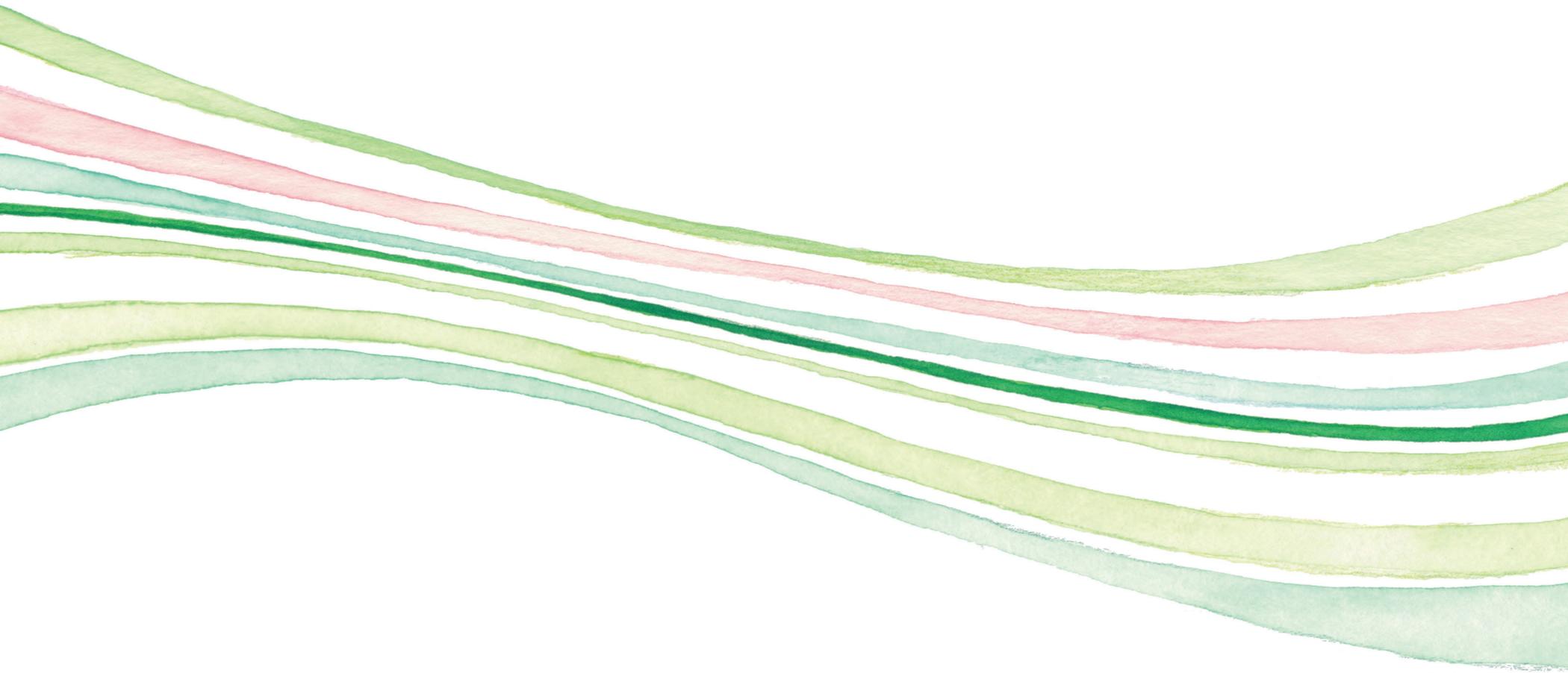


Interactive Music In Pediatrics

*A Handbook for
Music Practitioners*

Wendy Lanxner, M.M.Ed.







**If you are a musician providing bedside music
in pediatrics, this book is for you.**

Learn about how music in health practice fits into the range of music-based interventions found in healthcare settings. Ground your work in research foundations, and learn practical ways in which you can go beyond performance into more interactive experiences. Explore how music sessions involving improvisation, music learning and joint music-making can provide enhanced benefit to patient health and well-being.

In the Introduction, you'll find background information about the field of arts in health. The differences between music in health practice and music therapy are clarified, and the role of a music practitioner is described along with its responsibilities and challenges.

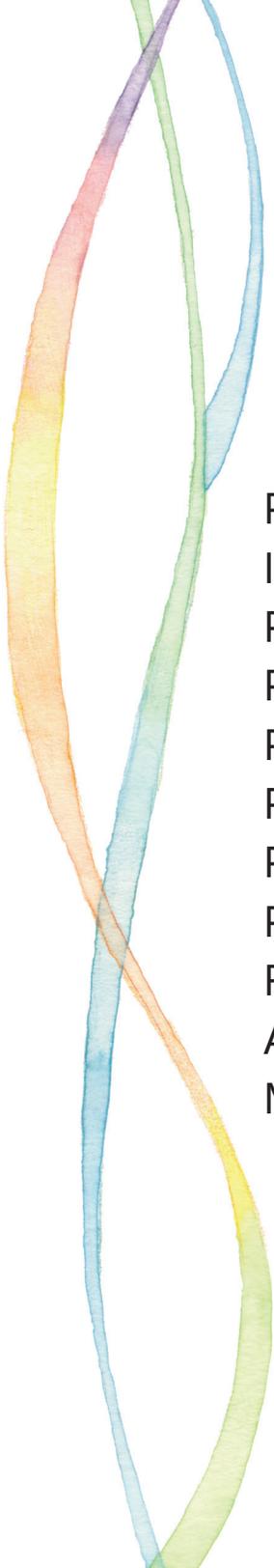
Part I provides a review of research relevant to innate musicality, health benefits of music-making and music learning, and the evidence base which can inform music activities and repertoire choice. Part II outlines materials necessary for music in health practice with specific recommendations for instruments and supplies. In Part III, the process of shaping a music intervention is described in detail. You'll find a variety of activity and repertoire recommendations in Part IV, along with helpful suggestions and anecdotes. Part V addresses the additional responsibilities of infection control and documentation. Finally, a collection of printables is provided for you to put into use, along with lists of resources and organizations for additional exploration.

Thank you for sharing the healing power of music!

©2021 Wendy Lanxner
Book design: Wendy Lanxner
Illustrations: Adobe Stock
Cover illustration: Wendy Lanxner, based on photo
from Hopkins Children's Magazine, Spring 2020
musicinhealth.net



9 781736 57930 E



Interactive Music In Pediatrics

Table of Contents

Preface	vii
Introduction	1
Part I: Research Review	5
Part II: Materials.....	21
Part III: Shaping A Music Session.....	29
Part IV: Suggested Activities	37
Part V: Additional Responsibilities.....	51
Parting Thoughts.....	57
References	58
Arts in Health Projects & Organizations	62
Music Resources.....	63



Preface

When I began my work as Musician in Residence at Johns Hopkins Children's Center, I was embarking on a completely new adventure. At that time, I had worked for many years as a music teacher, I had volunteered in a pediatric hospital, and had served as a performing musician with the volunteer organization Musicians On Call. I was excited about bringing these varied experiences together in this new position – but I was really starting from scratch. I had visited patients in their rooms as a volunteer, but had never done interactive bedside music sessions. I had never had a music cart before, so I wasn't sure of the best equipment choices. And although I was familiar with protocols surrounding infection control and patient confidentiality because of my pediatric volunteer work, I had never been hired as a hospital employee.

As it happens, at that time I had recently begun an online master's degree program in music education at the University of Florida. As part of my studies, I explored the connections between music learning, improvisation, and psychology. The field of arts in health was completely new to me, and although I had a feeling that music could be healing, I had never done any research in this area. My eyes were opened to the work being done around the world in the arts in health field, the ways it complemented expressive arts therapies, and the growing evidence and recognition of the benefits of arts programs in healthcare settings.

At the Children's Center, I was really wishing I had some sort of handbook to guide me as I decided on instruments to use, developed my approach, and created visual aids. I found wonderfully helpful ideas about shaping music sessions from the writings of Jill Sonke at the University of Florida's own Center for Arts in Medicine, and was inspired by the stories of other music practitioners I discovered – though few and far between – in the course of my research.

As my work at Hopkins progressed, I saw firsthand the positive impact of interactive music sessions and the joy that music learning brought to patients. I witnessed how music-making created connection between patients and staff, and inspired caregivers to engage meaningfully with children. It seemed apparent that musical interaction had much more of an impact than the performing I had done as a volunteer, and I wondered how much of this work was happening in other hospitals in the same way.

I came to realize that developing a handbook for hospital music practice could potentially be a meaningful contribution to the arts in health field. With the encouragement of my advisors, I decided to create this handbook as the final capstone project for my master's degree. I have attempted to bring together my research and experiences into a fun-to-read, helpful resource. I hope it proves helpful to you!





Introduction

Arts in Health and the Music Practitioner

Music has been used for centuries in cultures throughout the world to aid in healing, and this practice continues today in a variety of forms. Musicians working in the hospital setting are a part of the expanding field of arts in health. This section provides an overview of the field, and describes the role of the hospital music practitioner.

Arts In Health Programs

Over the past few decades, arts in health programs have been established in numerous hospitals and other healthcare settings around the world. Arts in health is a “diverse, multidisciplinary field dedicated to transforming the healthcare experience through the arts” (National Organization of Arts in Health, 2017). A recent World Health Organization review of literature on arts and health showed that over 3000 studies exist supporting the role of the arts in the “prevention of ill health, promotion of health, and management and treatment of illness across the lifespan” (Fancourt & Finn, 2019, p.ii). In the United States, these programs are now present in over 50% of hospitals nationwide (Grantmakers in the Arts, 2017). And of all the performing arts, music is the most widely used (Wikoff, 2004).

Music in health practice, hereafter referred to as *hospital music practice*, is part of a spectrum of music-

related care which also includes music therapy and music medicine (the use of recorded music).

The Music Practitioner’s Role

Hospital music practitioners humanize the hospital environment, providing relief from the pain, lack of control, anxiety and stress associated with hospital stays (Bouteloup, 2010). They are professional musicians trained to provide bedside music activities, live and virtual performances, special events and residencies (Preti, 2009; Center for Arts In Medicine, n.d.). Their role is that of facilitator of music experiences for patients and others in the hospital setting, creating a safe space for musical experiences to occur (Preti & Welch, 2012). Music practitioners may be employed directly by a hospital, contracted through an outside organization or work as volunteers. In every instance, they must be trained to work safely in the hospital setting, and they must keep the well-being of patients as their top priority.

A music practitioner must possess a deep knowledge and understanding of music. However, in order to serve the needs of patients, they must be able to put aside any ego attachment to their own musicianship. The music practitioner's role demands a generous, selfless attitude. The ability to be open, aware, flexible, and creative is vital in order to respond to a variety of situations and engage with patients on their terms (Livesly et al., 2016).

One study of music practitioners revealed their high degree of motivation and desire to make a difference through their work, and their awareness of the need for social skills involving empathy, appreciation, openness, flexibility and a sense of humor (Prete & Welch, 2013). In another study involving interviews with music practitioners regarding their self-concept, two main themes emerged: one, of being a musician rather than a therapist; and two, of being a facilitator of non-hierarchical relationships between patients and staff.

I was having a big jam session with parents, kids... [the surgeon] left his apron and sat with us for half an hour and played guitar and sang songs with us... the whole ward came together... it was a complete transformation of atmosphere. (Oakland, 2012, p. 8)

This anecdote illustrates how music's benefits can extend to others in the hospital setting, creating improved social connection.

Music Practitioner vs. Music Therapist

The work of a music practitioner is distinct from that of a music therapist in that there is no use of a clinical treatment plan or therapeutic goals related to patient diagnosis. As described by Aingeala DeBúrca, who works in both roles, the focus of a music practitioner's work "is on producing a satisfying shared artistic outcome rather than extracting...insights... in the individual's clinical process" (Arts and Health, 2014). Dr. Didier Cohen-Salmon, president of the French non-profit Musique et Santé, describes this distinction in a different way:

To address the sick part in the child is the project of music therapy, which is not our subject here. (Cohen-Salmon, n.d., p. 1).

Activities provided by music practitioners are patient-directed whenever possible, a characteristic distinguishing this work from music therapy. In music therapy, it is the therapist who decides on the type of intervention to use. In contrast, the music practitioner takes the cue from the patient, letting them decide whether or not to participate, what type of activity they might enjoy, and how long the interaction should be (Prete & Welch, 2004). This type of interaction provides a rare opportunity for a patient to exercise control over their situation in a hospital setting, especially for pediatric patients whose health decisions are made by others.

Music therapy



Music in health practice



Child Life

Music practitioners occupy a unique place in the range of hospital professionals providing direct care. They attend to patients' non-medical needs, supporting overall well-being through a variety of musical activities. In pediatrics, music practitioners can be thought of as extending the work of child life specialists. Certified Child Life Specialists (CCLS) provide patients and families with interventions intended to reduce fear and anxiety, such as therapeutic play and educational activities (Association of Child Life Professionals, 2018). Child life specialists are an integral part of the care team in most pediatric settings, helping patients navigate their hospital stay, supporting them through difficult procedures, maintaining playrooms, and coordinating special events. As members of the care team, they have information about each patient, and can guide the work of a music practitioner with specific referrals.

Challenges

The music practitioner's role presents some inherent challenges. One must be able to improvise both as part of music sessions and as a result of a changing or unpredictable environment (Oakland, 2012; Preti & Welch, 2012). At times, a music session may not be the best thing for a patient. One needs to abandon any agenda and respond to the situation at hand. One must strive to maintain *dyadic concordance*, a term referring to the shared perceptions of an encounter (Sonke, 2018). In other words, one must strive for alignment with the other person involved in an interaction by gauging their level of comfort, energy, and interest, and responding accordingly.

To be a music practitioner, you must:

- Be able to improvise
- Abandon personal agenda
- Strive for dyadic concordance
- Be sensitive to others
- Be aware of the environment
- Be responsive, flexible, and creative

Sensitivity & Awareness

At times, various factors can preclude music activities, such as a patient's emotional state, imminent discharge (Livesly et al., 2016), or a consult or procedure underway. Sensitivity to the environment, the patient, and the dynamics of the moment all contribute to the success of an interaction, as does the ability to sense when a music session is not appropriate. A music practitioner must be able to create a relaxed dynamic in which a patient can easily decline the offer of a session if that is their preference. This kind of sensitivity and responsiveness requires vigilance, clarity, and flexibility.

Meeting the challenges of this type of music practice offers the rewards of promoting health and well-being through activities tailored to patient age, abilities, and interests. A growing body of research exists which can inform and validate this work, and help music practitioners be more effective in their efforts to enhance and humanize the hospital environment.



Part I: Research Review

Foundational Premises

As a starting point for exploring how research can inform the work of music practitioners, we must accept two basic premises: that all humans are musical (Lehmann et al., 2007); and that active music-making can promote healing and well-being (Fancourt & Finn, 2019).

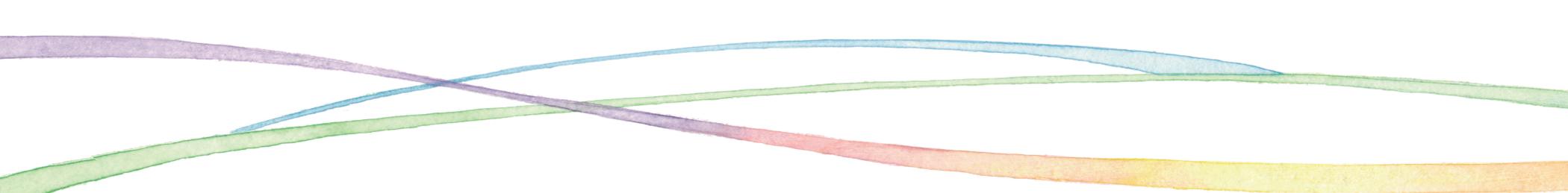
Innate Musicality

There is ample evidence from biomedical fields supporting the idea that musical ability is an innate human trait (Fox, 1991). Research has shown that infants begin their musical development in the womb. For example, a study by Kurdahi Badr et al. (2017) at a neonatal intensive care unit (NICU) showed that preterm infants exhibited less pain during a needle prick on the heel when they were played the same music their mothers listened to during pregnancy. The study exposed 42 preterm infants to three conditions before, during and after the heel prick: the music their mothers listened to, recorded lullabies, and no music. Results showed that pain scores were lowest during mothers' music, thereby indicating fetal musical awareness and

musical benefit: "During the mothers' music, infants spent more time in a quiet alert state, with a significant decrease in their respiratory rates" (p. 438). Another study showed that six-month-old infants stopped crying when they listened to melodies that had been presented to them in utero during the late stages of pregnancy (Gembris, 2006). These studies and others show musical awareness beginning before birth (Arnon et al., 2006; Filippa et al., 2013; Standley, 2002; Tsang et al., 2017).

Communication

Music is also an integral part of communication development, as mother and newborn connect with music and musical speech. Infant-directed speech, the high-pitched, exaggerated musical tones which mothers use naturally with their infants, has been termed "motherese," and is considered the foundation of musicality in humans (Newport, 1975; Saint-Georges et al., 2013). One notable study illustrating this early musical communication was conducted by Malloch (1999), in which he recorded a mother talking to her six-week-old infant. He graphed the sounds of the mother's voice in 30-second samples, and found that the mother was controlling steps and phrasing with rhythmic spacing in ways that resembled notes and melodies. Additionally, the mother's voice was shown to gravitate to the octave



above middle C, and she varied the quality of her tones to match the tension or affection in the baby's voice. The pitch plot resulting from the analysis showed how mother and baby shared an "emotional narrative that swelled to an exciting climax, then gently came back to repose on Middle C... Mothers ...unconsciously transmit the cultural forms of speaking and singing" (Malloch & Trevarthen, 2018, pp. 23-24). In this way, music and language development are intertwined through the mother's use of singing and musical speech.

