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Music therapy for small children, with disabilities

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Abstract: *Music as therapy is a mode of action, with well-structured and planned procedures. In working with young children, music has the merit of providing a generous space for intervention and manifestation, allowing the child a plethora of ways of expression. In the case of children with disabilities, therapeutic interventions made with the help of music are even more useful, especially if they use active methods targeting the child's attention and perception. This paper presents the aspects to be considered in the therapy of young children with disabilities, as well as a practical model of intervention planning applied in their group therapy. It presents the general framework of competencies that must be possessed by those who use music in therapy, along with the respective performance criteria. It explores the results of a series of eight sessions for groups of children with disabilities, distributed along three consecutive months. Starting from the complex of information related to psychological aspects, the authors systematically address the objectives of the intervention, at child and group level, the particularities of group work, space and musical instruments, ways of objectifying the effects after a series of sessions. The feedback from the session's leader shows to what extent the methods used were used to achieve the group objectives.*

Keywords: *music as therapy; therapy session planning; methodology;*

1. Introduction

Music therapy is a method that takes advantage of the therapeutic influence of music on the psychological and somatic sphere of the human body. Music therapeutic properties are increasingly used. Current scientific research has shown the modifying influence on the vegetative, circulatory, respiratory, and endocrine systems[3].
Music therapy can induce improve speech and language, while singing. This may bring an improvement in a child's fluency, expression, loudness, breathing and pitch. Singing songs functions as cognitive training, increasing the ability to learn and memorise. Stimulating the children to move and contribute physically, improves motor coordination, and relieves tight muscles[4].

1.1 Establishing a therapeutical relationship

The therapeutic relationship is the interaction between two parties, terapist and client / child, which has the goal of remediating a life context, through a short or long process. It belongs to the category of interpersonal relationships, always in the personal development dynamics of both the client / child, and, the therapist. The features of this relationship, predominantly bilateral, determines over time the quality of the client / child's evolution, because the therapist will become, consciously and unconsciously, a role model. In his/ her professional

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[3]Sliwka A, Jarosz A, Nowobilski R. 2006. „Music therapy as a part of complex healing". Pol Merkur Lekarski.: 402.
[4] Zahra Sultan Somani. 2022. „Music therapy: A psychotherapy for the well being of children with learning disabilities", https://savedelicious.com/music-therapy-for-children-with-learning-disabilities/, accessed at 27.04.2022, 16:00.

approach, the therapist facilitates and leads to a gradual, sometimes definitive, remedy of the emotional-unconscious baggage of the client / child. Thus, the harmony of this relationship is conditioned by the personality of the therapist, who, "has the task of containing emotionally and leading the whole therapeutic process, so it is necessary to have the necessary skills in this regard."[5]. C. Rogers, supporting the therapist's sincerity and supportive attitude, believes that "In the safe environment of the therapeutic relationship, clients are able to dismantle they are responsible for their own painful problems."[6]

The therapist's cognitive-emotional qualities are those that sustain this labor, those that give foundation and meaning to the relationship, and, "which Rogers considers essential to any successful interpersonal relationship: authenticity, empathy, and unconditional acceptance."[7]

For example, the **authenticity of** the therapist implies the lack of defense mechanisms of the client / child, of those constraints that could limit the access to the experiences that built him, and attributes the value of the moment. The therapist's **empathy** suggests to the client / child his / her capacity for connection and verbal, non-verbal, para-verbal congruence that makes the emotional one possible. This quality of the therapist encourages the freedom of confessions and attitudes in free expression of the client. **Unconditional acceptance** is another skill of the therapist, who often puts a sign of equality between him and the child (client), as in the Adlerian technique. It is the signal to the client / child, conscious and unconscious, to show respect, compliance, unconditional support, openness to experience.

These skills of the therapist accentuate and hasten the remedy of emotional problems, through the very presence of the person. Behavior, attitude, presence, involvement, open new perspectives to the client's / child's perceptions, leading him to a therapeutic success. And these can be done through effective communication that will help to manifest the child's self-respect. But a supportive and constructive relationship for the client / child, which values his resources, is achieved when the therapist himself is in a state of balance, on different dimensions: physical, cognitive, emotional, social, and, most importantly, in the spiritual. Only then the therapist has a chance to become a role model for the child.

