CON ESPRESSIVO: THE DESIGN AND DEVELOPMENT OF A MUSIC THERAPY SYLLABUS AND ASSESSMENT IN SPECIAL EDUCATION

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PhD

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Certificate of Authorship/Originality

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

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Ethics Approval

The Human Resources Committee of the University of Technology, Sydney has provided ethics approval for this research (UTS HREC REF NO. 2005-186A). The Department of Education and Training also approved this study. Permission to include individual student photos and the *Maria Movie* was provided by the special schools and individual parents of the participating students through signed consent forms.

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Abstract

This thesis presents a Music Therapy Syllabus and Assessment designed for the special education context. The research process which influenced the development is outlined. Details are provided of the research steps that include: pilot and extended music therapy interventions, educator questionnaire, music therapist survey and interviews, application of the Assessment and peer review. The music therapist survey included music therapists (n=40) from Australia and the United Kingdom working in the special education context. Ninety percent of surveyed therapists acknowledge applying six or more of the 10 Board of Studies Life Skills Music Education Outcomes (Board of Studies, 2003). These results support the inclusion of Board of Studies Education Outcomes alongside music therapy outcomes in the Music Therapy Syllabus and Assessment. The Music Therapy Syllabus and Assessment include the categories of: communication, initiation, response, movement, social interaction, emotional expression, listening and decision-making. The Music Therapy Syllabus and Assessment seek to validate music therapy in the special education setting by situating music therapy in the education context. The Music Therapy Syllabus and Assessment provide a resource for programming, reporting and linking music therapy to the education curriculum. The Music Therapy Assessment supplies a practical tool that measures activity within sessions which enables accountability within the education context. The inclusion of music therapy and Board of Studies Education Outcomes is combined to produce a Music Therapy Syllabus and Assessment that is accessible to both educators and therapists. This thesis presents the design of the Music Therapy Syllabus and Assessment and outlines the influence of research steps on its development.

Chapter Synopses

Chapter 1 Introduction

This chapter provides an introduction to the research concept, process and structure of the thesis. It outlines the investigation process and the development of the Music Therapy Syllabus and Assessment. The impact of the researcher's experience on the research is briefly explained. The justification for the research is accompanied by a discussion of music therapy as a new profession establishing itself in its own right. In addition, music therapy and music education are discussed in relation to similarities and differences and their intersection via outcomes. Definitions of music therapy and the special education context are also included. Finally, the research methodology is briefly described.

Chapter 2 Literature Review

The literature review chapter outlines music therapy in the special education context. Furthermore, it defines and explores assessment in music therapy, noting existing assessments, significant authors and concepts pertaining to assessment. The chapter discusses the limited extent of music therapy practice currently in special education and the lack of syllabus and standardised assessment documents. The research is situated within the existing literature and examines the intersection between music therapy and music education in special education which underpins the research. Finally, music therapy literature which relates specifically to special education and the music therapy outcomes developed for the research is reviewed.

Chapter 3 Methodology

This chapter presents literature relating to the method and outlines the research design, providing details of its composite steps and literature relating to the method. It also explains the structure of the thesis. The different methodologies employed are outlined and a rationale for choices is provided. The instruments utilised include the educator questionnaire, music therapist survey and interview, which are introduced in brief. The pilot and extended music therapy interventions are described in conjunction with the

data treatment. Development strategies for the Music Therapy Syllabus and Assessment conclude the chapter.

Chapter 4 Pilot Music Therapy Intervention

This chapter describes the pilot music therapy intervention. It was the first research step and involved conducting music therapy sessions in a special school and spending time in the special education environment. The special education context is explained in relation to the practitioner researcher's experience. This step also provided information necessary to construct the later step of the extended music therapy intervention.

Chapter 5 Educator Questionnaire

In this chapter, perceptions of educators that were sought to provide an educational perspective on music therapy in the special education context are presented, it describes the administration and results of a questionnaire directed at special educators. Educators were questioned regarding their knowledge and experience of music therapy and whether they utilised Music Education Outcomes in their teaching. The data is summarised and analysed on a thematic basis.