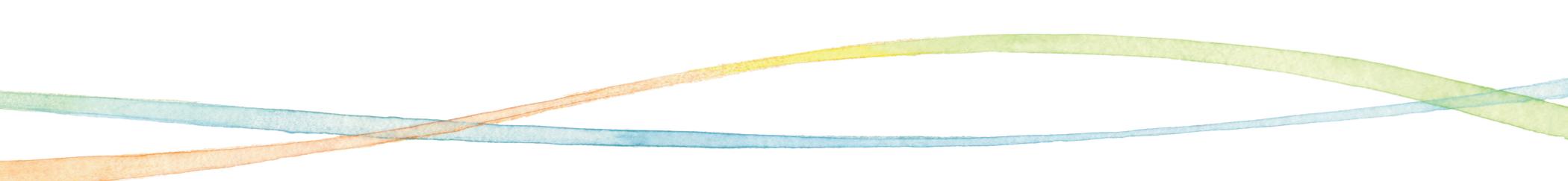
Mother-Infant Bonding

Other studies have shown how singing also enhances mother-infant bonding (Saint-George et al., 2013) and prosocial behaviors (Fancourt & Finn, 2019). In a recent study of infants and mothers in a NICU, Carvalho et al. (2019) invited mothers to speak and then to sing to their preterm infants while holding them in skin-to-skin contact for 3 minutes at a time, alternating with 3-minute periods of silence. Results showed that preterm infants take more time to respond to maternal speaking than to maternal singing, implying a preference for singing. Results also showed that not only do preterm babies vocalize less during maternal vocalizations, but that maternal singing prompts overlapping infant vocalizations, as if the infant wants to sing along with

the mother (Carvalho et al., 2019). So we can see that even before birth, humans have a musical nature. Their first exchanges with caregivers set the stage for future language development, social interaction, and music-making. As children grow, they learn about the world through exploration, discovery, and communication. Research has shown that this healthy growth and development is enhanced by active music-making, providing ample support for its use in healthcare settings.

Active Music-Making Benefits

While music listening can have a significant impact on health and is widely used in hospitals around the world (see, for example, Fancourt & Finn, 2019; Hetland, Lindquist & Chlan, 2015; Sorensen, 2015; Zyromski, 2020), active music-making has been shown in numerous studies to have greater impact in many cases (Livesly et al., 2016; Longhi & Pickett, 2008; Preti & Welch 2011; Rabeyron et al., 2020). In their comprehensive review of research on psychoneuroimmunological effects of music, Fancourt et al. (2016) found that due to an increase in research in the past fifteen years, the positive effect of music-making on various biomarkers is now widely accepted. For example, in Longhi and Pickett's 2009 study of long-term pediatric patients, live music sessions



generated an increase in oxygen saturation levels, which promotes growth and well-being. Numerous other studies have shown similar results (Fancourt & Finn, 2019; Palazzi, Nunes & Piccinini, 2018).

Is it really the music-making? Efforts have been made to confirm the validity of such findings. For example, in one study, Longhi et al. (2013) set out to determine whether it was the music-making or adult attention that was providing healing benefits to pediatric patients at a London hospital. They used heart rate, oxygen saturation, and pain assessment levels to measure the impact of ten-minute sessions of music, reading, and a control session with no interaction. Results showed that it was indeed the music-making, and not the social interaction, that seemed to be responsible for improvement (Longhi et al., 2013).

Boosting the immune system. In addition to health promotion and pain reduction, participatory music-making can also lead to reduced levels of stress hormones and improved immune system response. An experiment carried out by Kuhn (2002) found significantly higher immunoglobulin A measurements (signaling immune system boost) for active participation rather than passive listening. Daisy Fancourt et al. (2016)

carried out a study to assess the impact of singing on immune response, mood, and stress in three populations affected by cancer: caregivers, bereaved caregivers, and patients. Participants took part in one hour of group singing for this study. Before and after singing, mood scales, stress scales and saliva samples were tested for molecules that mediate and regulate immunity. In all participant groups, singing was associated with significant increases in positive affect, and immune response, and lowered levels of stress hormones (Fancourt et al., 2016).

The healing benefits of active music-making, supported by these and many other studies (Fancourt & Finn, 2019), are at the heart of hospital music practice. Evidence-based practice is essential to ensure the best possible outcomes for patients. It is the music practitioner's responsibility to stay abreast of ongoing research and developments in the rapidly evolving arts in health field in order to enrich and inform their work.

A Door Opens

A 23-year-old patient consented to a music session, and after I described some options, she asked for a lesson on the ukulele. She had never tried playing an instrument before. After learning three chords, she was able to play a few songs she knew which got her excited. She had a natural feel for music. Her two family members present were engaged in the session as well, playing hand percussion. I ended up giving her a ukulele, and she said "Now I have a hobby!"

Music Learning

Educational outcomes of hospital music-making, although not the primary goal, can also benefit patients in many ways. Music learning has been used specifically to promote brain growth and motor coordination (Fancourt & Finn, 2019; Thaut & McIntosh, 2010). Music learning can also provide a vehicle for empowerment and confidence, contributing to positive feelings and overall well-being (Preti & Welch, 2004; Shin, 2011). In the context of hospital music practice, the non-medical nature of a music learning experience can bring a touch of normalcy to a hospital stay.

Health Benefits

Clinical studies provide ample evidence of the healing power of music learning and its contribution to holistic growth and development. Playing musical instruments has been shown to have a positive impact on cognitive and motor skills such as concentration, memory and coordination (Rose et al., 2017). Musical activities promote brain development and benefit the related skills of reading, sound-processing, and speech (Fancourt & Finn, 2019). Clinical studies have also confirmed that an injured brain can be rewired through active musical learning (Sorensen, 2015). In their review of studies showing how music can heal the injured brain, Thaut and McIntosh (2010) found that “music can drive general reeducation of cognitive, motor, and speech

and language functions via shared brain systems and plasticity” (p. 4). This evidence of neurophysiological healing resulting from music learning lends credence to the work of hospital music practitioners in their efforts to support patient health and well-being.

The joy and discovery of music learning can benefit children in a hospital setting by reducing anxiety and increasing self-confidence (Millett & Gooding, 2017). By choosing what song to play and by controlling sounds made by an instrument, a patient may experience a greater sense of personal agency (Preti & Welch, 2004). In this way, a patient can engage in music-making on their own terms, and feel empowered to make their own discoveries and explore in their own way. These are intrinsically educational activities, natural aspects of music sessions which contribute to their positive impact.



Normalizing The Environment

Music learning is an activity that usually occurs outside a hospital setting: in a school, in a peer group, with family, or in lessons with a music teacher. Thus, engaging in music learning can serve to normalize the hospital environment, providing distraction in the form of a non-medical activity that is positive and engaging (Preti & Welch, 2020). In their study of music interventions in a hospital in Salford, U.K., Livesly et al. (2016) found that music sessions created a feeling of normalcy and helped to alleviate the boredom of lengthy hospital stays.

As we have seen, music learning activities can promote healing, provide relief from anxiety and stress, provide distraction, and normalize the hospital environment. In addition, music-making can provide social stimulation and connection among hospital patients, staff and caregivers, positive modeling for caregivers (Livesly et al., 2016), and observations that can be useful to child life staff and other team members (Preti & Welch, 2004). In many cases, the more active the experience, the greater the opportunity for healing benefits.

It makes me feel more 'normal.'
It gives me pleasure to watch my son enjoy quality time. - A parent

Children like Lewis can miss a lot of normal experiences like music, and he really enjoys it. - Play specialist

(Livesly et al., 2016, p. 42, 43)



Activity Choice

Music practitioners working in pediatrics must be aware of how children experience music at different ages in order to inform their choice of activity. Singing ability, melodic and rhythmic awareness, and the ability to manipulate musical instruments all progress as part of child development as a whole (Gooding & Standley, 2001). Although not every child will conform exactly to specific milestones, knowledge of child development can contribute to successful interactions with children of varying ages and abilities.

Singing

As we have seen, singing is fundamentally human and can be healing. Research supports singing as the best activity choice for work with infants, and also has shown that live music provides greater benefit than recorded music (Arnon et al., 2006; Filippa et al., 2013). As Fancourt and Finn (2019) summarize in their research review, “allowing infants born prematurely to listen to music has benefits for heart rate, respiration rate, oxygen saturation, sucking/ feeding ability and behavioural state, as well as being linked with overall reductions in length of stay in intensive care” (p. 34). Research has shown that infants prefer songs sung by a single voice over songs with instrumental accompaniment (Ilari & Sundara,

2009), respond more to their mother’s voice (DeCasper & Fifer, 1980) and prefer song over speech (Filippa et al., 2013; Tsang et al., 2017).

The results of these studies imply that the best musical stimulus for an infant would be songs sung by the mother, and the second-best would be songs sung by another person, in both cases without instrumental accompaniment. In fact, given the mother-voice preference, a case could be made for female singers having a greater impact in this particular context. One might guess that walking through a pediatric intensive care unit with a gently strumming guitar would be a good choice, but according to this research, a better course of action would be bedside a cappella singing of simple songs, optimally those familiar to the infant from their time in utero.

Singing ability and repertoire choice. Research into the development of singing ability in children and their natural patterns of vocal improvisation can help to guide repertoire and activity choices for toddlers and young children. Flowers and Dunne-Sousa (1990) conducted a study of 93 preschool children who were tested on three singing examples: a song of their own choosing,



a song they had been taught specifically for the study, and an exercise of echoing 20 four-note vocal patterns. The patterns were recorded in six slightly different one-octave note ranges to accommodate the natural range of each subject, determined when they were asked to sing a song of their own choosing. Findings indicated that children approximated the melodic contour of the learned song but did not sing the full octave range (Flowers & Dunne-Sousa, 1990). This demonstrates that it is easier for preschool children to sing songs that do not span a full octave; we see this reflected in the limited note range of most popular preschool songs which provide a foundation for practice with this age group.

Vocal range & key choice. Moore's 1991 study of 8-11 year-olds shows that children tend to sing in the lower part of their vocal range, and tend to gravitate to a tonal center around middle C. In this study, 90 children from fifty different schools were tested on their vocal range with descending five-note diatonic patterns. Children were most comfortable singing approximately five semitones from the bottom of their singing range and 10 semitones from the top, demonstrating their preference for the lower range. This research has direct relevance to how the key of a song should be selected: children's songs should have a relatively small pitch range, and should be sung generally in the range from A3 - C5 (C above middle C). Singing in the key of C can both accommodate this vocal range and facilitate music interactions, since many instruments, such as toy xylophones, are usually made in the key of C.

Active Engagement

Children's gravitation towards different types of musical activities is influenced by a variety of factors. Fundamentally, they need a safe yet stimulating environment for musical exploration. One study (Koops, 2017) involving a small group of children and adults was focused on creating ideal conditions for music-making. The researcher created a play-based music environment and led activities geared for 4- to 7-year-olds, including singing, movement, listening, playing instruments, and creating. Indicators of children's musical enjoyment were noted, namely smiles, laughter, and heightened focus. Five elements emerged as contributors to children's musical enjoyment:

- **Active musical engagement**
- **A balance of familiarity and novelty**
- **Activities allowing for student choice**
- **A safe and playful environment** (Koops, 2017).

All of these elements are significant and should be taken into consideration when presenting musical activities in the hospital setting. Thus, most children, at any age, will get greater enjoyment out of a music session if they are actively participating, if they get to try a new instrument they've never played, if they get to make choices; and if they feel safe and supported.



Rhythmic awareness. Children's sense of rhythm develops earlier than melodic ability (Bentley, 1966), which naturally points the way to using rhythm instruments with younger patients. In a study involving pediatric patients, Preti and Welch (2012) found that using percussion instruments with familiar songs were necessary to keep children engaged in music-making. Feeling rhythm in time to music along with others also increases social connection. In their review of studies involving rhythm and infants, Trainor and Cirelli (2015) found that rhythmic synchrony increases prosocial behavior. For example, infants bounced in rhythm by an adult showed more helping behavior towards that adult (Trainor & Cirelli, 2015). Playing rhythm instruments is an easy way to join in on musical play, it is a natural extension of physical movement, and can connect people of all ages.

Playing Instruments

Two large-scale research studies showed definitively that the favorite music activity of elementary school-age children was playing instruments. In one study, the researchers categorized music activities into five areas: singing, playing instruments, listening, reading and writing music, and movement/dance (Vicente-Nicolás & Mac Ruairc, 2014). The sample consisted of 4700 students and 20 music teachers from public and private primary schools in Spain's Murcia region. Two questionnaires, one for students and one for teachers, were administered. Results showed that playing instruments was the most enjoyed activity (Vicente-Nicolás & Mac Ruairc, 2014).

In Chelcy Bowles' 1998 study, 2,251 students in kindergarten through fifth grade were given a questionnaire regarding their favorite music activities. Students identified their favorite activity among six: singing, dancing/movement, listening, composing, playing instruments, and talking about music. Results showed that students preferred playing instruments above all other activities within and across grade levels, and 50% reported instrument playing as their favorite activity (Bowles, 1998). These results give support and validation to instrumental music-making as a good choice of musical activity with school-age children, who find playing instruments appealing and enjoyable.



Songwriting, Recording, and Lessons

As children get older, they may be interested in learning more in-depth about playing and creating music. Research has demonstrated specific health benefits for teens: engaging in music activities can enhance self-esteem, emotional regulation, coping skills (Darrow, 2014; Millar, Steiner, Caló & Teasdale, 2020; Preti & Welch, 2011; Shin, 2011), and even reduce risk of obesity (Fancourt & Finn, 2019). Fletcher et al. (2019) carried out a study with teens and adults from which they developed a “participatory arts recovery model involving peers, product, personhood and positive interaction” (p. 41). Music activities were conducted collaboratively by a music therapist and a community musician, including songwriting, a recording project, live performance of popular songs, and drumming workshops. Results showed different benefits depending on the activity: songwriting enabled opportunities for praise, boosting self-esteem and/or leading to optimism, recording projects enabled participants to express their identity through music, and peer relationships were strengthened through group activities. All of these outcomes contributed to increased resilience (Fletcher et al., 2019). It is evident that for older children and teens, agency in directing content, style, and repertoire is an important, empowering vehicle for self-expression and self-esteem.

Activities for teens. The research confirming the positive impact music can bring to the lives of

adolescents can inform the music practitioner’s activity choices in several ways. Creative activities such as songwriting and recording, as well as opportunities for collaboration with peers, would be beneficial. Often, however, time is short in the context of bedside interactions. In those situations, activities such as a basic instrumental lesson, an improvisation session, or a patient-requested song would be most feasible. One can always leave the patient with ideas for further music-making using free online tools and resources such as Sound Trap (soundtrap.com), a cloud-based digital workstation, Joy Rx (joyrx.org), a website offering music lessons, curated music videos and games, and Chrome Music Lab (musiclab.chromeexperiments.com), a place to experiment with musical ideas in different visual formats. Such resources can extend music practitioner impact and may inspire further exploration.

Group Activities

Group music activities have many benefits, fostering cooperation, social inclusion, and reduced anxiety and depression (Fancourt & Finn, 2019). A growing body of research lends support to the use of group drumming to support health and well-being. One study showed group drumming resulting in improved mood, increased sense of agency, positive identity, a sense of accomplishment and social well-



being (Williamon et al., 2018). Research has also shown a correlation between rhythmic entrainment and social connection in persons with autism (Yoo & Kim, 2018).

Connection and community. The creation of social connection through group activities can bring together patients, families and staff in a collective, non-hierarchical way, fostering community and providing a different dimension to their inter-relationships. A study conducted in a Canadian pediatric hospital provided support for the “usefulness of group drumming to enhance the well-being of pediatric hospital patients, families, and staff” (Archambault et al., 2018, p. 1). Interviews conducted after a series of 12 drum circle sessions reflected themes of valuable and accessible distraction, a naturalized context for clinical assessment (for staff present to witness patients’ involvement), social benefits, and energy stimulation. Some participants did experience exposure-related stress (comparing one’s musical ability with others in the group setting). However, these consequences were viewed as transitory and no lasting negative effect was reported. Drum circles and other group musical activities, such as spontaneous group jams and playroom song circles, can help to diminish status barriers, provide a refreshing change of pace, and promote patient well-being in the process.



Receptive Experiences

Patient-preferred music. There are times when it is not possible for patients to take part actively in musical exchange. They may feel tired, or be in discomfort, and thus prefer a more receptive musical experience. Should a patient indicate they would like to listen to music, the music practitioner may offer to perform. This situation involves choices of what song to sing, what instrument to play, and how to present the music.

In a live performance, the music practitioner can respond in the moment to the patient’s state of being

Patient-preferred live music has been shown to

- Provide comfort and relaxation
- Lessen anxiety, boredom and loss of control
- Create connection.

(Selle & Silverman, 2019)

and adjust their performance to meet the patient’s needs. For instance, they can play a requested song, play with more energy if patients and families begin to sing, or lower the volume if the patient is falling asleep.

Music medicine. Although research has shown that live music can have more of a beneficial impact than recorded music (Arnon et al., 2006; Kurdahi Badr, 2017; Mangoulia & Ouzounidou, 2013; Rabeyron et al., 2020; Swedberg & Gooding, 2015), the latter also benefits patients in significant ways. The use of recorded music, sometimes termed “music medicine” (Swedberg &

Gooding, 2015), has been shown to calm neural activity in the brain (Krout, 2006) reduce anxiety, and increase relaxation (Ainscough, Windsor & Tahmassebi, 2019; Kemper et al., 2008; Mangoulia & Ouzounidou, 2013; Fancourt & Finn, 2019). In one study involving over 300 patients, recorded music was shown to be more effective than a sedative in reducing preoperative anxiety (Bringman et al., 2009). It has also been shown to improve sleep in both hospitalized children (Anggerainy et al., 2019) and young adults (Kavurmaci et al., 2020). Recorded music is often used in pediatrics to help children fall asleep or create a more comforting hospital room atmosphere.