1.2. Creating positive changes in behaviour and emotional well-being

Appealing to creativity, encouraging the child to use his/ her own body or an instrument, without asking him to grind some artistic skills, the child is guided to enter on a path of self-knowledge, to access a state of well-being. The therapist has a significant role, guiding the child into a constructive interaction, that circumscribes the musical context.

Emotional needs are the ones that accompany every stage of development, from organic to mental. "Emotions are elementary affective processes, which occur primarily as an effect of meeting or not satisfying biological needs."[8] Emotion is both the object and objective of music therapy. Behind a dysfunctional relationship, an unintegrated behavior, a physical somatization lies an emotion. It is a reaction to an external or internal stimulus. Children's emotional reactions need to be managed by therapists, through the stability and security offered in the relationship, by highlighting the feeling of confort given by the musical expression and social communion.

Game is one of the methods of choice in therapy with children, which helps positive changes in behaviors, always determined by emotions. The game "is an important means not only of

[5] Ciorbea, Iulia. 2013. Introduction to psychotherapy, Craiova: SITECH Publishing House, p. 35.
[6] Ewen, RE 2012. An Introduction to Personality Theories. Bucharest: Trei Publishing House, p. 279.
[7] *Ibidem*, pp. 280.
[8] *** Preschool child psychology, 1973. Bucharest: Didactic and Pedagogical Publishing House, p. 148.

manifestation, but also of the formation of emotions and socio-moral feelings."[9]. The game in music therapy becomes the means to accentuate some feelings, sometimes to explore them, to manifest them, directed towards clarification and emotional well-being. Individually or in groups, the game "is precisely the form of practical activity, through which the analysis and direct and mediated synthesis of reality is made easier."[10] While playing, the creativity of children is aroused and enhanced, which supports and determines the knowledge of self and others, impelling self-affirmation and the development of self-esteem.

2. Observation in music therapy

When music therapy sessions for children is not accompanied by parents, the observer attitude of the therapist is paramount. The therapist does not interfere with parental attention, which can often be overwhelming, so he can freely observe the child's behaviour. Observation one of the most important methods of psychological knowledge of children. Mielu Zlate defines the method of observation as "the unintended pursuit and accurate, systematic recording of the various behavioural manifestations of the individual (or group), as well as the situational context of the behaviour."[11] In particular, the therapist's attention can reveal behaviours, musical preferences or expression of the child that facilitate a psychological characterization of the child. Ion Dafinoiu precisely outlines the attributes of the method of observation: "To observe does not mean to see, but rather to understand, analyse and organize the reality that falls under our senses."[12] Observing the child in his primary activity, the game, his interaction with an instrument or other children, his involvement in voluntary or compulsory activities, his personality is clearly outlined: temperament, character, knowledge, emotions, vocabulary, voice, observation, involvement in activities, attention, the degree of manifestation of the will. "So, during the game, children open up, reveal their qualities and defects, certain qualities that are consolidated or others, that are more unstable, during training."[13]

Thus, one can integrate some features of the observation:

a. The relationship is personal, the therapist being in direct contact with the child. In this way the observation is validated implicitly, because the details of the behaviour are instantly revealed "individual particularities of perception, attention, memory, thinking, character traits."[14]
b. Desirable, the therapist should be reserved in interaction, having extended his/ her perspective on the child's free behaviour.
c. The individual/ group actions of the child draw pertinent observations of his individual particularities.
d. Integral observation.
e. Selective observation, especially necessary in music therapy.
f. Non-involvement ensures the accuracy of the data collected.

[9] *** Preschool child psychology . 1973. Bucharest: Didactic and Pedagogical Publishing House, p. 167.
[10]*** *Preschool child psychology*. 1973. Bucharest: Didactic and Pedagogical Publishing House, p. 166.
[11] Zlate, Mielu. *Fundamentals of psychology*. Iasi: Polirom, p. 38
[12]Dafinoiu, Ion. 2002. *Personality. Qualitative approaches. Observation and interview*, Iași: Polirom, p. 61.
[13]*** *Preschool child psychology*. 1973. Bucharest: Didactic and Pedagogical Publishing House, p. 237.
[14] *Ibidem*, p..237.

3. Competency framework

Given the objective of stimulating the child's development and the need to remain in a state of objective observation, during the below described interventions using music as therapy, the authors considered the following competencies for the session leader. During the sessions series, their realization was observed and assessed.