Chapter 6 Survey of Music Therapists

This chapter presents the survey of music therapists and its results. It describes an international survey disseminated via email, and explains the significance of its results for the Music Therapy Syllabus and Assessment development. The survey, research procedure, design and results are also presented.

Chapter 7 Music Therapist Interviews

The music therapist interview instrument is presented with the research procedure and details regarding the process of analysis. It also includes key themes, results and transcripts of the interviews, the latter of which is located in Appendix B. Finally, it reveals how the results affect the development of the Music Therapy Syllabus and Assessment.

Chapter 8 Extended Music Therapy Intervention

The extended music therapy intervention is described in this chapter and includes descriptions of music and activities applied in the music therapy sessions, alongside procedures employed to implement the music therapy intervention. The music therapy setting and music therapy programme are also detailed. The chapter includes results from applying the Music Therapy Assessment to the videos recorded during the sessions. This information is summarised in assessment charts. An edited version of the music therapy sessions is presented in the *Maria Movie,* a CD which shows typical music therapy methods and student responses from the intervention (see Appendix F).

Chapter 9 Music Therapy Syllabus and Assessment Development

This chapter presents the development of the Music Therapy Syllabus and Assessment. It includes descriptions of the influences of the research steps and the peer review. The peer review comprised publication, professional dissemination with requests for feedback, graduate student trialling of the Assessment and comment from the interviewed music therapists.

Chapter 10 Discussion and Conclusion

The final chapter of the thesis summarises the research process. It highlights findings and the consequent development process of the Music Therapy Syllabus and Assessment. This chapter describes the achievements of the research and summarises the knowledge gained. Future directions, limitations of the investigation and recommendations are made regarding further research and the application of the Music Therapy Syllabus and Assessment. It also includes the researcher's hope that the Music Therapy Syllabus and Assessment will increase access to music therapy in the special education context.

Personal Prologue

I became a music therapist through my experience as a music educator. I witnessed the unique potential of music to transform, motivate, capture, and provide a bridge for expressive opportunities (*con expressivo*).

As I embarked on the life changing journey to become a music therapist, I observed the joy and magic that the experience of communication through music could give a child. I was influenced early in my training through meeting and observing the work of the late Clive and Carol Robbins, who were significant and pioneering music therapists in establishing the Nordoff-Robbins Music Therapy Method. Children with profound disabilities experience very restricted lives and an observer could be forgiven for feeling despair. Over the past 25 years, I have observed these children being transformed by the music therapy experience into personalities that overcame the challenges of disability to engage in the world through musical communication and thus experience sharing and relationship. To offer anyone, particularly a child, a door to his or her potential, a way to reach through the isolation that disability can cause, is truly remarkable. It has practical and authentic meaning in a disturbing twenty-first century world.

I have completed this research for the same compelling reasons that I became a music therapist; simply because I wanted more children to 'speak' through music, more children to escape the loneliness of disability and be enabled to build relationships with others. This research has produced practical tools, the Music Therapy Syllabus and Assessment, in order to enhance the application of music therapy for children with special needs.

This research improves the accessibility of music therapy for children because it establishes music therapy as an educationally valid intervention. It is my hope that there will be more music therapy opportunities and interactive communication in the lives of children challenged by life circumstance and disability.

Glossary

AMTA The Australian Music Therapy Association is referred to as the AMTA.

APMT The Professional Association of Music Therapists for music therapists in the United Kingdom is referred to as the APMT.

BOS The **Board of Studies** is referred to using the abbreviation **BOS**. The **Board of Studies (BOS)** is a government funded and regulated organisation which designs curriculum, education guidelines, testing and assessment. It also provides advice for the implementation of education in New South Wales, Australia.

CPA The **Creative and Performing Arts Syllabus K-6** will be referred to as the **CPA** Syllabus in this thesis.

Educator The term **educator** refers to staff who are encountered in education settings during the research steps. In the special education setting, this includes teachers' assistants, special education teachers, assistant principals and principals at the special education schools where the research was conducted.

