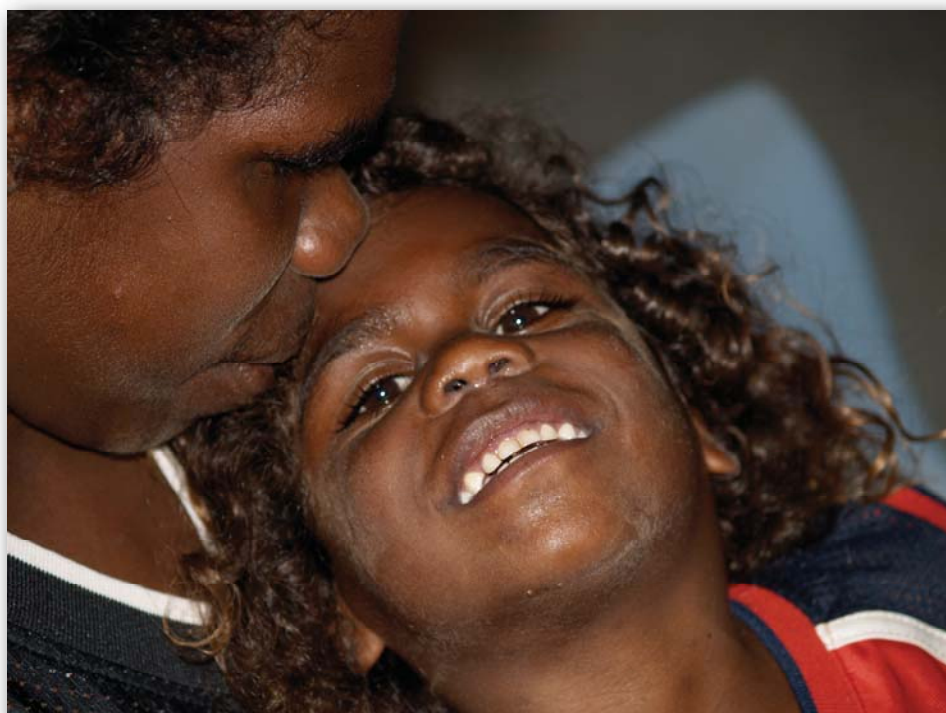
Valuing Arts Participation

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

Sources

Australian Bureau of Statistics <http://www.abs.gov.au>, and the Australian Institute of Health and Welfare <http://www.aihw.gov.au/>

Costantoura, Paul (2001): *Australians and the Arts*.
Federation Press: Australia Council for the Arts.



Anja Tait

Social Partnerships in Learning Research Consortium
Charles Darwin University

Representative of Australia

Through music children "express ideas, their knowledge and life meaning"
parent, Torres Strait, Australia

Demographics

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

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

Background Information

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

Common Approaches

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

Examples of contemporary music therapy practice in Australia include:

ArtStories

<http://artstories.cdu.edu.au>

Giant Steps Foundation

<http://www.giantsteps.net.au/>

Music Together, Uniting Church of Australia

http://www.mca.org.au/fileadmin/user_upload/mpfl_pdfs/Music_Together_report.pdf

http://www.connections.org.au/index.php?option=com_content&task=view&id=35&Itemid=36

Nordoff Robbins: Golden Stave Music Therapy Centre

<http://www.nordoff-robbins.com.au/contentsMain.asp?CatID=15>

Paediatric music therapy programs in hospitals in major capital cities of Australia

http://www.rch.org.au/musictherapy/index.cfm?doc_id=1075

<http://www.health.qld.gov.au/rch/>

<http://www.kidswithcancer.org.au/hospital%20achievements.htm>

http://www.chw.edu.au/prof/services/allied_health/

http://www.sch.edu.au/departments/allied_health/

<http://www.wch.sa.gov.au/services/az/divisions/paedm/clinhaem/index.html>

Sing and Grow, Playgroup Queensland

<http://www.playgroupaustralia.com.au/qld/index.cfm?objectid=DC19F14A-E41A-0CF5-77C3D0D601E6EC70>

Song/Activity

The action song in this presentation was composed by Leonie Murrungun, a songwriter, senior literacy worker and Indigenous language teacher at Numbulwar Community Education Centre, S-E Arnhem Land.