Patient-Centered Practice

In the context of any musical activity, at any age level, it is optimal for the music practitioner to let patients control and direct the interaction. As mentioned, one can use patient-preferred repertoire, but one can also follow the patient's lead in other ways. In joint music-making activities, one can respond to the patient's tempo or movement and adjust one's playing accordingly, one can echo rhythms and sounds, respond to movements with playful sound effects, and end the session on request or at signs of fatigue (Livesly et al., 2016). Essentially, the music practitioner follows the lead of the child and, even in a brief interaction, can "celebrate their musical language" (Livesly et al., 2016, p. 33), achieving synchrony and affirming them as individuals. **This affirmation is at the core of patient-centered hospital music practice.**

Repertoire Choice

A music practitioner's choice of repertoire can be informed by several factors, such as patient ability, preference, and cultural background, which vary considerably among age groups and individuals. In every instance, song choices should be kept lyrically appropriate, positive and light, with the aim of providing distraction, enjoyment, and connection.

Infancy and Childhood

Music practitioners can provide infants with receptive musical experiences, making best efforts to use familiar repertoire. One can ask any caregivers present if there are songs they often sing to their babies, and sing those songs. In this way, there is the potential of engaging the caregiver and encouraging their continued singing beyond the practitioner-led session. If there is no caregiver present, the music practitioner can use simple, gentle, popular children's songs that will likely be similar to those the patient has heard.

Play songs. Children from all cultures are natural singers, making up songs as they play. Children's song repertoire has developed from these play songs in many cases. Researchers have found that certain qualities of these play songs are universal (Kartomi, 1991): they are rhythmic, repetitive, have limited range, and phrasing tends to be clustered in groups of four. One can hear this phrasing in the chant "Eeny-meeny-miney-mo,"

"Frere Jacques," "Los Pollitos," and many other songs that may well have originated from improvised play.

It makes sense that, over time, the natural vocal tendencies of children have given rise to the types of songs sung by many children and families. In the US, popular children's songs such as "Twinkle, Twinkle, Little Star," "The Wheels on the Bus," "Bingo," and "Old MacDonald Had a Farm" provide a solid, engaging repertoire base for pediatric music practice. The use of familiar songs helps to normalize the hospital environment. Seeing familiar faces and hearing familiar things is inherently comforting in the unfamiliar, sometimes harsh environs of a hospital unit.

Upbeat = Happy. Not only do familiar, upbeat songs help create a sense of normalcy, but they are also perceived as being happy, especially when in a major mode. In a study conducted by Dalla Bella et al. (2001), results showed that children from 5 to 8 years old find songs with upbeat tempi to feel happier, with the 8-year-olds also associating major tonality with happy feelings. In this experiment, involving 67 French-speaking children ages 3-8 without musical training, musical excerpts were used with varied combinations of mode and tempo. The children were asked to identify whether each excerpt was happy or sad by pointing to one of two drawings of faces designed to express happiness and sadness. The results showed that 6- to 8-year old children were affected both by tempo and mode, and that 5-year-old children were shown to be sensitive to tempo only. The results did not show any discrimination by the 3-year-olds (Dalla Bella et al., 2001).

Quick tempo & major tonality. Hunter et al. (2011) tested adults and children 5, 8, and 11 years of age who listened to short excerpts of unfamiliar music that sounded happy, scary, peaceful, or sad. Listeners rated how much they liked each excerpt, and then on a second hearing made a judgment about the emotion that each excerpt conveyed. Whereas children of all ages preferred excerpts depicting high-arousal emotions (happiness and fear), adults favored excerpts depicting positive emotions (happiness and peacefulness). These studies and others show children's preference for quick tempo and major tonality. These qualities are exemplified by popular children's songs such as "The Wheels on the Bus" and "If You're Happy And You Know It." Thus, playing major-key upbeat songs with toddlers and young children is familiar, natural, and evidence-based.

Adolescence

As children get older, their taste in music begins to be influenced by popular culture (Gembris, 2006). Adolescents show strong identification with particular styles or genres, and music preference becomes more important to them (Gooding & Standley, 2011). In order to accommodate repertoire choices made by adolescents, music practitioners must stay current with trends in popular music and have a selection of lyric-appropriate pop songs in their repertoire.

One factor that makes it easy to use pop songs in the context of a hospital music session is their musical structure. Pop songs often use repeating chord patterns

which are easy to teach and provide quick reward, since teens often are excited about being able to play a song they like.

In summary, music practitioners must carefully consider repertoire choice, developmental age, music preference, and the dynamics of each situation as important factors contributing to successful interactions. "The style of music, the way it is delivered and personal attitudes to it may be crucial variables with the potential to alter psychoneuroimmunological responses" (Fancourt, et al., 2014, p. 16).

Research in psychology, neurology, child development and music psychology greatly contribute to our understanding of human development and the power of music to support healing and growth. Best practices can be informed and strengthened by this growing body of research, enabling the development of evidence-based, healing musical activities for children of all ages.

Music can

Reduce anxiety

Promote healing

Provide distraction

Provide social connection

Normalize the environment

Enable hopefulness

Empower children and families

Cut through hierarchies

Create trust

Transform the environment

(Koelsch, 2014; Livesly et al., 2016; Preti & Welch, 2011; Robb et al., 2008; Sonke et al., 2009)



Part II: Materials

A utility cart, musical instruments, visual aids, cleaning supplies, personal protective equipment, giveaways (if possible), and a notebook for documentation are essential tools of the hospital music practitioner. Here is an overview of materials with suggestions and recommendations.

The Music Cart

In order to transport supplies within a hospital, a well-made cart that can hold a fair amount of weight is a necessity. For example, the Rubbermaid 3-Shelf Mobile Utility Cart, pictured at left, can hold up to 300 pounds, is easy to clean, rolls quietly, and has adjustable shelves. Two large covered plastic bins can be kept on the bottom shelf and used for drums and other items such as giveaways, backup supplies and personal protective equipment. A small covered bin on the top shelf can be used for easy access to small loose items such as a guitar tuner, shakers, and mallets. Ideally, some colorful instruments should be visible on top of the cart, and a laminated sign identifying the music practitioner may be attached to the front. In this way, the musical intentions of the practitioner are more obvious to patients and families. Whatever the setup of the music cart, ideally instruments should be stored in such a way that they remain as clean as possible as the cart is wheeled throughout the hospital.

Musical Instruments

Having a variety of instruments available allows for the practitioner to honor patient preference and provide a range of activity options. Musical instruments are available from a wide variety of online retailers. Some suppliers are more oriented toward therapeutic and educational materials, offering resources, rebates and discounts that may be helpful. West Music is an example of a retailer used mostly by educators and music therapists, with funding resources (edufund.westmusic.com) and music therapy instruments that would be suitable for hospital music practice. Musicians Friend offers special pricing for institutions, (musiciansfriend.com/pages/mfpro), and the ukulele manufacturer Kala has a discount available (education.kalabrand.com). Whatever source is used, it is advisable to look for reputable retailers who offer safe, good quality materials. Musical instruments should be durable, visually appealing, and easy to clean.



Casio SA-76 44-key Mini Keyboard

Lightweight, colorful and portable, this keyboard features small keys, a range of sounds, and appealing jam loops.



Maracitos - Safe for 3 months and above, and make a satisfying sound!

Egg shakers - Wonderful giveaways for age 3 years and up.

Fruit shakers - Fun to play and invite group participation.



Green and Clean Drums

Made by Remo, this line of drums and hand percussion is especially designed for use in the healthcare environment.

Harmony Bars

Part of the Green and Clean line, these bars are color-coded, making it possible to compose using colors instead of standard notation.



Toddler Tambourine

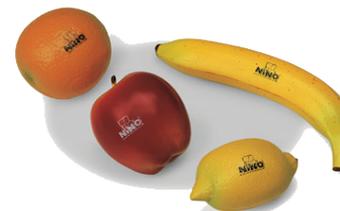
This tambourine features a design with enclosed jingles, and is safe for children 12 months and above.



Color Chord ukulele

This soprano ukulele, made by Kala, comes with a booklet of instructions and songs.

Having two ukuleles affords the opportunity for modeling and joint music-making.



Musical Instruments

Every instrument must be thoroughly cleaned and disinfected between patients. Those played with the mouth should be avoided. Unfinished wood is difficult to clean, as are instruments with many moving parts. Here are some good choices!

Rainbow glockenspiel

Plastic mallets are preferable for ease of cleaning.



Rock-n-Roll It Rainbow Piano

This flexible silicone piano made by MukikiM comes with a small color-coded songbook, and can be placed on a tray table or any flat surface, such as a cookie sheet.



Steel tongue drum

This type of drum is available in different tunings, and creates soothing sounds similar to a steel drum. The C pentatonic tuning facilitates improvisations with other C instruments such as xylophone or piano.



Ivation Electronic Drum Pad

This silicone e-drum pad features built-in speakers and rechargeable battery. It can be placed on a patient's bed tray or other flat surface. The included drumsticks are not recommended for use, as they are unfinished natural wood. Pictured here are Grip Stix, which are easily washable with a high gloss finish and safe rubber grips.

Starry Night 3/4 size guitar

This Luna guitar is lightweight, has a high gloss finish, is visually appealing, and fits easily on a music cart.



Visual Aids

Visual aids are helpful in many situations. They can help teens and school-age children play familiar songs, frame a musical interaction, and provide a point of focus which can enhance rapport. Using visual aids in music sessions aligns with research supporting their use in many educational settings (Gardner, 1983; Güney et al., 2019; Hodgdon, 2000). Visual aids can contribute to cross-modal learning, as they can assist in understanding other types of sensory input. Rao and Gagie (2006) enumerate several reasons for using visual aids (in this case, for children with autism):

Visual aids can:

- Attract and hold attention
- Help communication
- Help focus on content
- Reduce anxiety
- Make abstract concepts more concrete

A visual aid that holds attention, diverts focus away from self (reducing anxiety), and clarifies musical ideas can contribute to successful musical experiences for patients.

Bedside music interactions usually do not allow enough time for anyone to learn how to read music notation in depth. However, when a patient wants to learn a song on piano or ukulele, appealing visual aids can be helpful. In a testimonial regarding a color-coded ukulele songbook, one music practitioner noted that “children in the hospital light up as they realize they are actually playing the ukulele.... this is one way that children can be happy and feel a sense of success while hospitalized” (Dawson, 2018, p. iii). Visual aids can help a patient learn basic musical elements quickly, resulting in increased feelings of control and empowerment.

Color Coding

Color-coding can make music-making easier and can take a variety of forms. For example, the Color Chord ukulele is made with colored markings on the fretboard indicating finger position. The Remo Harmony Bars pictured on p. 22 use colored end caps to enable composing by color. Standard music notation can incorporate color-coding to facilitate its use, and color-coding and symbols can be used in many other ways, as seen on the following pages.



G
Hey, diddle, diddle, the
D
Cat and the fiddle
G
The cow jumped over the
D
Moon

C
The little dog laughed to
G
See such sport and the
D
Dish ran away with the
G
Spoon

Color-coded lyrics

In this example, colors correspond to chord changes. Note how downbeats are aligned with the beginning of each line of lyrics, showing musical structure.
Dawson, 2018

Hot Cross Buns

Hot cross buns, Hot cross buns,
One a-penny, two a-penny, Hot cross buns!

Color-coded standard notation

BABY SHARK

PLAYER 1

Baby shark, doo-doo doo doo doo doo
Mommy, Daddy... baby shark!

PLAYER 2

1	2	3	4	1	2	3	4
1	2	3	4	1	2	3	4

Color-coded non-standard notation

In the "Player 2" section, beats are numbered, and colors correspond to bass notes.

Boomwhacker chart

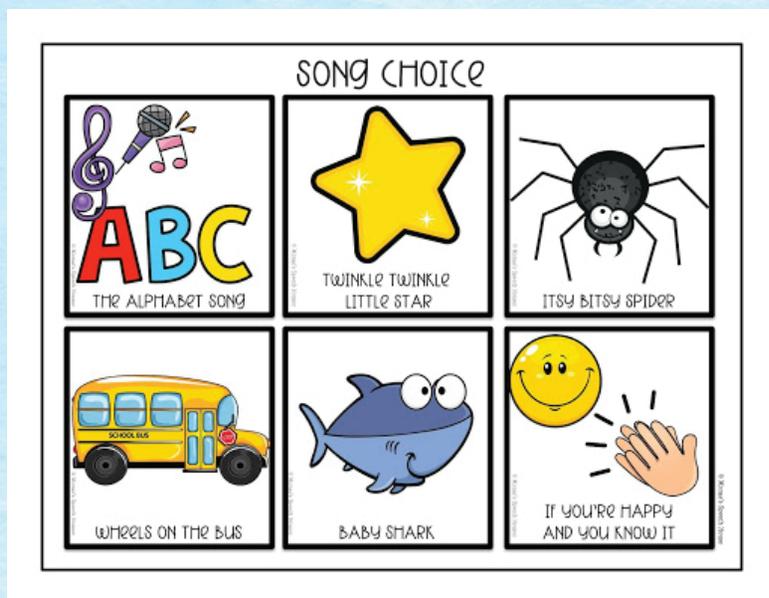
Boomwhackers can provide a fun group playroom activity. This is a chart for Kumbaya, from musictherapytunes.com

The examples above use colors corresponding to the the Mukikum rainbow keyboard.



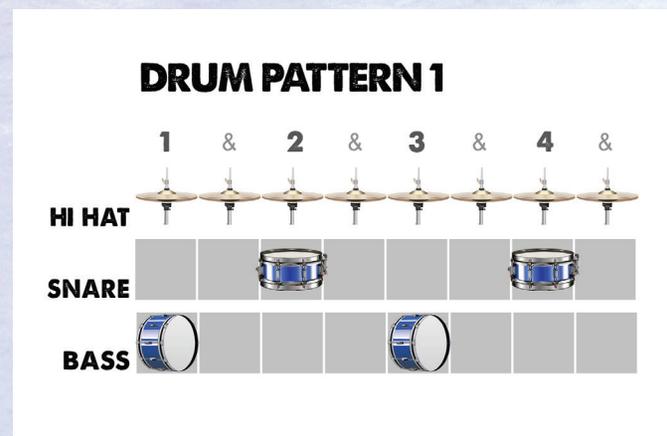
Visual Aids

Here are some different types of visual aids that can be used for music sessions. Their use depends on factors such as patient age, energy level, interest, and communication needs. Lamination or one-time use is recommended.



Choice board

Choice boards can be used to enhance communication and honor patient preference. "Song Board Circle Time Song Choice Pre-K, Kindergarten Aac," Monae's Speech House, teacherspayteachers.com



Drum pattern chart

If a patient expresses interest in learning drum patterns, this type of chart can be used with an electronic drum pad.



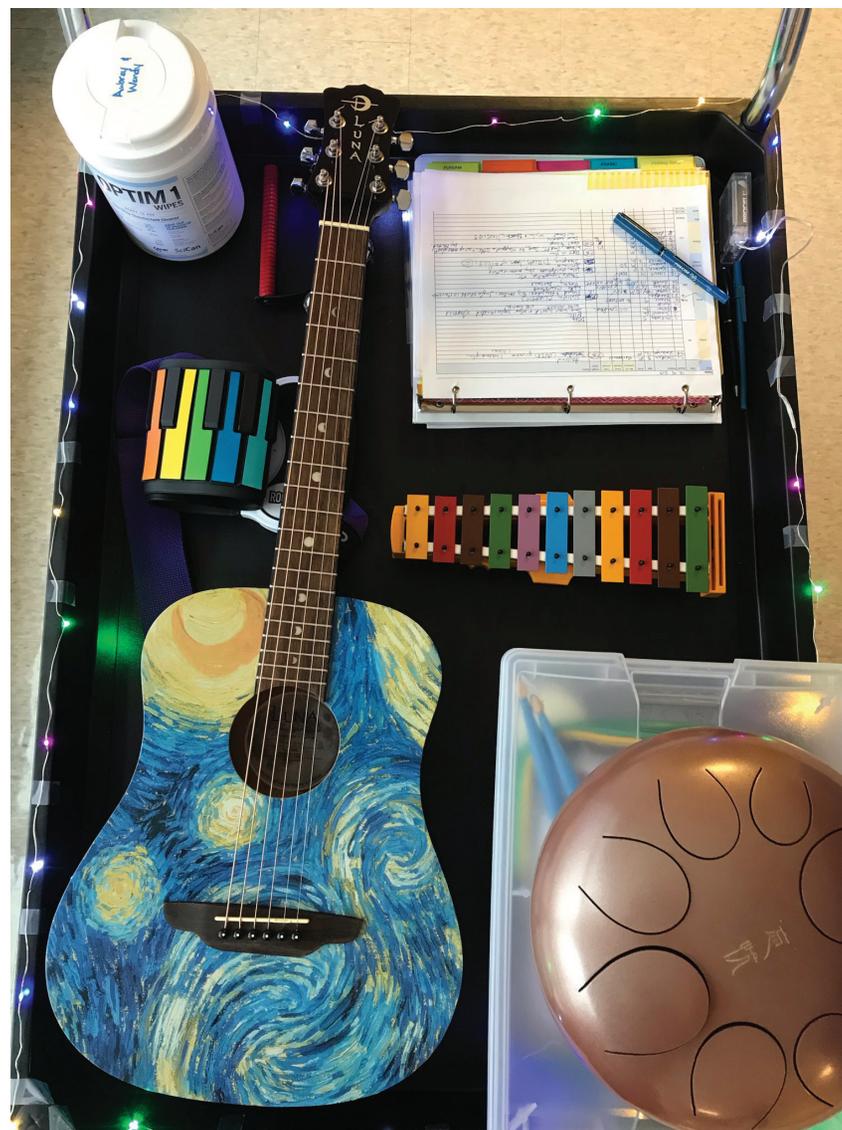
Additional Materials

In addition to a cart with musical instruments and a collection of visual aids, other necessary materials include:

- **A binder for notes and visuals**
- **Personal protective equipment**
- **Instrument-cleaning supplies**
- **Giveaways**

Instrument cleaning involves the use of disinfecting wipes and nitrile gloves, both of which can be kept on the music cart. Depending on the protocol in use by the hospital, PPE requirements can vary, consisting of some combination of surgical mask, face shield, gown and/or gloves.