LS The **Life Skills Music Education Syllabus** is a curriculum document produced by the Board of Studies and will be referred to in this thesis as the **LS** Syllabus. The Life Skills Syllabi have been produced for different stages and subjects within special education; however, it is the Music Education Syllabus from the Life Skills Syllabi that features significantly in the research.

Music therapists Those referred to as **music therapists** indicates that they are practising music therapists registered in Australia or the United Kingdom by their respective professional associations (Australian Music Therapy Association or Association of Professional Music Therapists) at the time of their participation in the research.

PDHPE The **Personal Development, Health and Physical Education Syllabus** produced by the Board of Studies for Years 7-10 will be referred to as the **PDHPE** Syllabus.

Students Children participating in music therapy are referred to as **students**. The postgraduate music therapy students who trialled the Music Therapy Assessment as part of the peer review process are referred to as **music therapy students**.

Chapter 1
Introduction

In song and story, space and time, man makes sense of his life and environment, providing a framework of reference for his awareness of himself and other species. It is a search for synthesis and fulfillment at ever higher levels of perception. Harmony and stability out of discord and chaos, resolved symbolically to grasp the discrepant and thereby make it whole. If architecture is frozen music then creativity is the supreme musical experience, the song of songs which irrefragably state the divine totality and ever present eternal life.

(Lee, 1996, p. 159)

This research designs a Music Therapy Syllabus and Assessment for application in special education settings. Music therapy does not currently have its own syllabus and assessment and it is this crucial gap that the research seeks to address. The current educational reference points of the Music Therapy Syllabus and Assessment are drawn from the existing curricula of the New South Wales Board of Studies (BOS) Life Skills (LS), Personal Development, Health and Physical Education (PDHPE) and Creative and Performing Arts (CPA) Syllabi. The BOS is a government funded and regulated organisation which has responsibility for setting curricula in New South Wales. The research for this thesis utilised the intersection of the two disciplines, music therapy and music education, as the foundation for the development of the Music Therapy Syllabus and Assessment.

This chapter introduces the research concept and outlines the research steps of the investigative process, including their relevance to the particular needs of the special education context. The chapter presents the researcher's experience and perspective that have influenced the research and provides preparatory material for the investigation.

Definitions of music therapy in the special education setting are included in this chapter and their recognition of the similarities and differences between music therapy and music education is highlighted. Special education refers to education that addresses the individual needs of all students with particular education requirements. Definitions are included for terms such as 'music education' and the 'special education context'. The research method is described, the thesis structure outlined, and the role of the researcher explained. A summary concludes the chapter.

The investigation was inspired by many years of professional practice in both music therapy and music education in the context of special education. It was a journey about reconciling the two professions of music therapy and music education, acknowledging

their shared outcomes, common musical content and also their differences. By articulating the intersection of music therapy and music education, the project demonstrates how this convergence supports music therapy as it meets the demands of special education students.

The experience of practising music therapy in the special education context without adequate support tools and documentation provided the stimulus for designing a syllabus and assessment. The desire to capitalise on the interface between music therapy and music education in practical terms necessitated exploration of the context from different perspectives. These perspectives include those of educators, the music therapy profession, and a practising music therapist as the researcher.

As noted above, this research began with the acknowledgment and exploration of the shared ground of two professions: music therapy and music education. Their intersection is explored and utilised as the foundation upon which the Music Therapy Syllabus and Assessment (see Figure 1) were designed. The educator questionnaire and the music therapist survey research steps include Music Education and Life Skills Music Outcomes drawn from the BOS Syllabi. The responses provided the beginning of the project and the development of the music therapy outcomes, which become the basis for the simultaneous development of the Music Therapy Syllabus and Assessment.