Using sound and music to develop interaction with an emphasis on interpersonal connections. This element addresses the knowledge and implementation of the role of active music production when facilitating communication, emotional expression and working with non-verbal areas of development. This element emphasizes the child's role as a partner in the therapeutic work session through music.The realization of this element demonstrates that the practitioner is able to facilitate communication and emotional expression through the use of music.

Using the principles of therapeutic applications of music to evaluate children, formulate goals and assess progress. This element addresses the ability to effectively determine the areas in which the child has strengths and needs and to work with these areas in the context of therapeutic work sessions through music. The practitioner must be able to develop and implement individualized music therapy activities based on the key principles of music therapy.

The realization of this element demonstrates that: The practitioner is able to develop and implement the activities of therapeutic work through music based on the identified key principles of music therapy that capitalize on the client's strengths and address his/ her needs.

An informed attitude and approach while working with people with special needs. This element addresses the understanding of the importance of the child-centered approach, the flexibility in responding to the child's responses (both musically and verbally) and the observance of the confidentiality limits required by music therapy work sessions. The importance of an informed and respectful approach when working with young children is emphasized. The realization of this element demonstrates that: The practitioner is able to create trusting relationships, which recognize the child as a person with strengths and specific needs, through therapeutic work through shared music.

A confident use of musical instruments and skills with an emphasis on interpersonal connections. This element addresses the ability to use musical skills and instruments in a flexible and creative way to promote therapeutic work through music, communication and personal expression. This element emphasizes the use of shared music production when the practitioner builds relationships with young children in music therapy sessions. The realization of this element demonstrates that: the practitioner is able to use his voice and musical instruments in a flexible and creative way during the shared production of music, and allows the development of the child's personal potential to communicate and express himself personally.

4. Planning the music therapy sessions for groups of small children with disabilities

The need for an intervention plan is justified by the objective to be consistent with other treatments in meeting the child's need and frees the therapist to be present and attentive in the therapeutic process.[15] It is a good practice to memorize the plan as this is what differentiates a music therapy session of a „music for fun" session.

[15] Gross W, Linden U, Ostermann T. 2010. *Effects of music therapy in the treatment of children with delayed speech development - results of a pilot study*. BMC Complement Altern Med.: 10-39.

An intervention treatment plan organizes the therapist's plan of action and communicates elements of the program to others who are working with the child (therapists, family, insurance). It is of most uttermost importance to assess whether the referral, formal assessment and baseline observations are consistent and relevant, as sometimes the reason for the referral does not present the most need and, sometimes, improve or worsen with observation[16]. A practitioner in music therapy should ask if the baseline measurements resulted in a different perspective of the target behavior or need. This may require an assessment of the pre-requisite skills that are needed before working on a specific target behavior[17]. Ussualy at least three sessions of baseline data are needed.

At the beginning, a hierarchy of objectives or responses is set, outlining how the child is expected to process throughout the therapy: prerequisite skills must be specified and the order of the envisaged process must be determined. Here should be made an observation regarding the group sessions: awarness of the stages of the group process cand assist the music therapy outline targeted responses and expectations. The task analysis orders objectives in the chronological sequence in wich they would normally be performed.

When the session goals are social and target emotions, an hierarchy of set responses could not be as clear as needed. It could be viewed as a continuum of responses with various levels and amplitudes of engagement. Such an hierarchy of objectives can be structured in terms of short and long term objectives and functions as a behavioral checklist for assessing child's progress and provides an outline for the music therapy intervention plan.

For the study case, the intervention plan was structured in several parts:

- Objectives setting, with descriptive information of the child and reason for referral.
- The music therapy goals, reflective of the needs presented in the formal assessment. This part should contain some baseline measurements, indicating the need for the respective goal and a target behavior definition in the goal.
- The final objective, is established withing a long-term time span, a specific deadline and should met the following criteria: Specific, Measurable, Attainable, Realistic and Timely, should include a baseline measurement. It was important to build the long term objective on a succession of 2, 3 short term consecutive objectives, that use the same measurement tool and the same type of data recording. These objectives considered the dynamics of the criteria and skills.
- The very content of a music therapy session was based on the treatment procedure, which describes how music and various techniques will be used to achieve the goals. This section of the plan describes what the therapist will do to offer a stimulus and collect a desired response and what are the immediate consequences. Any use of music, musical elements and non-musical techniques is welcomed in this section. The therapist understands the function of music, as a mediator, environment, structure and reinforcement factor. Musical interventions can be numerous: instrument making, tactile stimulation, listening, music performance, chanting, improvising, lyric analysis, musical stories, musical illustrations and much more.
- The design clarifies how the therapy will be implemented and the progress determined.
- The evaluation section addressed the methods to determine the level of progress, the type of data and the interval time sampling (eight sessions)