If possible, it is good to have a supply of musical giveaways, such as egg shakers, maracas, chord charts, stickers, and/or coloring sheets. Giveaways can extend the experience for patients, facilitate transitions out of music sessions, and encourage continued music-making. It is wonderful to be able to give away a ukulele and tuner to a patient with exceptional interest or financial need. Charity organizations such as the Ukulele Kids Club (theukc.org) support such offerings.



A bird's eye view of a cart adorned with holiday lights.

Part III: Shaping A Music Session

The moment of entering a patient room has been described by many as one of the most challenging aspects of working in a healthcare setting (Sonke, 2018). First, there is the initial assessment, then the introduction, then the process of building rapport and initiating an activity. As a music session develops, one must respond to how things progress, and recognize signals indicating that it is time to wrap up gracefully. This multi-step process may seem complex, but there are some simple guidelines that can be followed which will make it easier with practice.

Entering

Before offering a music session, the music practitioner must determine whether or not it is an appropriate activity for a given patient. Guidance can come from child life staff, nursing staff, or caregivers. Typically, referrals from child life staff consist of a patient's first name, room number, gender, age, and any factors which may impact an interaction, such as a disability, developmental delay, or language. Since music practice is not clinical in nature, only information that may impact a patient's ability to participate is needed. Patient confidentiality must be respected at all times, thus the practitioner must keep all referral information confidential according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Health Information Privacy, n.d.).

Assessment and Consent

Upon arrival at the door of a patient, a music practitioner must first begin assessing the situation outside the room, checking the signs posted on the door for any contact precautions or other notices. In some cases it is necessary to check with nursing staff to ensure that a music intervention is appropriate, for example, if there is a sign that says "Check with the nurse before entering," or a sign with an unclear meaning, for example "Do not enter during aerosol procedure." It is always advisable to err on the side of caution.

Often it is possible to look into the room through a window to see if the timing is right. Observable situations that would preclude interventions include a sleeping patient or caregiver, a procedure in progress, or a doctor consult. If a patient or caregiver notices when the practitioner is looking into the room, they should be acknowledged with a smile and wave.

Greetings

Once a determination is made that a music session is an appropriate offering, the music practitioner should follow pre-visit infection control procedures, knock gently on the door, open the door, identify themselves, and make their best judgment of the situation at hand. This requires quick observation of what is happening in the room. This assessment is described by one music practitioner as follows:

When the musicians enter into the room, the first thing they see is a snapshot of a situation. In a very short time they have to realize what's going on in there, which is something that you might get from a glance – who is crying, who is sleeping, who is playing and with what – but this is also something that requires a special sensitivity informed by our experience. (Preti & Welch, 2013)

Obtaining Consent

If, upon their initial assessment, the music practitioner deems a music session to be appropriate, they must obtain consent from the patient and/or caregiver. This consent is the first step to creating a safe and supportive environment. In pediatrics, the appearance of an unknown adult at the door of a child's hospital room can often signify some imminent pain or intrusive procedure. A music practitioner must make it clear from the very

first moment that their visit is of a different nature entirely. Having a colorful music cart visible outside the door with at least a few instruments well-displayed can help communicate this immediately.

Presenting with a positive, relaxed attitude is important even with the youngest patients.

Infants have been shown to recognize facial expressions: "Between the ages of 6 weeks and 4 months, infants begin to distinguish happy, sad, and neutral facial expressions" (Gembris, 2006, p. 135). If there is a caregiver present in a child's hospital room, the practitioner must make eye contact with them as well as the patient, and gain their consent, since children often look to caregivers for encouragement and approval (Preti & Welch, 2013). In Livesly's study of hospital music practice, there was a strong consensus that caregiver response impacted on their children's response: "Nine times out of ten [the child] will refer to the parent before they react to you' (Expert 2)" (Livesly et al., 2016, p. 24). Preti and Welch found that children were more likely to participate if the parent provided encouragement and was involved in the interaction, and that the parent often acted as facilitator (2011).

A friendly, simple statement, such as "Hi, my name is ____, and I am the music person here. Would you like to try an instrument, or hear a song?" is often all that is needed to identify oneself as non-medical - and thus non-threatening. Complicated and wordy greetings

When entering a patient room...

Things NOT to say

Greetings that can be construed as clinical

“Hey, how’s it going?” or “Hi [patient name], how are you doing today?”

Too wordy and formal

“Hello there, [patient name]! I am the Musician in Residence here at the _____ Children’s Hospital, funded by the [funding source] and here to provide music should you be interested.”

Wrongly identifying caregiver

“Hey Dad! Do you think [patient name] might want to hear a little song?”

Things to say

If patient appears calm and alert

“Hi! My name is _____ and I’m the music person here. Would you like to try an instrument, or hear a song?”

Addressed to caregiver if patient is unable to understand

“Hello, my name is _____ and I’m the music person here. Do you think [patient first name] would like a little music?”

If patient seems tired

“Hey there [patient first name]! I’m the music person here. Would you like to hear a song? Any favorite artists or anything?” If no answer is given, offer a song title and gain consent.

such as “Good afternoon, my name is so-and-so and I am the Musician in Residence on staff here at the _____ Children’s Hospital. If you are interested I would like to offer an opportunity for a musical interaction” should be avoided; caregivers and patients often do not have the energy required to parse this type of statement. Questions such as “How are you today?” or “How’s it going?” should also be avoided, since they may be seen as clinical (Sonke, n.d.).

Being able to say “no” is a gift. Sometimes the offer of music is greeted with great enthusiasm; at other times, a patient may view music-making as a stressor and want to be left alone (Preti & Welch, 2004). It is important to remember that giving a patient a choice is in itself an empowering gift, since they have very little say over what happens in the hospital setting.

If the caregiver is enthusiastic but the patient is not, it is important to be attentive to the patient’s choice. The music practitioner must do their best to interpret what is happening in the room, decoding body language and facial expression (Preti & Welch, 2012). If the patient is interested but the timing is not exactly right, the music practitioner must not promise to come back at another time unless they are absolutely sure they can follow through. In every case, flexibility is key. As one practitioner described in an interview, “I always have a plan, but it’s never a rule, for I drop things as

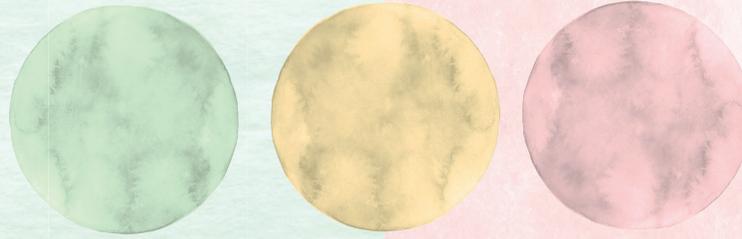
the moment dictates, pick up something else... and encourage requests” (Preti & Welch, 2013, p. 369).

Be sensitive to your surroundings.

Music practitioners may spontaneously initiate a music activity in response to situations on a unit, for instance, playing a song for a toddler and parent they encounter in a hallway. However, one must always be sensitive to the surroundings and gain consent from those present. As Sonke et al. found in their study of the impact of music on hospital units (2015), music is not always perceived as a positive distraction by nursing staff, whose duties take priority over those of the music practitioner at all times. Thus, it is important that the music practitioner is cautious about initiating a session and obtains consent from all within range.

Building Rapport

When entering into an interaction, casual small talk can help break the ice and create rapport, but should not include any personal questions or comments. Concentrating on being in the moment is useful, since it may help you avoid talking about the past or future, or life outside the hospital. One can safely comment on room decorations, the weather, what the patient is watching on television, or simply stick to the music-making at hand.



Good icebreakers

Room observations

“Hey wow that is such a cute teddy bear!”

“Oh my gosh, look at all those balloons!”

The weather is always a safe topic!

“Nice to have a little sunshine today, isn’t it?”

Non-health-related observation

“I love your crown - are you a princess?”

To a teen patient

“Do you have any favorite music artists?”

I’m wondering if maybe I know a song you know and we could play it.”

If patient is watching TV

“I love that show! Who’s your favorite character?”

Comments to avoid, and why

Wrongly identifying a caregiver

“Your mom is so funny!”

Inappropriately medical

“It’s amazing you can play xylophone with that cast on your arm!”

Medical; about the future

“You’re doing so great. I bet you’ll be discharged soon!”

Too personal, may not be in school

“What grade are you in?”

Too personal, family is unknown

“Do you have any brothers or sisters who can play piano like you?”

Medical; food may not be allowed

“What’s your favorite dessert?”

No assumptions. One cannot assume anything about a patient or anyone in the room, or ask questions about family or siblings. For example, a caregiver may appear to be a parent, but perhaps that patient just lost their parents in a car accident and the caregiver is an aunt or uncle. Or, in an effort to make small talk, one could imagine asking whether a patient has any siblings, but the patient may not have any, may not want to talk about them, or may find siblings a source of stress. Or, if a young patient asks a personal question such as “When is my mom coming?” or “When do I go home?,” you cannot make any promises to find answers but can offer to relay questions to staff.

The music practitioner must remain vigilant about saying appropriate things while also doing their best to create a relaxed, enjoyable experience. The urge to compliment a patient in light of their medical situation, or ask about family members, or ask about school or other aspects of life can be strong when one is engaging in small talk. When in doubt about what to say, a good rule of thumb is to stay in the moment, keep it light, and keep it musical.



Exiting

Soon he puts down the instruments decidedly and wanders to the other side of the bed to return to his other toys, clearly signaling to us the end of the session for him...

(Livesly et al., 2016, p. 24)

Knowing when and how to end a music session takes sensitivity and awareness. During a session, one should be looking for signals such as diminished focus or tiredness in order to assess when to bring the music to a close. Check in periodically with the patient and/or caregiver to confirm that it is continuing to be an enjoyable experience and not a taxing one. After playing a few songs, one can ask "Is that enough for today?" or simply look for signs of fatigue. If, after one or two songs, a caregiver says "Thank you very much," that is often a signal that they would like the session to conclude. If a school-age or teen patient wants to learn a few chords on ukulele, and then plays a song, the practitioner can ask whether that is enough, or if they would like to try another song. One must always be on the lookout for flagging energy, interest or attention. Patients will sometimes make an effort to please the practitioner and in doing so, experience unintended stress or fatigue as a result.

At times, exiting can be difficult, for instance in the case of a young patient who appears sad or upset when the session is ending. The goal is to make the transition as smooth as possible in order to minimize patient distress.

Good exit strategies for young patients

- Coordinating one's exit with the entrance of a healthcare professional
- Giving the patient an age-appropriate giveaway item
- Transitioning to another activity, such as peekaboo, upon exit
- Redirecting the patient's attention to a toy or other diversion in their room

If there is a caregiver present, the transition is often easier, and at times one may hear musical activity continue after leaving the room. In their study of the impact of live music in pediatrics, Preti and Welch found that often parents would use repertoire learned from the hospital musicians afterwards (2011). A visit from a music practitioner thus can provide both a morale boost and a model for caregivers, giving them new ways to support and interact.

At the close of every interaction, one should always thank the patient upon exiting (Sonke, n.d.). Others present, such as caregivers and staff, should also be acknowledged. If the room door is open, one can offer to leave it open or closed, giving the patient an opportunity for choice.

Flexibility and awareness are key qualities in this work. By following contact precautions, by being relaxed and positive, by inviting engagement when possible, and by being sensitive to signals indicating when to close, the music practitioner can provide the best possible experiences.

Ill-advised farewells

(referring to unknowns)

“Hope to jam with you
again sometime!”

“Have a great day!”

“See you!”

Appropriate farewells

“Thanks so much!”

“Nice playing with you!”

“Nice meeting you!”

“Okay, bye now!”

Part IV: Suggested Activities

Musical interactions in health care settings can take many forms. Factors influencing the choice of activity or intervention include the patient's age, their level of energy, physical capability, native language, and any developmental delays or other situations impacting participation. It's important to be sensitive to these factors when deciding on the type of music activity to offer.

Improvising, composing, performing for patients, and playing familiar songs can all be part of the practitioner's toolbox of activities (Stegemann et al., 2019). Including caregivers in a music session is optimal, since it engages the child and caregiver in an interaction that has the potential to reinforce bonding (Saint-George et al., 2013), alleviate boredom (Selle & Silverman, 2019)), and provide impetus for continued joint music-making after the session concludes.

- **Less virtuosity, more simplicity**
- **No personal agenda or ego**
- **Focus on patient well-being**

One can best encourage participation in music activities with a simple, inviting approach. Results from one study provide evidence that using simple rhythmic guitar accompaniment, as opposed to intricate fingerpicking arrangements, may result in more patient participation (Haack & Silverman, 2017). This has implications for music practitioners. Hospital music practice requires less virtuosity and more simplicity. Choices should be made based on what is best for the patient, and not on artistic impulses or personal expression. It's important to enter into every interaction with no expectations, no personal agenda, and no attachment to any outcome, with the patient's well-being always in mind.

Improvisation

For children who are able to manipulate musical instruments, improvisation offers a world of options. In her analysis of children at play, Alcock (2008) found that "Spontaneity, improvisation, imagination and rhythm stand out as features of children moving playfully and creatively together"(p. 332). All of these elements can be part of musical improvisations, and can give patients a feeling of freedom, discovery and well-being.

Child-centered musical improvisation is a wonderful way to support patients through affirming and matching their musical choices (Wigram et al., 2002). Improvising together also creates social connection through sustained joint attention, eye contact and turn-taking (Stegemann et al., 2019). Choices of what instruments to use or what approach to take may vary depending on patient age and/or ability, but these fundamental benefits remain consistent.

Approaching improvisation with a playful, open attitude is a necessity. One can act as a guide, framing the improvisation activity in order to make it engaging and accessible (Lagerlöf et al., 2013). Keep activities child-centered, honoring patient choice as much as possible. Corrections or too many suggestions are to be avoided. In their study of a music program for preschool children and their parents, Berger and Cooper (2003) found that adult proximity (getting too near a child),

and adult corrections or suggestions would cause a child's improvisation to stop. On the other hand, they found that adult willingness to participate and valuing of the child's behavior enhanced play (Berger & Cooper, 2003). Simple improvisations and games can be enjoyed by people from toddlerhood to adulthood. Here are examples of approaches that can be modified to suit different situations:

Playing With Rules

Improvisation can be encouraged by framing it with simple rules. It is good to have some structure, since a patient may feel intimidated by not knowing how to proceed (Beer, 2011). For example, one could say, "Okay, I'm going to just play two notes (creating an ostinato), and you play whatever you like." In this way a tonal center is established (Wigram et al., 2002) and pleasing harmonies can be created easily. Supplying a simple ostinato also gives the improvisation a shape and direction.

Another rule-based game might be instructions about musical elements such as tempo or dynamics. For example, you could use two instruments, or two mallets on one instrument and say "Let's both start soft and then get really loud, and then soft again. Ready, go!" This rule has the added plus of giving permission to play freely in what is usually a controlled environment (one must ensure that the noise level is acceptable to staff). Using rules can create the positive feeling of participating in a game that is challenging and successful (Beer, 2011).

Conversation

A dialogue using one or two instruments is a great way to connect with a patient and give them a fun experience. You can start with a simple improvised phrase and invite the patient to take a turn. This can be completely non-verbal. Once the game is established, you can respond improvisationally to the patient's playing, affirming their choices and letting them lead. This type of activity gives patients an opportunity for exploration and a sense of freedom (Kanellopoulos, 2007). Random sounds produced by a child take on meaning and value when musically reproduced and changed by the practitioner (Beer, 2011), which can lead the conversation into new directions.

A type of conversation can also occur by responding to a patient's actions. For instance, if playing a song to a baby or toddler, one can pause, see if the baby has anything to say, and then continue. Often babies will be attentive and still when listening, and then respond when the music stops, either verbally or through body motions.

An "echo" game can be played with rhythm or melody instruments, similar to a conversation but more of an exact imitation of whatever the patient plays. One can trade roles of leader and follower, although often having the patient lead can give them an empowering sense of control. It is possible for this to evolve into a fun conversation, since the music practitioner may spontaneously vary the dynamic level, tempo, or other musical quality, encouraging patient experimentation.

Composing on a Theme

One option for improvisation is to suggest a spontaneous jam on a certain theme, perhaps taking cues from the patient's interests as reflected in room decorations or toys. This personalizes the experience and can be validating. You could begin the session with an informal conversation about the particular item (also a good ice-breaker) and then propose making a song about it together.

There are many themes that could be used for inspiration, such as the time of year, the weather, a color - the only limit is your imagination. Using the melody of a familiar children's song would also work well. Making up a song on the spot can inject joy and humor into what is often an anxiety-filled or tedious experience of being in the hospital. Let a spirit of fun and adventure be your guide.

*See pages 44 & 45
for some anecdotes
illustrating more
approaches and ideas!*



Singing & Playing Familiar Songs

Singing and playing familiar songs can benefit patients of all ages. All you need is the ability to sing in tune and with a soothing quality (Musicians On Call, 2017). For infants, the positive effects of live singing can be witnessed in improved oxygen saturation, heartbeat regulation, sounder sleep, non-nutritional sucking, weight gain, and reduced hospitalization time (Palazzi et al., 2018; Stegemann et al., 2019).