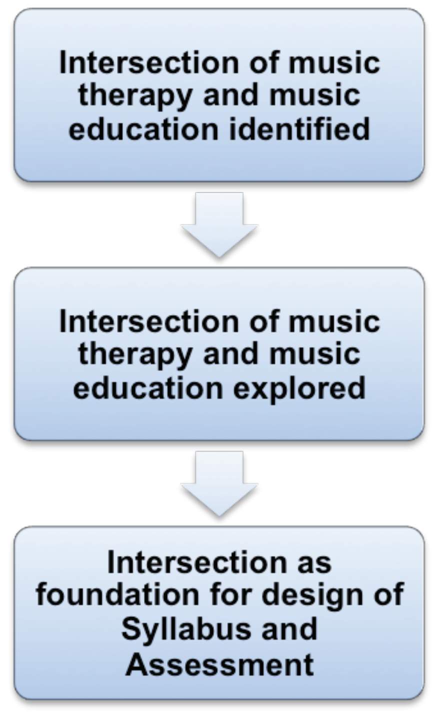

Figure 1 Research plan

The project explored the intersection between the well accepted field of music education and the lesser known field of music therapy, to facilitate understanding of similarities and differences. This understanding was used to provide clarity in order to delineate the roles of both professions in special education. The current development of a national curriculum by the Australian Curriculum, Assessment and Reporting Authority (ACARA) increases the relevance of producing a Music Therapy Syllabus and Assessment.

Thesis structure

The thesis structure begins with the current introductory chapter followed by the presentation of the literature review. The methodology chapter, which outlines the research process, is presented next in chapter 3. Chapters 4-8 each contain the explanation of steps in the research process, culminating in chapter 9, which describes the actual development of the Music Therapy Syllabus and Assessment as shaped by the research steps, and presents peer review results. The thesis concludes with a final chapter (10) that summarises the achievement of the research project, noting its limitations and offering future recommendations. The Music Therapy Syllabus and Assessment are presented following the concluding chapter.

Researcher experience

The experience of this researcher as a practising music therapist in special education is relevant as it exposed the need for music therapy documentation in this setting and defined the researcher's stance. In fact, it is the researcher's background in the two professions that has driven the project. The researcher's professional life began in music education and quickly progressed into music therapy. After several years in music education, the researcher began training as a music therapist in Australia, and then transferred to the United Kingdom, where she practised in special education. Upon her return to Australia, her work included contributions to curriculum development and teaching Graduate Diploma in Music Therapy students at the University of Technology, Sydney, whilst continuing to work as a music therapist and music educator. The researcher has maintained both professions for over 25 years. This investigation is thus based on both music therapist and music educator experiences and presents a hope that music therapy will be more widely recognised in special education, facilitated by the

development of the Music Therapy Syllabus and Assessment. Therefore, the experience and understanding of both disciplines inform the development of this project.

Purpose

The research sought to enhance the integrity and independence of music therapy as a treatment modality and the intrinsic contribution it makes to education. The value of music therapy is not widely recognised; therefore music therapists feel the need to justify their role. They often have to fight for funding and they rarely achieve employment security. Hintz (2000) believes that a specific music therapy assessment tool will give our profession an independent identity among health care professionals. This investigation is concerned with establishing music therapy on the educational map through its contribution to the literature and production of a practical and educationally integrated Music Therapy Syllabus and Assessment. Its purpose is to increase the music therapy profession's integrity and independence, which will lead to a more successful acceptance in the special education context. The need for an assessment is closely linked to an increase in professional recognition, a recurrent concept in the literature.

This research has developed a Music Therapy Syllabus and Assessment for a context where there is currently no standardised documentation. It provides music therapists with measurable outcomes and links music therapy to existing educational structures. The Music Therapy Syllabus and Assessment fulfils a need in the special education context for music therapists.

Justification

The impetus for the project arose from the researcher's years of clinical practice, the experience of colleagues, and professional knowledge, all of which contributed to perceptions regarding the role and challenges of music therapists in special education. The research was prompted by questions which include: why are so few music therapists (n=135) (AMTA, 2006) working in Australia in special education? Why are the benefits and potential of music therapy not fully recognised by educators? Music therapists in educational environments have minimal documentation with which to guide their processes and inclusion. Issues relating to the status of music therapists, their accountability and definitions of their role are consequences of the lack of formal documentation. These perceptions were supported by the data gathered by the research steps, details of which are provided later in the thesis. Whilst there are some

measurements tools available they are not specific or linked to educational outcomes. Further extrapolation of this follows and is also presented in the literature review in chapter 2.