Group learning in an early childhood classroom-based Indigenous languages program brings a strong and explicit message to the children: *this is for your future*. Music materials in local languages teach Indigenous and non-Indigenous students and teachers about culture: knowledge and obligations to the land and people through relationships. Learning English language through song, movement and drama requires that non-Indigenous teachers and students understand the messages that are being relayed about the dominant culture and 'the language of power'² in Australia. Strong language creates strong culture, strong people.

The action song invites little children to participate in actions, and respond to questions

Waylon!

Yangi nu-mangi nagang?

Munngu!

Numbiiyn ngayawi-wuy

nani-nguyii a[aba

ni-lhamimama`ang.

Child's name

What food have you found?

Name of the bush tucker

Bring it to me

Let's eat together

It tastes good

About the Panelist



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

In 2008 Anja will submit her PhD thesis in education, *A Pedagogy of Trust: investigating identity and teaching practices in school communities*. In 2009 she will report the findings of *ArtStories*; a set of guiding principles for teaching, learning and building relationships over time, to transform teaching practice, and improve educational outcomes and wellbeing for children and adults in school communities <http://artstories.cdu.edu.au>.

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Case Vignette

The following vignette is co-authored by Anja Tait and Catherine Orton. It is an extract from a book chapter written for *Navigating Music and Sound Education* (In Press 2008, Cambridge Scholars Publishing).

A remote, coastal, Indigenous community in S-E Arnhem Land, population 1100, is accessed by a 10-12 hour drive from the nearest metropolitan city in the dry season, and for six months of the year is only accessible by light aircraft.

The local school is a community education centre (CEC). There are more than 150 primary school students enrolled, with an additional 50 students in the secondary school. The students come from many different language backgrounds. English is spoken only in the school, and heard out of school on TV and radio broadcasts. Although absenteeism is high in the senior years, in preschool attendance is consistently high.

Young children aged 2-8 years old are immersed in a rich early childhood environment, of textures, colour, movement, music and talk. During preschool sessions up to 40 young children are accompanied by mothers, aunts, siblings and grandmothers.

Young children come to school with an intense, imbibed sense of rhythm. The stress, rhythm, intonation and phrasing of language is enjoyed and anticipated through repetition – in both English and Indigenous languages. In collaborative classroom play students may take the role of teacher to their peers. A child may play a rhythm on the xylophone and hand a mallet to another child, creating a musical conversation for two or more players, which goes turn-by-turn. When the rhythms are matched with the syllabic breakdown of new vocabulary in the oral language program, then music-making can provide a safe framework for risk taking; an essential element of oral language development: the courage to use new language."

Prominent Publications

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

Music Education

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

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

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

Early Childhood Care and Education

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

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

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

Early Childhood Intervention/Music Therapy

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

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

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

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

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

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

Children in Hospital/Music Therapy

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

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

Edwards, J & Kennelly, J. (1999). *Clinician's Manual – Music Therapy for Children in Hospital*. University of Queensland Printery, St Lucia, Brisbane.

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

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

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

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

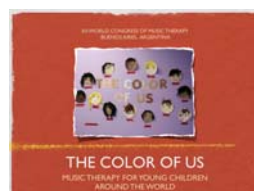
Rosenfeld, J. V. & Dun, B. (1999). Music Therapy in Children with Severe Traumatic Brain Injury (pp. 35-46). In R.R. Pratt & Grocke, D.E. (Eds). *MusicMedicine 3. MusicMedicine and music therapy: Expanding Horizons*. Melbourne: University of Melbourne.

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

Shoemark, H and Dearn, T (2008). Keeping Parents at the Centre of Family Centred Music Therapy with hospitalized Infants. *Australian Journal of Music Therapy*, 19.

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

Shoemark, H. (1999). Singing as the Foundation for Multi-Modal Stimulation of the Older Preterm Infant (pp. 140-152). In R.R. Pratt & Grocke, D.E. (Eds). *MusicMedicine 3. MusicMedicine and music therapy: Expanding Horizons*. Melbourne: University of Melbourne.



Thank you to all contributors and colleagues who helped to put this panel together.