Infants

Singing a cappella or with simple accompaniment are great choices when working with infants. In their review of live music interventions in neonatal intensive care units (NICUs), Stegemann et al. (2019) describe the guiding rules of practice as “less is more....minimal change, minimal range” (p. 25), referring to simplicity of arrangement (solo voice or with simple accompaniment), short duration of intervention, and minimal changes in dynamics, harmony, volume and note range. Thus, a simple, gentle melody such as a lullaby is natural to use and also supported by research. Playing chords on an instrument such as a ukulele or guitar may be appealing to caregivers and enable them to join in more easily with the singing. Accompaniment provides harmonic structure that may make singing more comfortable.

Toddlers

Babies ages 1-3 begin to have culture-specific responses to music (Gooding & Standley, 2011) and may recognize children’s songs. They enjoy playing hand percussion and other simple instruments (Gembris, 2006), and hearing a song may elicit a rhythmic response. If there is a caregiver present, music may inspire them to bounce the child on their knee, dance with them, or otherwise engage in movement that is beneficial to the child’s well-being and caregiver-child relationship (Markova, 2015; Poch de Grätzer, 1999; Robb et al., 2017).

You can supply the patient and/or caregiver with a child-safe shaker or other hand percussion to help engage them in the music-making. This has been described as a highly effective way to invite participation:

The percussion instruments...allow both the musician and the child to familiarize with each other and with the music... The curiosity of the child is directed on the little instruments with a loud sound or a surprise effect you might be able to distract the child from the state he is in and then take the music from there, maybe a lullaby sung in a funny way.

(Preti & Welch, 2013, p. 369)

It's a good idea to ask a caregiver if there are favorite songs. If there is no clear answer, popular children's songs will likely be familiar and therefore comforting to hear. Songs incorporating movement, such as "Head, Shoulders, Knees and Toes" or "If You're Happy And You Know It" are engaging choices for this age group.

Ages 4 to 7

As children grow, they continue to show a preference for popular children's songs (Gooding & Standley, 2011), and generally have the physical coordination needed to play a variety of instruments. Thus, a wider range of activities is often possible. The music practitioner must determine the best choice of activity, based on observation of the patient and any information obtained from staff regarding physical limitations or other factors. For this age group, hand percussion and mallet instruments are the easiest to play. Offering a colorful toy glockenspiel and playing a song such as "The Wheels On The Bus," with the patient playing freely any way they choose and the practitioner playing guitar chords and singing, is an example of a joint music-making session that would work well.

If a patient is interested in trying an instrument, even one beyond their capability, there is no reason not to honor their wishes. Simply making a sound on an instrument can not only be fun, but it is a way they can exercise control over their environment. Sometimes patients in this age group want to try everything on the cart; this is fine, although you may want to keep in mind the cleaning protocol that will be necessary afterwards!

Taking quick note of details in the patient's room (for instance, a favorite toy, a blanket featuring a Disney character, and so on) can be a great starting point for rapport-building and creativity, as described here:

Unicorn Serenade

When meeting a 5-year-old girl whose father was at the bedside, I could see that she had no physical limitations to her hand and arm movement. She and her father consented to a music session, and I presented her with a xylophone and encouraged her to try it. She did some free exploration. I had a steel tongue drum, which is also played with mallets, and offered that for her to try as well. She played for about a minute on both instruments. She had two large unicorns on her bed (stuffed animals, it goes without saying), and I asked her about them; her father told me they were named Shimmer and Sparkle. I told her I loved her unicorns, and commented that the xylophone made a sort of shimmering sound, and suggested we play some "unicorn music" for the unicorns. I showed her how to play a glissando, which elicited a smile. She played glissandos a few times, after which we improvised a 'unicorn serenade' using both instruments. I also sang a few improvised lyrics about unicorns in a humorous way which lightened the mood for both father and daughter.

Ages 8 to 11

By the age of eight or so, musical activities can take on more sophistication. Children in this age group may be interested in playing along to a song, learning how to play an instrument, or engaging in free exploration. One must never assume any prior knowledge or experience with musical instruments. A brief musical interaction in the hospital may be the patient's first experience with music-making.

On the other hand, children in this age group can surprise you with their level of musical expertise. If a patient consents to a music session, one should offer a variety of choices and ask simple questions such as "What instrument would you like to try? I have here a piano, ukulele, or electronic drumset - what do you think?" or, "Is there a kind of music you like?" Asking questions and providing choices is a good way to engage in conversation and build rapport.

Should the patient want to play a song together, there are a variety of instrumental combinations that can work well. A great way to engage a patient easily on a song is to have them play a percussion instrument (electronic drums are particularly appealing to school-age children) while you guide the song with vocals and guitar. For example, the you could show the patient how to play the rhythm for "We Will Rock You" and then make up new lyrics, or play a patient-requested song and have them play drums however they choose. It may also be possible to show a patient how to play

a pattern on drums or keyboard that goes with a song, and invite others to sing along or play hand percussion. Inviting caregivers to participate can foster connection between patient and caregiver and can also be a source of humor. For example, the music practitioner can invite the caregiver to play "the banana" (a shaker), which can brighten the atmosphere.

Adolescents

Many of the co-creating activities for younger children also work well with adolescents. Teens and young adults may be capable of more sustained focus and physical coordination, which can enable them to engage in a longer session. However, one must not make any assumptions; it's vital to meet patients where they are and be sensitive to every situation in the moment. Sometimes a patient in this age group will be interested in trying a new instrument, improvising, or learning a song. At other times, a patient may want to engage in a limited way, or simply listen.

Together with a practitioner singing and playing another ukulele or guitar, a song can often be easily brought to life. When teens may be experiencing feelings of low energy, chronic pain, and/or the emotional drain of a hospital stay, this type of experience can bring some relief.

Should a teenage patient consent to music, but not indicate any specific preferences, factors such as energy level or any other available information can guide one's decision about what activity to offer.

Sometimes, teens may not want to engage. They are more likely to be self-conscious than younger children. They may be absorbed in their own activity, or engaging remotely with peers through texting or social media. It's important not to push participation in any way, but simply offer and be ready for any response. This is true

If a patient wants to try playing a popular song, visual aids such as lead sheets or chord diagrams can be helpful. Here is an example of notation representing the song structure of "Just The Way You Are" by Bruno Mars, corresponding to the colors on a rainbow keyboard:

JUST THE WAY YOU ARE
BRUNO MARS

1	2	3	4	5	6	7	8
1	2	3	4	5	6	7	8
1	2	3	4	5	6	7	8
1	2	3	4	5	6	7	8

This pattern can be played without any musical knowledge beyond the ability to maintain a steady beat, represented by the blocks. Along with the practitioner on guitar and vocals, a patient can easily play pop song in this way.

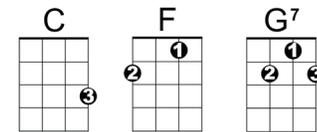
Should the patient be interested in playing a ukulele, a lead sheet with chords could be used:

Amazing Grace

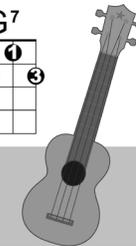
C / /	C / /	F / /	C / /
A- ma- zing	grace, how	sweet the	sound, that
C / /	C / /	G7 / /	G7 / /
Saved a	wretch like	me --	I
C / /	C / /	F / /	C / /
Once was	lost, but	now I'm	found, was
C / /	G7 / /	C / /	C / /
Blind but	now I	see --	

'Twas grace that taught my
heart to fear, and
Grace my fears relieved --- how
Precious did that grace appear, the
Hour I first believed.

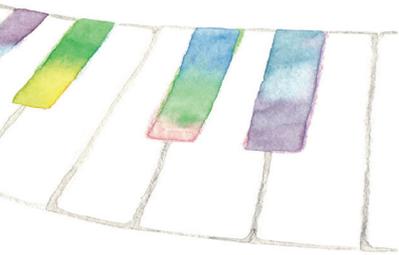
When we've been there, ten
Thousand years, bright
Shining as the sun -- We've
No less days to sing God's praise, than
When we first begun.



Strumming Pattern:
3 downstrums per chord

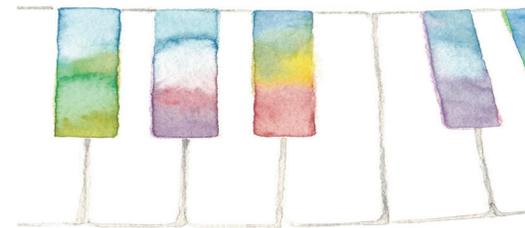


for patients of any age! For interested teens, one can provide information about free online music technology, or facilitate access with any devices that may be available. A list of such resources can be found on p. 63.



Sample anecdotes

Here are a few actual examples of interactions with patients, illustrating possible activities and approaches.



Ukulele Lesson

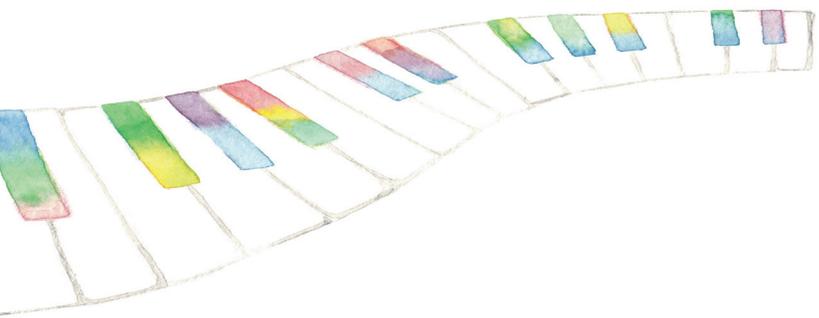
A teenage girl was alone in her room; she was calm, alert, and relaxed. She consented to a music session, but wasn't sure what instrument to try. Based on her calm demeanor and apparent lack of physical limitations, I asked if she would enjoy having a ukulele lesson and she consented. I taught her three chords used in the song "Just The Way You Are." She knew the song and was able to play the chords and strum along to the song, using a song sheet with chord diagrams. I told her that I had some more song sheets, I read a few of the song titles, and she selected "This Little Light Of Mine," which we then were able to play together, since it used the same chords she had learned. In the process of our interaction, she told me that she used to play the guitar and that a family member loved singing "This Little Light" with her. I left her with the two song sheets, and she said that she might want to get a ukulele in the future.

Guitar & the Charleston

A man was walking through the hallway holding his crying 6-month-old daughter. I happened to be standing there with a guitar and played a bit of "Twinkle Twinkle Little Star," which caught her interest and she stopped crying. I learned that the father played guitar at home, so it was a familiar sound. She was about to have surgery, so I walked with them back to her room. The mom sat in a wheelchair and held the girl, who resumed crying. The father started dancing and singing "The Charleston" in front of her, and I joined in with guitar. This got the patient's attention and she became calm and relaxed.

Jingle Parade

A child life specialist had the idea that music might help to motivate a 6-year-old to do a hallway walk, a required activity for this patient. With the help of two nurses and the child life specialist, we made a parade out of it, with the patient playing a jingle bell, and other staff playing assorted hand percussion and singing along to holiday favorites I played on guitar. We easily completed the six-minute walk, with the patient jingling along to holiday favorites. This "parade" brought smiles to others in the hallway as they passed by.



Hallway Jam

I was wheeling my cart down the hall, and a 10-year-old patient was sitting at the nurse hallway desk with a few siblings or friends, her arm in a cast. She said "ooh a piano!" when she saw what was on my cart, and so I gave her the piano to try right there at the desk. She played and sang "Old Town Road" with the help of a song card I had on hand. Her friends joined in, I played guitar, a few nurses stopped and watched, and one of them sang. Then we played "Price Tag" ("it's not about the money, money, money"), which she did with great gusto. She said she wanted to play it for her mom, who appeared. After listening to us, the mom said wanted to buy a keyboard like the one on my cart. It seemed like everyone in the vicinity enjoyed this spontaneous musical moment, including the woman at the front desk who commented later something like 'Y'all sounded great down there earlier!'

Quack Quack Here

There were two nurses in the room; this often means that a procedure is underway or imminent. However, nothing seemed to be happening, so I checked with them to see if it was a good time for music, and they invited me in. The patient, a 2-year-old girl, was crying and apparently upset, sitting on her bed with a caregiver next to her. I obtained consent to play some music, and then stood at the foot of the bed and started singing familiar songs, which calmed the patient. She became completely quiet and transfixed. The nurses remained, and a few more gathered near the door, observing. I paused, to see if they wanted to say something to the mom, but they didn't, so I went into 'Old MacDonald.' All the nurses joined in to quack like ducks and moo like cows. I got the feeling that the music's ability to calm this patient was notable to them; that seems to be a good explanation of why they lingered.

Tongue Drum Improv

An 18-year-old boy with mild developmental delay was alone in his room, sitting in a chair at his tray table. He appeared calm, and when asked if he wanted to have a music session, said "Sure, why not, I'm pretty bored." He indicated that he wanted to try the ukulele, but when given the instrument along with some direction, it became apparent that he had trouble fingering chords. He then said he wanted to try the piano, which I gave to him, but again, after a short while, seemed at a loss and wanted to try something else. I decided to give him the tongue drum to try, since it is easy to produce a satisfying variety of sounds. I then suggested we improvise together, and this seemed pleasing to him and he engaged in playing with me for a much longer stretch than with the ukulele or piano.

This last anecdote illustrates the importance of a flexible attitude and shows the benefit of having a few somewhat unusual instruments on hand. Trying a totally unfamiliar instrument has no associated pre-conceptions and thus can be a free experience of sonic discovery.

Performing For Patients

Sometimes patients will not have the energy, ability or desire to engage in an interactive session, but may want to listen to live music. The music practitioner should ask if there is a song or style they would like to hear and honor requests if at all possible. If no specific request is made, best judgment should be used based on the situation. In any case, it's good to choose repertoire that is uplifting or soothing. As mentioned earlier, music practitioners are not music therapists, and are thus not equipped to address any emotional issues that may arise from a musical performance. Songs should be lyrically appropriate for family audiences and not depressing or overly emotive. Keep it light and uplifting.

It's important to appreciate and understand the radically different nature of this type of performance context. A casual presentation is what's required, with no ego attachment, no over-focus on musical emotiveness, and no expectation of appreciation. In hospital music practice, anything can happen at any moment. A nurse may come in, or a patient may suddenly need medical attention, or a procedure may need to take place. In these types of situations, one must be ready to end a song early and bring the session to a graceful close.

Sometimes the offer of a live performance will be greeted with a lot of enthusiasm on the part of a caregiver or visitor; but the music practitioner must always be sure it is something the *patient* would like. In their volunteer handbook, *Musicians On Call* (2017) reminds musicians to "make sure to play to the child and not ignore them if the family is more engaged than the child. This is normal" (p. 9). Above all, it is important to keep the patient's well-being in mind and be sensitive to their wishes.

Additional Factors Influencing Activity Choice

Spoken Language

In a healthcare setting, one is likely to encounter people from different cultural backgrounds who may speak different languages. One can make use of translation services that may be provided by the hospital, and also be prepared with some basic phrases in a variety of languages. In response to patients' varying cultural backgrounds, a practitioner's willingness to learn music of different cultures is optimal (Livesly et al., 2016). Best efforts to communicate are likely to be appreciated, as illustrated by the following anecdote:

Habibi

I entered the room of a 7-year-old boy and mother who spoke only Arabic. I knew very little Arabic, so I invited participation non-verbally. I presented the boy with a tongue drum, which he played with little interest. I recalled that I knew the chorus of the Egyptian pop song 'Habibi' by Amr Diab; I sang it, and both boy and mother smiled and laughed. His eyes brightened, he sat up with new energy, and gestured that he wanted to try the ukulele. I taught him one chord, and how to strum. He strummed along and after a minute started singing the chorus with me. I was able to say 'thank you' and also 'awesome!' in Arabic which elicited smiles and laughter from both mother and son.

This anecdote also illustrates the use of humor and humility, with the practitioner acknowledging their limitations and communicating in a spirit of friendly camaraderie. Being sensitive to cultural differences and doing one's best to connect with patients of varied backgrounds are ways to bridge cultural barriers and bring musical experiences to all.

Developmental Differences

Another factor that may influence choice of activity is the presence of developmental differences. The music practitioner may encounter patients on the autism spectrum, those with limited or no verbal ability, and/or those with other developmental delays. In these cases, especially with nonverbal patients, music can

provide a wonderful vehicle for play and interaction. In their comprehensive guide to music therapy, Wigram, Pederson and Bonde (2002) make the point that in the case of children with autism, "music-making can be a non-threatening, safe and interesting way to develop social engagement" (p. 172). They describe how music can be physically and psychologically stimulating, exciting or calming.

The music practitioner has the opportunity to provide a lively, interactive experience or a calming atmosphere, depending on the situation, and may consult with staff and caregivers to decide on the best direction to take. Visual supports such as choice boards can be used to enhance communication and honor patient preference (Hodgdon, 2000; Rao & Gagie, 2006).

It is important to make no assumption in interactions with patients with developmental differences. Musical awareness, knowledge and aptitude vary widely among people of all ages and abilities. Being a music practitioner is a lesson in abandoning assumptions and embracing human diversity.



Recommended Repertoire

Here is a list of songs organized by age group. There's no need to memorize hundreds of songs. Start with a few, and gradually build your repertoire.