The need for a music therapy assessment

The researcher began this project in order to improve conditions and support music therapists in their practice in special education (Langan, 2009). The design of a Music Therapy Syllabus and Assessment for the special education context as a means of rectifying the lack of documentation is supported by the literature. Baker (2009), a respected Australian music therapy academic with an international profile, endorses this concept. She recommends that comprehensive and systematically developed and tested assessment scales are needed. She suggests that such scales would ensure that clinicians provide the most appropriate therapy programmes and client progress is accurately evaluated.

Music therapy: a new profession

Music therapy is a relatively recent profession that established its professional body in Australia in 1975 (Bright & Grocke, 2000), the United Kingdom in 1976 (APMT, 2007), and the United States of America in 1971 (AMTA, 2010). It was established as a profession in the Public Service of New South Wales in 1972 (Bright & Grocke, 2000). Music therapy utilises theories from education, psychology and the discipline of music to explain its phenomena and practice.

Music therapy as an independent discipline

This research focuses on music therapy as an independent profession which measures its own achievements against its own outcomes. In music therapy literature, it is common for the impact of music therapy to be tested against measures imported from other disciplines. For example, research by Lim (2010) uses music therapy to measure verbal communication (see chapter 2). Consequently, music therapy achievements or outcomes are measured indirectly; music therapy is used in Lim's study as a means to improve another measure. This does not devalue the achievement of music therapy interventions that generalise into other areas of a student's abilities. It is a comment regarding the nature of music therapy research and its measurement which often operate

externally to music therapy. It seems that music therapy as a profession has not been awarded independent legitimacy; rather, it continues to be measured and reflected outside its practice against other disciplines. This research focuses on music therapy as an independent profession with integrity, which measures its own achievements against its own music therapy outcomes.

Music therapy: definitions

The research context

The research setting for this project is New South Wales, Australia; it is therefore appropriate to provide an Australian music therapy definition. The Australian Music Therapy Association describes music therapy in special education as 'the functional use of music to achieve and enhance special education goals, while offering an alternative to traditional teaching methods' (Leung & Flood, 2003). This definition emphasises special education goals rather than music therapy goals. This research, however, emphasises specific music therapy goals in the special education setting.

The United Kingdom context

Including a definition from the United Kingdom (UK) is relevant for two reasons. Firstly, the researcher trained and worked in the UK and, secondly, just over half (n=21) of the music therapist survey respondents were UK based (see chapter 6). Bunt offers a definition of music therapy that emphasises the relationship and process of the therapy rather than education goals, as occurs in the Australian definition. He states: 'Music therapy is the use of sounds and music within an evolving relationship between client and therapist to support and encourage physical, mental, social and emotional well-being' (Bunt, 1994, p. 8).

Researcher definition

Music therapy can be simply described as the use of sound and music to achieve therapeutic aims. Similar to other forms of therapy, music therapy strives to establish relationships, foster expressive (*con expressivo*) communication and work for change and improvement within a therapeutic process. Practice is conducted with individuals or small groups. It is the combination of music and a therapeutic relationship to achieve

therapeutic goals (see Figure 2) that makes the process unique. A therapeutic relationship is the relationship that evolves between the recipient/s of music therapy and the music therapist. It is upon this relationship that communication processes are based. This definition is particularly relevant to this research because it immediately distinguishes music therapy from music education by including the therapeutic relationship.

Music + Therapeutic Relationship = Music Therapy

Figure 2 Definition of music therapy

The researcher's music therapy philosophy is articulated by the definition of Gertrude Orff (as distinct from Carl Orff, the proponent of Orff-Schulwerk), who was significant in the early development of the field. Gertrude Orff's conceptualisation captures the child centred therapeutic orientation of the discipline. It is a view that remains an ideal for the researcher in the highly structured and complex special education environment rather than a reality. Unfortunately, in the special education environment, it is not always possible to support the freedom that Orff's definition implies.

