

Population Paper

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Description and Characteristics of the Population

Children in early education are technically between the ages of birth and age 5 (NEA, 2013), but Sugar Creek Elementary includes children from 3-years old to 5-years old in their early learning program (Long, 2014). As I will be completing my practicum at Sugar Creek Elementary, this will be the population from where my clients will be. The children fall in the preoperational stage of development and are typically egocentric (Gfeller, 2008).

Children between the ages of three to five have very specific developmental milestones. Destefanis and Firchow (2009) three-year olds can run around obstacles and catch and throw large balls (gross motor development), stack blocks and assemble simple puzzles (fine motor development), match pictures with objects and recognizes cause-and-effect relationships (language and thinking development), and follow simple directions but does not share well (social and emotional development). For four-year olds, Destefanis and Firchow state that children can control their running and bounce a ball (gross motor), print some letters and cut on a line (fine motor), learns through experience and thinks literally (language and thinking), and shares but can feel jealousy (social and emotional). They also claim that five-year olds can tiptoe and jump rope (gross motor), grasp a pencil and color within lines (fine motor), understand names and opposites and seek knowledge (language and thinking), and seek friends want to conform (social and emotional).

Current Effective Treatment Strategies

A solid foundation during early education is the key to a prosperous life (NEA, 2013). Therefore, best educational practices must be utilized. Destefanis and Firchow state that three-year olds should be encouraged to be independent, should be given sensory activities (e. g., finger painting, puzzles), and should have a fixed schedule. Four-year olds should play word games, should be given positive reinforcement from adults, and should sort, count, match, and compare objects. Finally, five-year olds should count, recognize and describe emotions, and engage in activities that develop gross motor skills (e. g., skipping, hopping).

Fortunately, it appears that using music in a pre-kindergarten classroom on 4 to 6 year old children can help obtain nonmusical objectives. Robb (2003) assessed "attentive behavior, following one-step directions, remaining seated, facing a speaker, and functional object manipulation" (p. 269) using group music therapy and nonmusical play therapy. There were 4 sessions, 30 min each. Two sessions were music therapy, which including singing, playing instruments, and moving to tell the children when to do activities. The nonmusical play therapy groups involved the same content but information was provided verbally and in a game. She found that all of the assessed outcomes were obtained more in the music therapy sessions than in the play therapy sessions. Even using music during transitions has been shown to decrease transition times between tasks (Register & Humpal, 2007). Ritblatt, Longstretch, Hokoba, Cannon, and Weston (2013) also used music as transitions. They used a specific song during the transitions to mark what they children should be doing. They also used CDs or sang songs to the children to teach social skills. Total social skills and specifical social skills of social cooperation,

social interaction, and social independence improved in the music sessions but not in the nonmusic condition.

To obtain outcomes, particularly in reading, the person leading the musical session should provide multiple activities, including playing multiple instruments. The singing activities should provide opportunities for expressive singing (Wiggins, 2007). Also, Figure (2013) lists ten tips music therapists should remember when working in early learning environments. Some of the tips include using short and repetitive music, providing honest and specific feedback, talking a little as possible, using a lot of visual aids, encouraging everyone to participate, knowing the music before the session.

Five Possible Goals

1. Intended Therapeutic Outcome: Client will strengthen gross motor development
 - a. Treatment Objective: Client will march for at least 30 consecutive seconds to strengthen gross motor development.
 - b. Rationale: Children need to practice gross motor movements to master the skill become more independent.
2. Intended Therapeutic Outcome: Client will strengthen fine motor development
 - a. Intended Therapeutic Outcome: Clients will grasp a stick at least once and hold it for at least 30 seconds.
 - b. Rationale: Writing involves fine motor skills. By engaging in this goal, the children are developing the hand and finger strength needed to write.
3. Intended Therapeutic Outcome: Client will increase language and thinking skills.
 - a. Intended Therapeutic Outcome: Client will correctly name an object at least 3 times during the session.

- b. Rationale: Naming objects is important, because it will allow the client to identify what it is that he wants and needs.
- 4. Intended Therapeutic Outcome: Client will improve social and emotional development
 - a. Intended Therapeutic Outcome: Client will correctly identify emotions from facial expressions at least three times during the session.
 - b. Rationale: Understanding emotions leads to understanding people.
- 5. Intended Therapeutic Outcome: Client will improve his knowledge base of academic material
 - a. Intended Therapeutic Outcome: Client will recite the entire alphabet with only one prompt by the tenth session.
 - b. Rationale: Learning the alphabet is a precursor to writing and sorting information.

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