All Ages

All Together Now
Carolina On My Mind
Don't Worry Be Happy
Funga Alafia, Ashe Ashe
Good Day Sunshine
Happy
Here Comes the Sun
Home On The Range
I Can See Clearly Now
I'm Yours
If I Had a Hammer
La Bamba
Lean On Me
Little Liza Jane
Lively Up Yourself
My Girl
Octopus's Garden
On the Sunny Side of the Street
One Love
Peace, Salaam, Shalom
Shake It Off
Singin' in the Rain
Somewhere Over The Rainbow
Stand By Me
That's Amore
This Land is Your Land
Three Little Birds
Thunder
Twist and Shout
Washing Hands Song
We Are Family
What A Wonderful World
Yellow Submarine

Infants & Toddlers

ABC Song
A Ram Sam Sam
Ants Go Marching
Apples and Bananas
Baa Baa Black Sheep
Baby Beluga
B I N G O
Down by the Bay
Down By the Station
Five Little Ducks
Five Little Speckled Frogs
Friends Friends 1-2-3
Going to the Zoo
Head Shoulders Knees and Toes
Here is the Beehive (fingerplay)
Hickory Dickory Dock
The Hokey Pokey
How Much is that Doggie
Hush Little Baby
I Had a Rooster
If You're Happy and You Know It
I've Been Working on the Railroad
Itsy Bitsy Spider
Los Pollitos
Mary Had A Little Lamb
The More We Get Together
Old MacDonald Had a Farm
One Two Buckle My Shoe
Paw Paw Patch
Row, Row, Row Your Boat
Sharing Song
She'll Be Comin' Round the Mountain
Skip To My Lou

Take You Riding In My Car
This Little Light of Mine
This Old Man
Twinkle, Twinkle Little Star
Wheels On the Bus
You Are My Sunshine

Teens

Bright
Can't Stop the Feeling
Count on Me
Do You Believe in Magic
Dynamite
Firework
Hey Soul Sister
I Got a Feeling
Just The Way You Are
Keep Your Head Up
New Soul
Party in the USA
Perfect
Pocketful of Sunshine
Radiate
Riptide
Roar
Safe and Sound
Something Tells Me
Still Into You
Stuck On You
The Way I Am
Thinking Out Loud
Umbrella
Unwritten
Walking On Sunshine
What a Wonderful World

What Makes You Beautiful
Who Says
You Sound Good to Me

Disney

A Whole New World
Bear Necessities
Can You Feel The Love Tonight
Colors of the Wind
I See The Light
Beauty and the Beast
Go The Distance
How Far I'll Go
Let It Go
Under The Sea
You've Got A Friend In Me

Spanish

De Colores
Los Pollitos

French

Frere Jacques
Tete, Epaules Genoux et Pieds

For more songs from around the world, a great resource is mamalisa.com.





Part V: Additional Responsibilities

Infection Control & Documentation

The music practitioner has critical responsibilities to fulfill in the course of providing musical experiences. Materials must be kept clean, infection protocols must be followed, and work should be documented. This section describes infection control practices and the several functions of documentation.

Cleaning and Disinfecting Materials

It is vitally important that all instruments and materials be thoroughly cleaned and disinfected in between patient interactions, strictly following infection control guidelines. This cannot be over-emphasized. Take the time you need to ensure that all materials are clean and ready for the next use. A hospital-dictated disinfection procedure typically follows a specific order of steps similar to the following:

- Apply hand sanitizer or wash hands upon exiting a patient room
- Put on nitrile gloves
- Use hospital-provided disinfecting wipes to thoroughly wipe down all instruments and materials
- Remove and discard gloves and used wipes

When using instruments that may be mouthed by a toddler, such as mallets or hand percussion, one should disinfect them and then rinse with water, since disinfecting solution can be toxic. When using ukuleles, special care must be taken to wipe every area, including tuning machines and underneath the strings. Plastic and high gloss materials are easiest to keep clean. Music practitioners should take all the time necessary to ensure the safety and cleanliness of their music cart and materials.

Personal Protective Equipment (PPE)

A music practitioner must follow infection control protocols as directed by the hospital in which they work. In addition to cleaning instruments after each patient interaction, this may also involve the use of personal protective equipment (PPE). Depending on the protocol in use by the hospital, PPE requirements can vary, consisting of some combination of surgical mask, face shield, gown and/or gloves.

Documentation

During the course of music rounds, it is advisable for a variety of reasons to take notes about each interaction. Documentation can provide valuable information to other team members through shared access to the music practitioner's records. It can provide statistics useful for program records and funding; and it can help the practitioner keep track of what works, what doesn't, and any new ideas they may have. Documentation can also be used by administrators as evidence to support the continuation of ongoing arts programs.

Using a spreadsheet with labeled columns facilitates efficient note-taking. If one receives referrals from staff at the start of the day, one can note the names and room numbers on the spreadsheet and fill in details of interactions as they occur. Given time constraints, it is not always possible to write a comprehensive description of every interaction, and certain details may be more or less important to note.

If you arrive at a referred patient's room and they are sleeping, not there, or unable to have a music session at that moment, you can make a note of it and then return later in the day. After rounds have been completed, notes can be transferred into a computer file, perhaps with a tab for each day, keeping an ongoing record which can be shared with staff.

Documentation should be kept confidential, conforming to HIPAA guidelines. Practitioners should not share specifics about patients, such as name, age, and gender, with anyone outside the care team.

You may want to select a highlight or two to write up more descriptively to share with a supervisor and/or the child life specialist on the unit. It is always good to give staff information about musical activities happening on the units.

Documentation can provide valuable information to staff regarding patients' energy level and behavior. One can also keep track of popular music trends, and continue to refine skills through noting any lessons learned along the way.

Documentation helps in several ways:

- **Keeping a record of music sessions**
- **Noting effective approaches**
- **Communicating with staff**
- **Providing evidence of program effectiveness**



Elements to include in documentation

Any of the following elements may be relevant and may also inform future work.

- **Decision-making process** (This can depend on developmental age, ability, preference, energy level, family members' willingness to engage)
- **Patient presentation** (how the patient seems before and after the interaction)
- **Consent process**
- **Description of music sessions** (length and nature of activity)
- **Interaction with staff** (if any)
- **Number of participants** (family, friend, staff)
- **Repertoire choice**
- **How/why the session concluded** (How did you know when to wrap up?)
- **Ideas for the future** (songs to learn, instruments to acquire)
- **Any patient concerns**, and whether or not they were reported to nursing staff



Sample Documentation

Here are some records from actual sessions. It's not always possible to document in such detail, but it's always helpful to keep notes!

Unit	Rm	Name	Age	Gdr	Pt	Other	Total	Min	Notes
Unit	1	Name	4m	M	1	2	3	12	Sitting in mum's lap. Dad takes him and brings him closer to me. We play/sing 'Senwa' and he watches. We then play 'Basset' and mum holds him and the nurse removed his cannula. She keeps pointing to me to distract him. Mum hums along to help. Baby smiles a lot and his parents ask about the music. They say it is "beautiful"... Nurse says 'thank you for helping to distract him'.... (Livesly et al., 2016, p. 24)
Unit	2	Name	6	F	1	0	1	20	She tried different instruments, and a nurse jammed with us on a shaker at one point. She was very taken with the ukulele, and Facetimed her grandpa so we could play "Jingle Bells" for him. As I left, she asked if she could keep the ukulele. I gave her one. I went back an hour later to bring her a tuning diagram, and she was sitting up playing. The nurse told me she had been doing so the whole time since I had left.
Unit	3	Name	4m	M	1	2	3	12	[He] repeatedly threw the shaker out of his cot; when the musicians responded with sound effects of the shaker falling and landing with a bump; he was delighted and grinned. He then repeated the interaction. After a while he tired of the game and lay quietly, the musicians slowed the music... He had controlled both his level of participation and the duration of the session. (Livesly et al., 2016, p. 31)
Unit	4	Name	13	F	1	1	2	25	This patient wanted to try the piano. After playing some simple melodies, she became determined to figure out the theme to "Stranger Things." We listened to it on YouTube and I helped her figure it out by ear. Her caregiver was quite involved in the session - apparently they have quite a few instruments at home and are a musically active family. Both seemed to enjoy the session.



Parting Thoughts

At this time, the field of arts in health is becoming more professionalized. A core curriculum has recently been published by the National Organization of Arts in Health which will be used as a basis for professional certification. This holds promise for continued refinement of arts in health practice, and potential growth of arts programs in healthcare settings nationwide.

The line between music and health practice and music therapy is somewhat blurred, and is the cause of some debate. Music therapy is geared toward specific clinical outcomes, while it has also been shown that arts in health practice promotes health and well-being. However, there seems to be increasing acknowledgment of the value and impact of arts in health programs, and a more collaborative relationship among the range of arts professionals in health care.

Working in the field of arts in health is a way for performing musicians to make a valuable contribution to their community, bringing the positive, enriching impact of music to patients, caregivers and staff. Interactive music-making can offer patients and families new ways to interact with one another, bring joy and humor into their day, and foster health and well-being in the process.

It is my hope that both aspiring and working music practitioners will find this handbook to be a useful resource for background information, evidence-based guidance, and new ways to shape their work. More broadly, I hope that it makes a meaningful contribution to the sharing of ideas in the evolving arts in health landscape.

By being mentally and physically present in the music making, a child can forget their surroundings... staff can become music makers and music enablers too – the music can unite everyone, even for a moment, in a way that diminishes the clinical surroundings of the immediate world of the ward.

(Livesly et al., 2016, pp. 63-64)

References

- Ainscough, S.L., Windsor, L., Tahmassebi, J.F. (2019). A review of the effect of music on dental anxiety in children. *European Archives of Paediatric Dentistry*, 20(1), 23–26. <https://doi.org/10.1007/s40368-018-0380-6>
- Alcock, S. (2008). Young children being rhythmically playful: creating “musike” together. *Contemporary Issues in Early Childhood*, 9(4), 328–338. <http://dx.doi.org/10.2304/ciec.2008.9.4.328>
- Anggerainy, S. W., Wanda, D., & Nurhaeni, N. (2019). Music therapy and storytelling: Nursing interventions to improve sleep in hospitalized children. *Comprehensive Child and Adolescent Nursing*, 42(sup1), 82–89. <https://doi.org/10.1080/24694193.2019.1578299>
- Anron, S., Shapsa, A., Forman, L., Regev, R., Bauer, S., Litmanovitz, I., & Dolfin, T. (2006). Live music is beneficial to preterm infants in the neonatal intensive care unit environment. *Birth: Issues in Perinatal Care*, 33(2), 131.
- Archambault, K., Porter-Vignola, É., Brière, F. N., & Garel, P. (2018). Feasibility and preliminary effectiveness of a drum circle activity to improve affect in patients, families and staff of a pediatric hospital. *Arts & Health*, 1-15. <https://doi.org/10.1080/17533015.2018.1536673>
- Association of Child Life Professionals. (2018). *What is a certified child life specialist?* <https://www.childlife.org/the-child-life-profession>
- Beer, L. (2011). A model for clinical decision making in music therapy: planning and implementing improvisational experiences. *Music Therapy Perspectives*, 29(2), 117.
- Berger, A. A., & Cooper, S. (2003). Musical play: a case study of preschool children and parents. *Journal of Research in Music Education*, 2, 151.
- Bouteloup, P. (2010). *Musique & santé*. Articles: Musique et Santé. <http://www.musique-sante.org/en/articles-en>
- Bringman, H., Giesecke, K., Thörne, A., & Bringman, S. (2009). Relaxing music as pre-medication before surgery: a randomised controlled trial. *Acta Anaesthesiologica Scandinavica*, 53(6), 759–764. <https://doi.org/10.1111/j.1399-6576.2009.01969.x>
- Center for Arts in Medicine. (n.d.). *About the Center*. <https://arts.ufl.edu/academics/center-for-arts-in-medicine/about/what-is-arts-in-medicine>
- Cohen-Salmon, D. (n.d.). *Inviting a musician to your ward?* <http://www.musique-sante.org/en/articles-en>
- Dalla Bella, S., Peretz, I., Rousseau, L., & Gosselin, N. (2001). A developmental study of the affective value of tempo and mode in music. *Cognition: International Journal of Cognitive Psychology*, 80(3), B1–B10.
- Darrow, A.-A. (2014). Promoting social and emotional growth of students with disabilities. *General Music Today*, 28(1), 29–32. <https://doi.org/10.1177/1048371314541955>
- Dawson, W. (2018). *Ukulele for music teachers & music therapists*. (2019). <http://www.william-dawson.com/ukulele>
- DeBúrca, A. (2014). Music in common: Probing the divergent mind-sets underpinning music therapy and music in healthcare. *Arts and Health*. <http://www.artsandhealth.ie/perspectives/music-in-common-probing-the-divergent-mind-sets-underpinning-music-therapy-and-music-in-healthcare/>
- Fancourt, D., Ockelford, A., & Belai, A. (2014). The psychoneuroimmunological effects of music: A systematic review and a new model. *Brain, Behavior, and Immunity*, 36, 15–26.
- Fancourt, D., Williamon, A., Carvalho, L. A., Steptoe, A., Dow, R., & Lewis, I. (2016). Singing modulates mood, stress, cortisol, cytokine and neuropeptide activity in cancer patients and carers. *Ecancermedicalscience*, 10.
- Fancourt, D. & Finn, S. (2019) *What is the evidence on the role of the arts in improving health and well-being? A scoping review*. World Health Organization. <https://apps.who.int/iris/bitstream/handle/10665/329834/9789289054553-eng.pdf>
- Filippa, M., Devouche, E., Arioni, C., Imbert, M., & Gratier, M. (2013). Live maternal speech and singing have beneficial effects on hospitalized preterm infants. *Acta Paediatrica Acta Paediatr*, 102(10), 1017–1020. <https://doi.org/10.1111/apa.12356>
- Fletcher, A., Simon, S., & Carr, S. M. (2019). The 4P participatory arts recovery model: Peers, product, personhood and positive interaction. *Journal of Applied Arts & Health*, 10(1), 41–56.
- Gembris, H. (2006). The development of musical abilities. In R. Colwell (Ed.), *MENC handbook of musical cognition and development* (pp. 124–164). Oxford University Press.
- Gooding, L., & Standley, J. M. (2011). Musical development and learning characteristics of students. *Update: Applications of Research in Music Education*, 30(1), 32–45.

- Grantmakers in the Arts (2017). *Arts in medicine literature review*. Seattle, Washington: Gay Hanna, Judy Rollins, & Lorie Lewis.
- Haack, B. & Silverman, M.J. (2016). Effects of guitar accompaniment style within patient preferred live music on mood and pain with hospitalized patients on a solid organ transplant unit: a three group randomized pilot study. *The Arts in Psychotherapy, 52*, 32-40. <https://doi.org/10.1016/j.aip.2016.09.005>
- Health Information Privacy, (n.d.). Health and Human Services. <https://www.hhs.gov/hipaa/index.html>
- Hodgdon, L.(2000). *Visual strategies for improving communication: practical supports for school and home*. QuirkRoberts Publishing
- Hunter, P. G., Schellenberg, E. G., & Stalinski, S. M. (2011). Liking and identifying emotionally expressive music: Age and gender differences. *Journal of Experimental Child Psychology, 110*(1), 80–93.
- Ilari, B., & Sundara, M. (2009). Music listening preferences in early life. *Journal of Research in Music Education, 56*(4), 357–369.
- Kanellopoulos, P. A. (2007). Children’s Early Reflections on Improvised Music-Making as the Wellspring of Musico-Philosophical Thinking. *Philosophy of Music Education Review, 15*(2), 119–141. <https://doi.org/10.2979/PME.2007.15.2.119>
- Kartomi, M. (1991). Musical improvisations by children at play. *The World of Music, 33*(3), 53–65. <http://www.jstor.org/stable/43562795>
- Kavurmaci, M., Dayapoğlu, N., & Tan, M. (2020). Effect of music therapy on sleep quality. *Alternative Therapies in Health & Medicine, 26*(4), 22–26.
- Kemper, K. J., Hamilton, C. A., Mclean, T. W., & Lovato, J. (2008). Impact of music on pediatric oncology outpatients. *Pediatric Research, 64*(1), 105-109. <https://doi.org/10.1203/pdr.0b013e318174e6fb>
- Koelsch, S. (2014). Brain correlates of music-evoked emotions. *Nature Reviews Neuroscience, 15*(3). <https://doi.org/10.1038/nrn3666>
- Koops, L. H. (2017). The enjoyment cycle: a phenomenology of musical enjoyment of 4- to 7-year-olds during musical Play. *Journal of Research in Music Education, 65*(3), 360–380.
- Krout, R.I. (2006). Music listening to facilitate relaxation and promote wellness: integrated aspects of our neurophysiological responses to music. *Arts Psychotherapy, 34*(2), 134–141
- Kuhn, D. (2002). The effects of active and passive participation in musical activity on the immune system as measured by Salivary Immunoglobulin A (SIgA). *Journal of Music Therapy, 39*(1), 30–39.
- Kurdahi Badr, L., Demerjian, T., Daaboul, T., Abbas, H., Hasan Zeineddine, M., & Charafeddine, L. (2017). Preterm infants exhibited less pain during a heel stick when they were played the same music their mothers listened to during pregnancy. *Acta Paediatrica, 106*(3), 438–445.
- LaBella, M. (n.d.) *20 color coded songs 4 kids! Piano, bells, boomwhackers*. <https://www.teacherspayteachers.com/Product/20-More-Color-Coded-Songs-4-kids-Piano-Bells-Boomwhackers-Music-Ed-Therapy-4430957>
- Lagerlöf, P., Wallerstedt, C., & Pramling, N. (2013). Engaging children’s participation in and around a new music technology through playful framing. *International Journal of Early Years Education, 21*(4), 325–335. <https://doi.org/10.1080/09669760.2013.867170>
- Lehmann, A., Sloboda, J., & Woody, R. (2007). *Psychology for Musicians*. Oxford University Press.
- Livesly, J., Cavanagh, A.J., Charnock, E.M., Garrow, A.L., Lee, A.E., & Long, T. (2016). *Music-making with Hospitalised Children outcomes for children, families, hospital staff and musicians from LIME Medical Notes (2) and Songbirds projects: a research report*. University of Salford. <http://usir.salford.ac.uk/id/eprint/40341/>
- Longhi, E., Pickett, N., & Hargreaves, D. J. (2015). Wellbeing and hospitalized children: Can music help? *Psychology of Music, 43*(2), 188–196.
- Longhi, E., & Pickett, N. (2008). Music and well-being in long-term hospitalized children. *Psychology of Music, 36*(2), 247–256. <http://dx.doi.org/10.1177/0305735607082622>
- Malloch, S., & Trevarthen, C. (2018). The human nature of music. *Frontiers in Psychology, 9*.
- Mangoulia, P., & Ouzounidou, A. (2013). The role of music to promote relaxation in intensive care unit patients. *Hospital Chronicles, 8*(2), 1–8.
- Markova, G., Nguyen, T., & Hoehl, S. (2019). Neurobehavioral interpersonal synchrony in early development: the role of interactional rhythms. *Frontiers in Psychology, 1*.
- Millar, S. R., Steiner, A., Caló, F., & Teasdale, S. (2020). COOL Music: a “bottom-up” music intervention for hard-to-reach young people in Scotland. *British Journal of Music Education, 37*(1), 87–98. <https://doi.org/10.1017/S0265051719000226>