> The treatment occurs as a process, metaphorically as a walk along a path. The winding paths are to be given preference, those kinds of paths along which children like walking. The direction, the 'whither', is certainly indicated by the therapist. She will accompany the child on all detours and byways, and will linger where a lingering place presents itself (Orff, 1974, p. 15-16).

Recipients of music therapy

Music therapy is used across all ages to both facilitate well-being and to support clients with special needs. The focus of this research is on music therapists in special education working with children and adolescents with intellectual, physical and emotional needs. Such needs may include: learning disabilities, cognitive delay, disease, congenital conditions, oncology and palliative care. Hanser writes: '(T)he clientele benefiting from music therapy is varied, encompassing young and old, acutely and chronically ill, educationally, physically, socially, and emotionally challenged' (Hanser, 1999, p. 2).

Music therapy settings

Music therapy may be practised in education and health facilities and also more generally in the wider community. Sessions may take place in classrooms, hospital wards, centres, homes or music therapy specific facilities.

Music therapists

Music therapists have postgraduate qualifications that are recognised by their professional association and lead to registration. Music therapy training includes: knowledge of the areas of psychology, therapeutic theory, communication and child development, music skills and applications for music therapy.

Music therapy and music education

Similarities

Music therapists and educators share their music methods through interaction with students. Both utilise music as a tool for their specific goals, which are primarily *change* for music therapists and *skill achievement* for music educators. Both music therapists and music educators sing, play instruments, improvise, compose and move to music with their students. Both professions are rich in creative potential and extend their reach into each others' fields. The close relationship between music therapy and music education provides the basis for the development of the Syllabus and Assessment. Darrow (1996) articulates the connection through goals and objectives, explaining that music therapists and music educators are often working on many overlapping goals and objectives. Robertson (2000) suggests that 'the perceived boundaries between music education and music therapy are becoming less distinct' (p. 41) and Woodward (2000) describes the two as having an 'overlap' (p. 94). These ideas have relevance to this study because they link to the music therapy and music education confusion identified in the literature and the special educators' responses. However, Rudd (2001) also highlights this by describing it as a 'hidden therapeutic agenda' held by music educators and it is discussed in further detail in the literature review.

Differences

In general, music therapists are more focused on measuring the *process* of therapy rather than measuring the final *outcomes*. Music educators have aims that are more skill and outcome-directed. The music therapist aims for communicative and emotional change as a primary goal; improvements in music or communication skills that are achieved are gratefully accepted and can in turn improve functioning for the participant. In contrast, the music educator focuses on engagement in the music-making, a specific skill or on the achievement of a performance standard.

Intersection of music therapy and music education via outcomes

Music therapy and music education are both directed processes that include engaging students, music and a professional therapist or educator. They share methods such as singing and playing, improvising and moving to music with some shared outcomes. Educational outcomes were selected to negotiate the intersection between the two disciplines and formed the foundation of the Music Therapy Syllabus and Assessment (see Figure 3). As a music educator, the researcher is familiar with educational outcomes; however, during the research process two events further inspired outcome exploration. The first event was a written comment by an educational researcher from the Department of Education and Training, who approved the research process and supported the researcher's acknowledgement of educational outcomes in the methodology. This encouraged the researcher to place more significance on the outcome data gathered by the educator questionnaire and the survey of music therapists. The second event was the receipt of the educational programme from a teacher in the extended music therapy intervention classroom. This programme, designed for the special education context, relied on the PDHPE Syllabus for much of the social and personal communication learning. These events influenced the researcher regarding the selection of a Creative and Performing Arts (CPA) Outcome, ten Life Skills Outcomes and nine PDHPE Outcomes which were included as part of the Music Therapy Syllabus and Assessment (see Figure 3).