[15] Mayer-Benarous, Hanna et al. 2021. "Music Therapy for Children With Autistic Spectrum Disorder and/or Other Neurodevelopmental Disorders: A Systematic Review." Frontiers in psychiatry 12: 235.

[17] Zahra Sultan Somani, 2022, „Music therapy: A psychotherapy for the well being of children with learning disabilities", https://savedelicious.com/music-therapy-for-children-with-learning-disabilities/, accessed at 27.04.2022, 16:00.

5. The case study

A group intervention of eight sessions is described for four children aged between seven and ten years old. The sessions were distributed one in the same day of the week, during three months (September-November 2021), with one week pause between two packages of four consecutive sessions. The pause was announced in a comprehensive way to the children and introduced to allow children time to settle their therapy experiences. Each child entered the group with an observation fiche as a child profile, which described his/ her strengths, skills, and final therapeutic objectives.

5.1 Children profiles

A, 7 years old, (attention deficit, autism spectrum); developed physically according to age, verbalizes harder, but expresses himself correctly, with an effort of attention. He is highly active, always looking for associations between objects, he is always attracted to places and things, he maintains with some difficulty his attention on the interlocutor or the activity of the moment. He is cooperative and benevolent, often in a good mood.
E, 8 years old (attention deficit, autism spectrum); introverted, well developed physically, with obvious musical skills, looks but does not always understand what is being said, often talks about herself in the third person, constantly asks for attention and appreciation, hardly maintains attention on things to handle or group partners. She gets upset and bursts into tears if she doesn't get the attention, she thinks she deserves. She tends to shout or cry at the slightest challenge from her entourage, at the slightest obstacle to her wishes.
T, 7 years old (attention deficit); physically developed according to age, she expresses herself naturally, naturally, if she is in a good mood; she is full of life, eager to play and explore, she has a rich imagination, she wants her contribution to be noticed. He can snort very easily, for reasons she does not explain, in which case she refuses to cooperate in any way, withdrawing or bursting into tears.
S, 9.5 years old (attention deficit, autism spectrum); introverted, silent, withdrawn in his world, keeps his head bowed, lost gaze, unfocused, responds appropriately and relatively promptly, if asked, to the interlocutor in the eye; participates in activities with some effort of attention, tends to withdraw very quickly. Well-developed physically and mentally. Equipped for music. He is cooperative and benevolent.

5.2 The therapeutic plan

The plan describes the reasons why the children are included in the therapy group, the group needs and objectives and the intervention plan. Each activity had a beginning - a welcome song and an end - reassurance, presence awareness and imprinting. Among them, were used activities to increase attention, ability to focus on one's own action, increase teamwork skills, understanding and accepting the expectation, sharing a toy during a rules game, training attention, focusing on one’s own instrument, the intensity of nonverbal expression, even on its expressiveness. The therapist followed the use and emphasis of strengths and addressed personal and group needs.
Since the children in the group are rather introverted, the therapist intended to give them a balance between the moments of keeping their personal limits, sitting, and those of expansive expression, free, standing, or through free movements.