- Millett, C. R., & Gooding, L. F. (2017). Comparing active and passive distraction-based music therapy interventions on preoperative anxiety in pediatric patients and their caregivers. *Journal of Music Therapy*, 54(4), 460–478. <https://doi.org/10.1093/jmt/thx014>
- Musicians on call volunteer handbook (2017). Musicians On Call.
- National Organization of Arts in Health (2017). *Arts, health, and well-being in America*. <https://thenoah.net/wp-content/uploads/2019/01/NOAH-2017-White-Paper-Online-Edition.pdf>
- National Organization of Arts In Health (n.d.). *Publications*. <https://thenoah.net/noah-publications/>
- Newport, E. L. (1975). Motherese: the speech of mothers to young children. *Dissertation Abstracts International, Section B: The Sciences and Engineering*, 36, 2503B–2504.
- Oakland J., (2012) *Music for health: A thematic evaluation of practitioner experiences of work, training and professional development*. <https://musicforhealth.wordpress.com/reports/>
- Palazzi, A., Nunes, C. C., & Piccinini, C. A. (2018). Music therapy and musical stimulation in the context of prematurity: A narrative literature review from 2010–2015. *Journal of Clinical Nursing*, 27(1–2). <https://doi.org/10.1111/jocn.13893>
- Perkins, R. S., Boyce, M., Byrtek, M. C., Ellis, R. C., Hill, C., Fitzpatrick, P. S., & Demirel, S. (2018). Roadmap to wellness: exploring live customized music at the bedside for hospitalized children. *Frontiers in Oncology*, 8(21), 1–6. <https://doi.org/10.3389/fonc.2018.00021>
- Poch de Grätzer, D. (1999). Can music help to improve parent-child communication? *International Journal of Music Education*, 34(1), 47.
- Preti, C., (2009). *Music in hospitals: anatomy of a process*. PHD thesis, Institute of Education, University of London.
- Preti, C., & Welch, G. F. (2012). The inherent challenges in creative musical performance in a paediatric hospital setting. *Psychology of Music*, 41(5), 647–664.
- Preti, C., & Welch, G. F. (2013). Professional identities and motivations of musicians playing in healthcare settings: Cross-cultural evidence from UK and Italy. *Musicae Scientiae*, 17(4), 359–375.
- Preti, C., & Welch, G. F. (2011). Music in a hospital the impact of a live music program on pediatric patients and their caregivers. *Music and Medicine*, 3(4), 213–223.
- Preti, C., & Welch, G. F. (2004). Music in a hospital setting: a multifaceted experience. *British Journal of Music Education*, 21(03), 329–345. <http://dx.doi.org/10.1017/S0265051704005893>
- Rabeyron, T., Robledo del Canto, J.-P., Carasco, E., Bisson, V., Bodeau, N., Vrait, F.-X., Berna, F., & Bonnot, O. (2020). A randomized controlled trial of 25 sessions comparing music therapy and music listening for children with autism spectrum disorder. *Psychiatry Research*, 293. <https://doi.org/10.1016/j.psychres.2020.113377>
- Rao, S. M., & Gagie, B. (2006). Learning through seeing and doing: visual supports for children with autism. *Teaching Exceptional Children*, 38(6), 26–33. <http://doi.org/10.1177/004005990603800604>
- Robb, S. L., Haase, J. E., Perkins, S. M., Haut, P. R., Henley, A. K., Knafl, K. A., Yan Tong, & Tong, Y. (2017). Pilot randomized trial of active music engagement intervention parent delivery for young children with cancer. *Journal of Pediatric Psychology*, 42(2), 208–219. <https://doi.org/10.1093/jpepsy/jsw050>
- Robb, S. L., Clair, A. A., Watanabe, M., Monahan, P. O., Azzouz, F., Stouffer, J. W., Ebberts, A., Darsie, E., Whitmer, C., Walker, J., Nelson, K., Hansin-Abromeit, D., Lane, D., & Hannan, A. (2008). Randomized controlled trial of the active music engagement (AME) intervention on children with cancer. *Psycho-Oncology*, 17(7), 699–708. <https://doi.org/10.1002/pon.1301>
- Rollins, J., Sonke, J., Cohen, R., Boles, A., Li, J. (2009). *State of the field report: Arts in healthcare 2009*. Society for the Arts in Healthcare. https://www.americansforthearts.org/sites/default/files/ArtsInHealthcare_0.pdf
- Rose, D., Jones Bartoli, A., & Heaton, P. (2017). Measuring the impact of musical learning on cognitive, behavioural and socio-emotional wellbeing development in children. *Psychology of Music*, 47(2), 284–303.
- Saint-Georges C, Chetouani M, Cassel R, Apicella F, Mahdhaoui A, Muratori F et al. (2013). Motherese in interaction: at the cross-road of emotion and cognition? (a systematic review). *PLoS ONE*, 10. <https://doi.org/10.1371/journal.pone.0078103>
- Shin, J. (2011). An investigation of participation in weekly music workshops and its relationship to academic self-concept and self-esteem of middle school students in low-income communities. *Contributions to Music Education*, 38(2), 29–42. <http://www.jstor.org/stable/24127189>
- Selle, E.W. & Silverman, M.J. (2019). Cardiovascular patients' perceptions of music therapy in the form of patient-preferred live music: Exploring service user experiences. *Nordic Journal of Music Therapy* 29(1), 57–74.

- Sonke, J. I. (2018). *Assessing dyadic concordance between artists in residence and patients in relation to bedside arts experiences within the arts in medicine program*. <https://www.researchgate.net/project/Assessing-Dyadic-Concordance-between-Artists-in-Residence-and-Patients-in-Relation-to-Bedside-Arts-Experiences-within-the-Arts-in-Medicine-Program>.
- Sonke, J. I. (2011). Music and the arts in health: a perspective from the United States. *Music and Arts in Action* 3(2), 5–14.
- Sonke, J., Pesata, V., Arce, L., Carytsas, F. P., Zemina, K., & Jokisch, C. (2015). The effects of arts-in-medicine programming on the medical-surgical work environment. *Arts & Health: An International Journal of Research, Policy and Practice*, 7(1), 27–41. <https://doi.org/10.1080/17533015.2014.966313>
- Sonke, J., Rollins, J., Brandman, R., & Graham-Pole, J. (2009). The state of the arts in healthcare in the United States. *Arts & Health: International Journal for Research, Policy & Practice*, 1(2), 107–135. <https://doi.org/10.1080/17533010903031580>
- Sorensen, M. (2015). *The neurology of music for post-traumatic-stress disorder treatment: A theoretical approach for social work implications*. Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/msw_papers/528
- Standley, J. M. (2002). A meta-analysis of the efficacy of music therapy for premature infants. *Journal of Pediatric Nursing*, 17(2), 107–113. <https://doi.org/10.1053/jpdn.2002.124128>
- Stegemann, T., Geretsegger, M., Phan Quoc, E., Riedl, H., & Smetana, M. (2019). Music therapy and other music-based interventions in pediatric health care: an overview. *Medicines*, 6(1):25. <https://doi.org/10.3390/medicines6010025>
- Swedberg Yinger, O., & Gooding, L. F. (2015). A Systematic Review of Music-Based Interventions for Procedural Support. *Journal of Music Therapy*, 52(1), 1–77. <https://doi.org/10.1093/jmt/thv004>
- Trainor, L. J., & Cirelli, L. (2015). Rhythm and interpersonal synchrony in early social development. *Annals of the New York Academy of Sciences*, 1337, 45–52. <https://doi.org/10.1111/nyas.12649>
- Thaut, M., & McIntosh, G. (2010, March). How music helps to heal the injured brain. Retrieved from <https://www.dana.org/article/how-music-helps-to-heal-the-injured-brain/>.
- The child life profession* (2018). <https://www.childlife.org/the-child-life-profession>
- Tsang, C. D., Falk, S., & Hessel, A. (2017). Infants prefer infant-directed song over speech. *Child Development*, 88(4), 1207–1215. <https://doi.org/10.1111/cdev.12647>
- Vicente-Nicolás, G. & Mac Ruairc, G. (2014). Music activities in primary school: students' preferences in the Spanish region of Murcia. *Music Education Research*, 16(3), 290–306.
- Wigram, T., Pedersen, I. N., & Bonde, L. O. (2002). *A comprehensive guide to music therapy: theory, clinical practice, research and training*. Jessica Kingsley Publishers.
- Wikoff, N. (2004, November). *Cultures of care: a study of arts programs in U.S. hospitals*. Monograph, Americans For The Arts. https://www.americansforthearts.org/sites/default/files/Arts%20and%20Healthcare%20Nov2004_0.pdf
- Williamon, A., Ascenso, S., Perkins, R., Atkins, L., & Fancourt, D. (2018). Promoting well-being through group drumming with mental health service users and their carers. *International Journal of Qualitative Studies on Health and Well-Being*, 13. <https://doi.org/10.1080/17482631.2018.1484219>
- Yoo, G. E., & Kim, S. J. (2018). Dyadic drum playing and social skills: implications for rhythm-mediated intervention for children with autism spectrum disorder. *Journal of Music Therapy*, 55(3), 340–375. <https://doi.org/10.1093/jmt/thy013>
- Zyromski, N. J. (2020). Music, medicine, and mind. *The American Journal of Surgery*, 219(3), 386–389. <https://doi.org/10.1016/j.amjsurg.2019.11.036>

Arts in Health Projects & Organizations

Americans for the Arts	americansforthearts.org
Arts & Health Ireland	artsandhealth.ie
Arts Health Early Career Research Network	artshealthecrn.com
Berklee Music and Health Institute	berklee.edu/music-health-institute
Carnegie Hall Resources for Families and Kids	carnegiehall.org/Explore/Learn/Families-and-Kids
Center for Arts In Medicine, U. of Florida	arts.ufl.edu/academics/center-for-arts-in-medicine
The Clinic	theclinicperformance.com
Creative Forces: NEA Military Healing Arts	arts.gov/initiatives/creative-forces
Eastman Performing Arts Medicine	urmc.rochester.edu/eastman-performance-medicine
First Aid Arts	firstaidarts.org
Hearts Need Art	heartsneedart.org
International Arts + Mind Lab	artsandmindlab.org
International Assn of Music and Medicine	iammonline.com
JoyRx - Children's Cancer Association	joyrx.org
Medical Musician Initiative	medicalmusicianinitiative.org
Music for Healing and Transition Program	mhtp.org
Music For Health	musicforhealth.wordpress.com
Musicians On Call	musiciansoncall.org
Musique et Santé	musique-sante.org
National Alliance for Arts, Health and Wellbeing	artshealthandwellbeing.org.uk
National Organization for Arts and Health	thenoah.net
NeuroArts Blueprint	neuroartsblueprint.org
Peabody Sound Rounds	peabody.jhu.edu/explore-peabody/community-engagement
Smith Center for Healing and the Arts	smithcenter.org/arts-healing
Snow City Arts	snowcityarts.org
Songs of Love	songsoflove.org
Sound Health, Kennedy Center	kennedy-center.org/nso/home/education-community/nso-sound-health
UCLA Arts & Healing	uclartsandhealing.org
VA Whole Health Initiative	va.gov/WHOLEHEALTH/index.asp

Music Resources

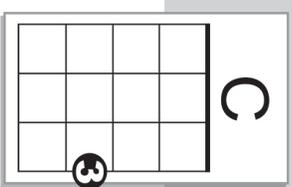
Audacity	audacity.com	Free downloadable audio software
Chrome Music Lab	musiclab.chromeexperiments.com	Colorful music interactives
Digital Musicking	digitalmusicking.com	Companion website to book by William Bauer
Groove Pizza	groovepizza.com	Visual drum sequencer
Incredibox	incredibox.com	Beatbox composition using animation
Justin Guitar	justinguitar.com	Guitar video lessons
Kala Ukuleles	kalabrand.com/education	Ukulele manufacturer with education discounts
LSO Play	play.lso.co.uk	Video immersion in London Symphony performances
Mama Lisa's World	mamalisa.com	International children's music
Musician's Friend	musiciansfriend.com/pages/mfpro	Retailer with education/non-profit discounts
Joy RX	joyrxmusic.org	Curated videos, games and lessons
O-Generator	o-generator.com	Fun and easy loop creator for young musicians
Public Domain Info	pdinfo.com	List of public domain children's songs
Scott's Bass Lessons	scottsbasslessons.com	Electric bass video lessons & seminars
Songsterr	songsterr.com	Play-along guitar tab
Soundtrap	soundtrap.com	Free, cloud-based audio software
Teachers Pay Teachers	teacherspayteachers.com	Resources created by teachers
Traditional Music UK	traditionalmusic.co.uk	Archive of traditional tunes
Ukulele Kids Club	theukc.org	Ukulele charity
West Music	westmusic.com	Retailer with education/non-profit discounts

Printable Visual Aids

On the following pages you'll find printable visual aids.
Lamination or one-time use is recommended.

Songs with One Chord

Are You Sleeping?



C

Are you sleeping,

\\

Brother John,

\\

Morning bells are

ringing,

\\

Ding dang dong,

Are you sleeping,

\\

Brother John,

\\

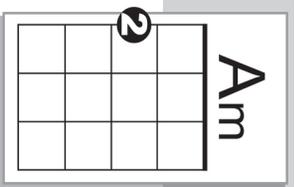
Morning bells are

ringing,

\\

Ding dang dong

Hey, Ho, Nobody Home



Am

Hey,

\\

ho

\\

Meat no drink, no

\\

money have I none

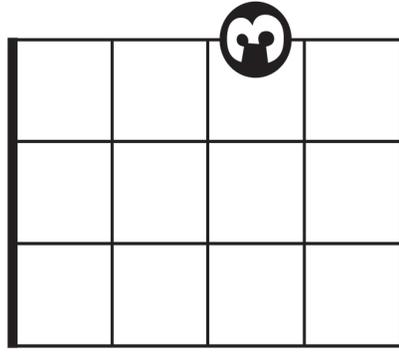
\\

Still, I will, be

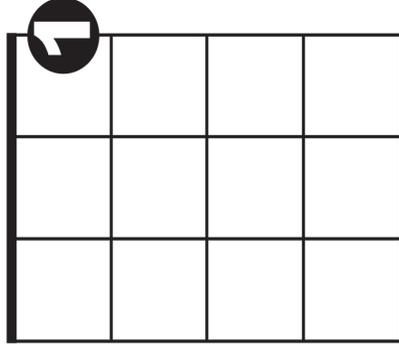
mer-----ry,

Ukulele Chords

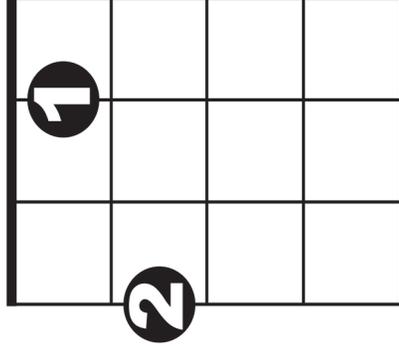
C



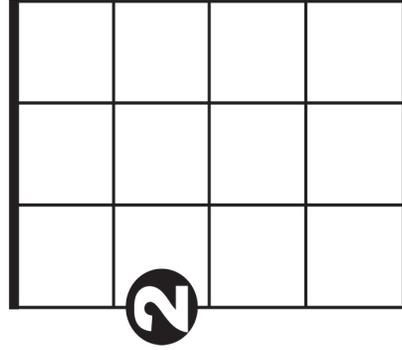
C7



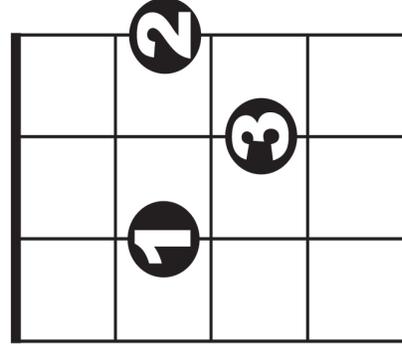
F



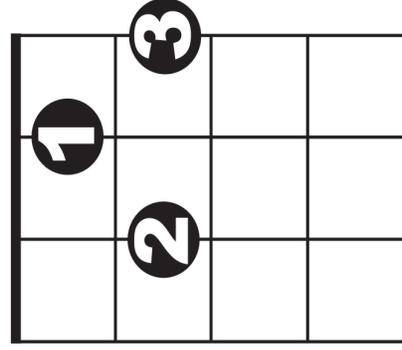
Am



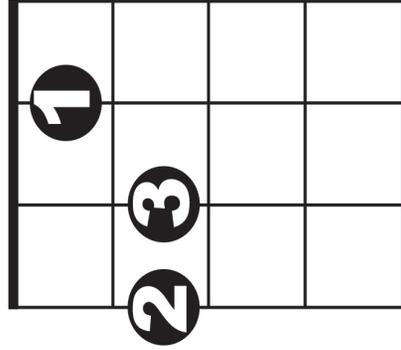
G



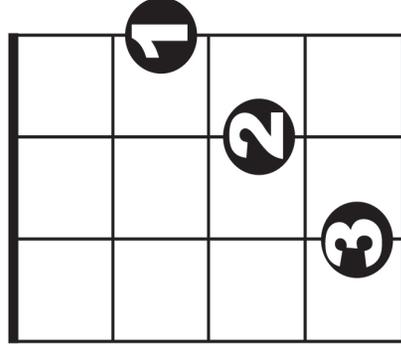
G7



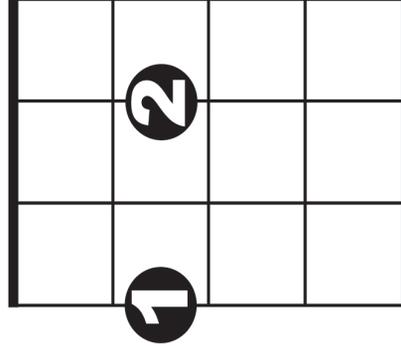
Dm



Em



D7



Amazing Grace

C / /	C / /	F / /	C / /
A-ma-zing	grace, how	sweet	the sound, that
C / /	C / /	G7 / /	G7 / /
Saved	a wretch like	me --	I
C / /	C / /	F / /	C / /
Once	was lost, but	now I'm	found, was
C / /	G7 / /	C / /	C / /
Blind	but now	I	see --

"Twas grace that taught my
heart to fear, and

Grace my fears relieved --- how

Precious did that grace appear, the

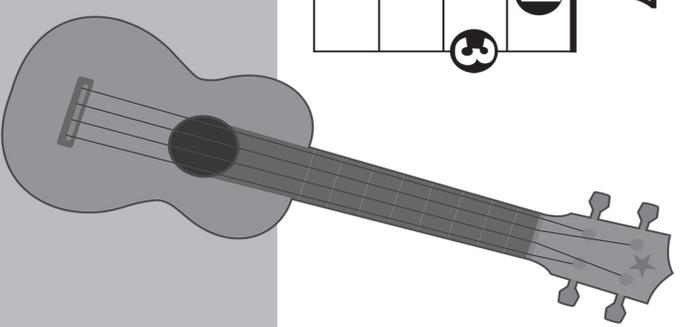
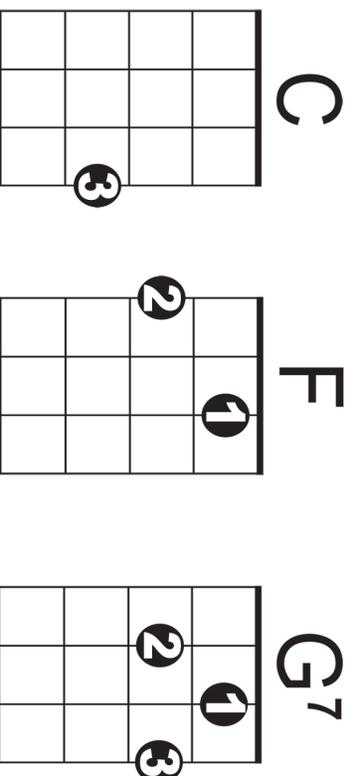
Hour I first believed.

When we've been there, ten
Thousand years, bright

Shining as the sun -- We've

No less days to sing God's praise, than

When we first begun.



Strumming Pattern:
3 downstrums per chord

Hey Ho Nobody Home

Round

①



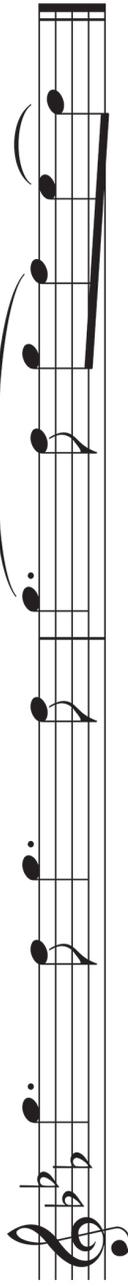
Hey, ho, no - bo - dy home, no

②



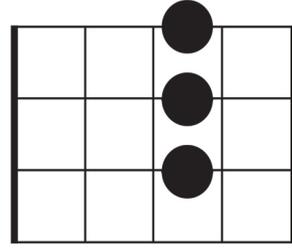
Meat, no drink, no money have I none

③

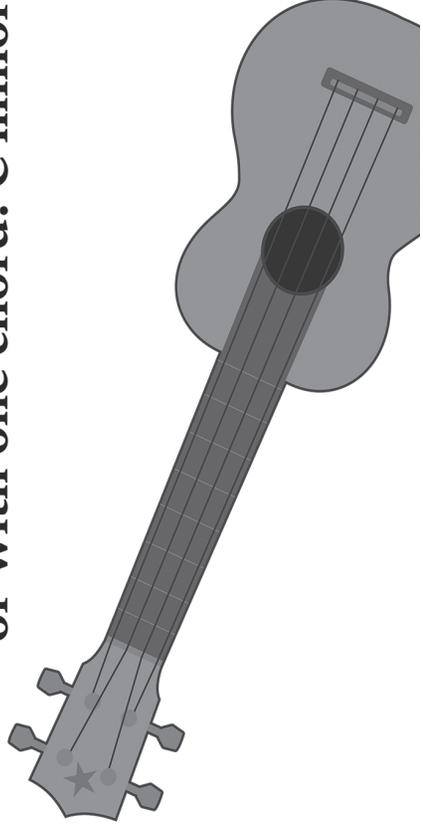


Still I will be mer - - - - - ry

Cm



This can be sung a *cappella*
or with one chord: C minor



Row Your Boat & Sunshine

Row, Row, Row Your Boat

C

Row, row, row your boat

C

Gently down the stream

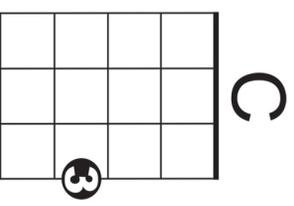
C

Merrily, merrily, merrily, merrily

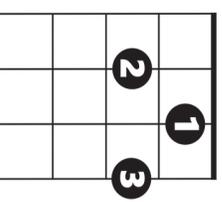
G7

C

Life is but a dream



G7



You Are My Sunshine

You are my

C

Sunshine, my only sunshine, you make me

F

Happy when skies are grey, you never

F

C

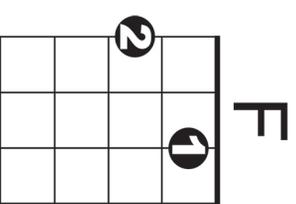
Know dear, how much I love you, please don't

C

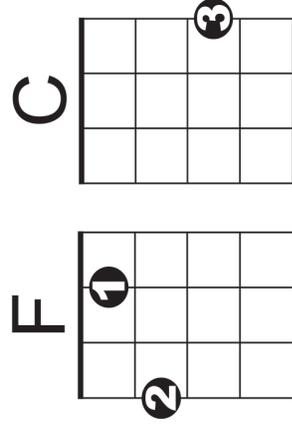
G7

C

Take my sunshine away



Jambalaya



F / / /

(1, 2, 3,) Goodbye

F / / / **C** / / /

Joe me gotta go me oh my oh, me gotta

C / / / **F** / / /

Go pole pirogue on the bayou, my Y-

F / / / **C** / / /

vonne, sweetest one me oh my oh, son of a

C / / / **F** / / /

Gun we'll have big fun on the bayou! Jamba-

F / / / **C** / / /

Laya, crawfish pie and filé gumbo, cause to-

C / / / **F** / / /

Night I'm gonna see my ma cher amio, pick gui-

F / / / **C** / / /

Tar, fill fruit jar and be gay-o, Son of a

C / / / **F** / / /

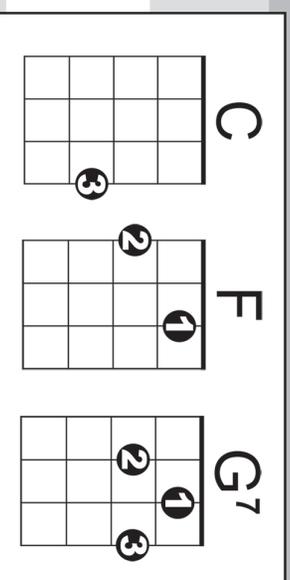
Gun we'll have big fun on the bayou!

HANK WILLIAMS

This Land Is Your Land

4 downstrums per chord

Chord Pattern:



F / / / / **C** / / / / **G7** / / / / **C** / / / /

(count 1, 2, 3) This land is

F / / / / **C** / / / / **G7** / / / / **C** / / / /
Your land, this land is my land, from Cali-

G7 / / / / **C** / / / /
for- nia to the New York island; From the redwood

F / / / / **C** / / / /
forest to the Gulf Stream waters

G7 / / / / **C** / / / /
This land was made for you & me. As I was

F **C**
Walking that ribbon of highway, I saw a-

G7 **C**
-bove me that endless skyway, I saw be-

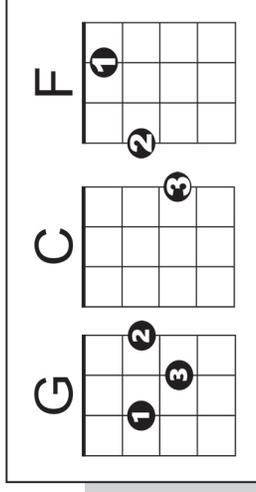
F **C**
-low me that golden valley:

G7 **C**
This land was made for you and me.

The Lion Sleeps Tonight

CHORUS

C F
Awimoweh awimoweh awimoweh awimoweh
C G
Awimoweh awimoweh awimoweh awimoweh (2x)



C / F / C / G /

1. In the jungle the mighty jungle the lion sleeps tonight

C / F / C / G /

In the jungle the quiet jungle the lion sleeps tonight

C / F / C / G /

2. Near the village, the peaceful village, the lion sleeps tonight

C / F / C / G /

Near the village, the quiet village, the lion sleeps tonight

C / F / C / G /

3. Hush my darling, don't fear my darling, the lion sleeps tonight

C / F / C / G /

Hush my darling, don't fear my darling, the lion sleeps tonight

OPTIONAL CHORUSES:

C / F / C / G /

Away up-ho, a wimoweh, A wimoweh, a wimoweh (2x)

C / F / C / G /

Wi... o-wi-o wi-o wimoweh- eh (2x)

This Little Light of Mine

C / / / / This little light of mine,	C / / / / I'm gonna let it shine!
F / / / / This little light of mine,	F / / C / I'm gonna let it shine!
C / / / / This little light of mine,	C / / Am / I'm gonna let it shine, let it
C / / G7 / / Shine, let it shine, let it	C / / / / shine!

Take it all around the world,

I'm gonna let it shine! I'm gonna

Take it all around the world,

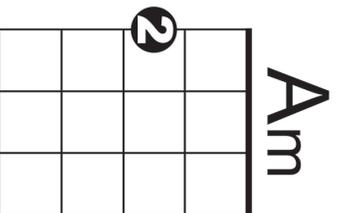
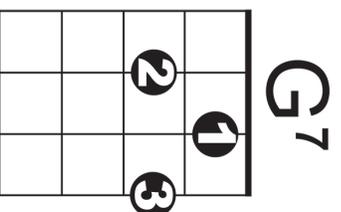
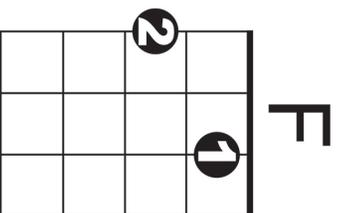
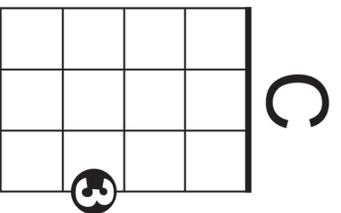
I'm gonna let it shine!

Hide it under a bushel - no!

I'm gonna let it shine!

Hide it under a bushel - no!

I'm gonna let it shine!

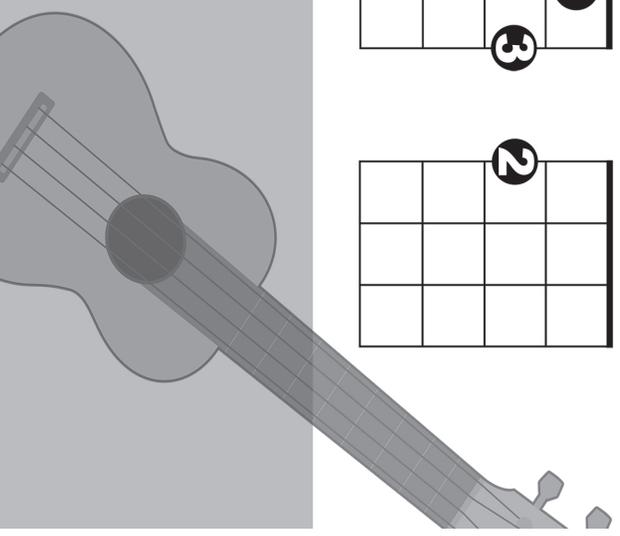


Strumming Patterns:

4 downstrums per measure

Pick, strum, pick, strum

Down, down-up, up down



When the Saints Go Marching In

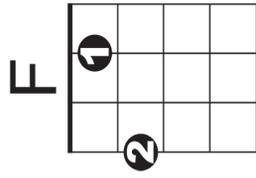
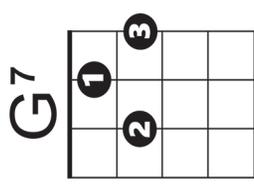
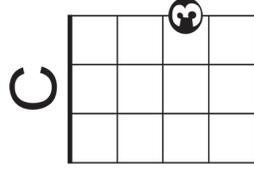
C

Oh when the saints go marching in
G7

When the saints go marching in
C

Oh I want to be in that number
C G7 C

When the saints go marching in



C

Oh when the sun begins to shine
G7

Oh when the sun begins to shine
C

Oh I want to be in that number
C G7 C

When the sun begins to shine

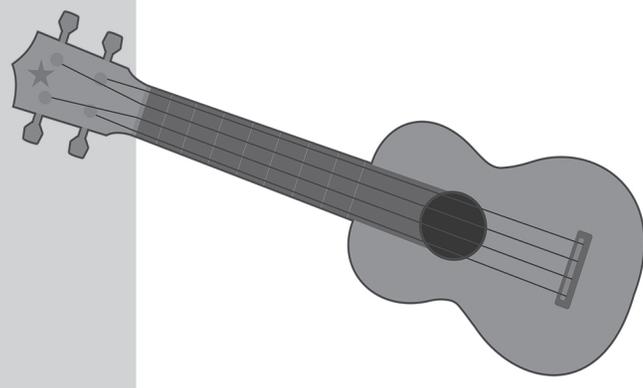
C

And when the band begins to play
G7

And when the band begins to play
C

Oh I want to be in that number
C G7 C

When the band begins to play



Useful Phrases			
English	Spanish	French	Arabic (phonetic)
Hello	Hola	Bonjour	MAR-haban
Hello! My name is Wendy and I am the music person here.	¡Hola! Soy Wendy y soy la persona de la música aquí.	Salut! Je m'appelle Wendy et je suis la musicienne ici.	MAR-haban 'AN-na Wendy wa'AN-na MOO-zeek-ee-OOnaa HOO-na.
Would you like to play?	¿Quieres jugar?	Aimerais-tu jouer?	Hal tu-REE-du entel-LAH-ba
Well done!	¡Bien hecho!	Bien joué!	Ah hh SAN-tu
Great!	¡Muy bien!	Très bien!	AH-thahee mun
Do you have a favorite song?	¿Tienes una canción favorita?	As-tu une chanson préférée?	Hal la-DAYka el NEE-ah-ton mufa-DAH-lah-ton?
Would you like to play more?	¿Un poco mas?	Veux-tu jouer un peu plus?	Tu-REE-du entel-LAH-ba EXtara?
Or are you all done?	¿O terminaste por hoy?	Ou avez-vous fini pour aujourd'hui?	HAL-ee anta HATE-ah?
Thank you	Gracias	Merci	SHO-kran
I love that!	¡Me encanta eso!	J'aime ca!	ah'ab ZELL-lika!
Do you need help?	¿Necesita ayuda?	Besoin d'aide?	hal OCHH-durul MOO-maredah-ta?
So sorry!	¡Lo siento mucho!	Desole!	EHse-FUN jedAN!
Goodbye	Adios	Au revoir	WUH-da-ahn

DRUM PATTERN 3

1 & 2 & 3 4 &

HI HAT



SNARE



BASS



DRUM PATTERN 4

1 & 2 & 3 4 &

HI HAT



SNARE



BASS



DRUM PATTERN 1

1	&	2	&	3	&	4	&
							
HI HAT							
							
SNARE							
							
BASS							

DRUM PATTERN 2

1	&	2	&	3	&	4	&
							
HI HAT							
							
SNARE							
							
BASS							

If you provide bedside music in pediatrics, this book is for you!

"An outstanding contribution to the field."

JUDY ROLLINS, PhD, RN

Learn practical ways in which your music sessions can extend beyond performance into more interactive experiences. Ground your work in research foundations, and explore how improvisation, music learning and joint music-making can provide enhanced benefit to patient health.

- *Arts in health research overview*
- *Evidence-based activities*
- *How to shape a music session*
- *Illustrative anecdotes*
- *How to document your work*
- *Infection control*
- *Printable resources*

About the Author

Wendy Lanxner is Musician in Residence at Johns Hopkins Children's Center. She received a Master's in Music Education from the University of Florida, and studied flute performance and the creative process at Oberlin Conservatory and the University of Massachusetts as an undergraduate. Wendy is a music in health practitioner, teaching artist, composer and music director for several Washington area agencies, serving adults with disabilities, seniors, and youth.



9 781736 579305

ISBN 978-1-7365793-0-5



9 781736 579305