Planned activities involved the use of body percussion, small percussion instruments, vocal singing, free movement, and musical and rhythmic coordination (Welcome song, Rhythmic djembe and body dialogue, listen to and repeat the sound, Follow the leader, Imaging improvisation, Step on the sounds, Goodbye Song).
The activities were alternated, the ones that involve individual activity with those that involve participating in a group, following a leader, or a musical-rhythmic suggestion, and those that involve free, creative expression in front of the group.
The author personal experience so far, is that, after the welcome song, it is useful and well-received by children an activity that stabilizes a rhythmic pulse - such as a simple body walk or with sticks, independent or melodic vector and prosodic, with small, improvised quatrains, which are addressed directly and nominally to each child. This first activity should be introduced at a lower, slower energy level, then the session leader increases this level by varying the pace and / or intensity. The main virtue of the common rhythm installed from the beginning is that peace, creates a family group space, supports the group and prepares the children for the next activities.
The second activity in the central body can take the rhythm of the previous one and develop it with more ample movements, stepping, free expression, using an imagistic support, a story sung on the piano by the leader, in which the children can express themselves freely, nonverbally. This is an activity that requires space, attention, energy and needs to be carefully directed. It has a good potential to show solidarity with the members of the group, by creating a common, imagistic space, developed by themselves.
The third activity in the central body aimed to channel the previously developed energy, by proposing a context in which each of the children is a “soloist” or leader. This can be a more dynamic group-based activity.
The fourth activity aims to fix the collaboration in the group and to gradually return the attention to their own action, through solo play, rhythmic-musical dialogue, sharing a play, or sound. The session ends with the final activity, to bring the group for the perception of the actual environment and closing.

5.3 Results: the final evaluation for the children

S - Objective: motor reaction and coordination training
Remarks: He has proven resources of adaptation and play and that he processes the information in his own rhythm, which allows him to contribute, gradually, to the group activity. The native endowments allow him to adapt, with good hopes for the quality of his future social life.

E - Objective: prehensile coordination, expression
Remarks: participated successfully, gradually learning to adapt her requirements and desires to the current needs of the group. She still demands preferential attention, but she seems to have taken advantage of the lesson of collective presence, from some extremely dynamic personalities, in the group.

T - Objective: focus of attention, waiting for the turn, coordination
Remarks: Good mood, with eye contact with the leader and colleagues, open to the game. She took over the management of the games, she was extremely attentive to the rhythmic games, in the last meetings she showed a slight openness to the activity of leader and a greater ease to propose original contributions, other than the stories about cats and their adventures.

A - Objective: focusing his attention, waiting his turn, coordinating
Remarks: Very dynamic, he demanded a lot of attention from the leader, especially due to the very varied proposals of the game, the unexpected solutions, which he proposes continuously. He showed attitudes that proved a spontaneous and quick understanding of the situations, which he processes and transcends quickly and easily.

5.4 The final evaluation for the group

The goals for the group were: attention training, focusing on the relationship between sound and motor skills training attention, focusing on one's own instrument and the intensity of expression, even on its expressiveness
Observations about the group evolution during the sessions: the group functioned in a generally uniform and harmonious way, the children showed understanding towards the stumbling blocks or hesitations of their colleagues, they emphasized the game and good understanding. The children proved that they took well the experiences of listening to others, of pursuing and leading the initiative.

5.5 The feed-back given by the therapist

During the eight meetings the leader declared a state of constant improvisation, adapting to the children's proposals and paying attention to their safety, especially for A. The children accepted the activity suggestions and integrated them at the level of the game, with joy and desire to take part. During the session, the therapist applied acceptance of children's choices and manifestations, attention to safety and limits, and keeping unconditional acceptance. In addition, the therapist pointed out that any expectations about the conduct of the meeting fade in front of the fire test of the current state of the children, of the group.

6. Conclusions

The paper presented the general frame for planning a music therapy session, illustrated with a case study consisting of a series of eight group meetings. The series was based on the principles of therapeutic applications of music to evaluate children, formulate goals and assess progress. The competences of the therapist are presented and applied in the intervention. The case study described an eight-session intervention for a group of four children. Correlating the children’s strengths and needs with the group needs and consistency, the leader structured a succession of activities, following the individual and group aims. The children in the group were rather introverted, so the therapist intended to give them a balance between the moments of keeping their personal limits, sitting, and those of expansive expression, free, standing, or through free movements. The principles of planning the music therapy sessions for groups of small children with disabilities were applied in the Therapy Plan for the group intervention. In the core of each session the activities were alternated, the ones that involve individual activity with those that involve taking part in a group.
The final evaluation for the children correlates the individual goals with the results of the intervention, collected via direct observation.
One of the most important feed-back from the therapy refers to the acceptance of children's choices and manifestations, attention to safety and limits, and keeping unconditional acceptance. Any expectation for the children or group behavior must be tempered and

dynamically harmonized with the reality of their state, keeping in mind the session goals and the long-term aims.
The children responded to stimuli of expression and activities that involved musical collaboration, transferring these behaviors outside of the sessions. The ability of music therapy to stimulate and stabilize collaborative behaviors and free expression has been proven.

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