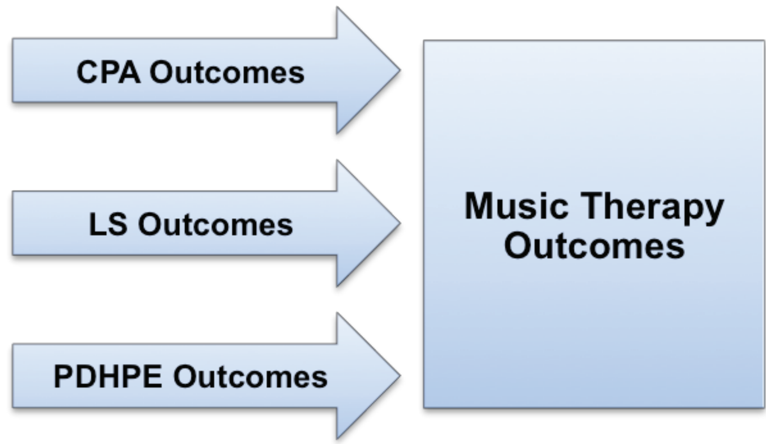

Figure 3 Outcome links: Music therapy to education

Educational and music therapy collaboration

Support for reliance on an educational model as applicable for this research was provided by a renowned music therapist. Ruud wrote a foundational music therapy text called *Music Therapy Definitions* (1978) that includes music therapy definitions and outlines of theoretical styles. Ruud concludes that there are a variety of prevailing approaches and suggests that music therapy should not confine itself to one approach.

In the keynote address to the 13th Nordic Congress of Musicology, held in Denmark (2001), Ruud suggests collaboration and notes different models similar to his case in *Music Therapy Definitions* (1978). His suggestion of collaboration has been influential and is reflected in this thesis by linking music therapy to education through outcomes. Ruud states:

> The prevailing variety of approaches reflects man's potential ways of regarding himself…The field of music therapy therefore ought to be an open field where different models of understanding are given the possibilities to collaborate with each other (Ruud, 1978, p. 71).

Special education context

Special education is a varied and rich area of music therapy practice. It includes early intervention, education, community and health settings. The focus of this research begins from kindergarten (K) or school entry level, up to school leaving in Year 12 (12). All special education settings are directed by the K-12 curriculum provided by the BOS. Education services are supplied by government and private providers and supported by the BOS curriculum. The early intervention

programmes that a music therapist may be involved in focus on preparation for school entry, which in turn supports the choice of focus on K-12 for the Music Therapy Syllabus and Assessment. Special education outside school, in the community or health settings is also guided by the K-12 curriculum. Therefore, the BOS curriculum may be considered the core directive within special education, which explains why it is an integral component within the Music Therapy Syllabus and Assessment. The entire NSW Board of Studies Curriculum is based on Education Outcomes. This is the established standard for the state of NSW; therefore, it is a reliable standard for the Music Therapy Assessment.

For music therapy, the challenge is to adapt to the educational requirements of the setting. The music therapist may be required to follow educational and behavioural plans, and work towards educational goals, whilst simultaneously striving towards music therapy goals. Further details regarding the special education context are provided in the literature review (see chapter 2) and in the chapters describing the pilot and extended music therapy interventions (see chapters 4 and 8).

Methodology

The aim of this project is to design the Music Therapy Syllabus and Assessment by investigating the special education setting through music therapists and educators, and by conducting music therapy in this setting. The research steps include: educator questionnaire, music therapist survey and interviews. Two clinical music therapy steps were also included in the research process: the pilot and extended music therapy interventions. These steps ensured that the research remains relevant to music therapy practice. The extended music therapy intervention also offers an opportunity to apply the Music Therapy Assessment to a clinical situation (see Figure 4).

The resultant data present a view of music therapy practice that is positive yet challenged by issues within the special education context. Part of the solution is to improve available documentation in order to facilitate and validate music therapy in the special education context. The final research step comprises peer review through publication, graduate student trial, colleagues and dissemination within the professional music therapy association. Further description of the methodology is presented in chapter 3 and reinforced by details in chapters 4 to 9, which outline the research steps.

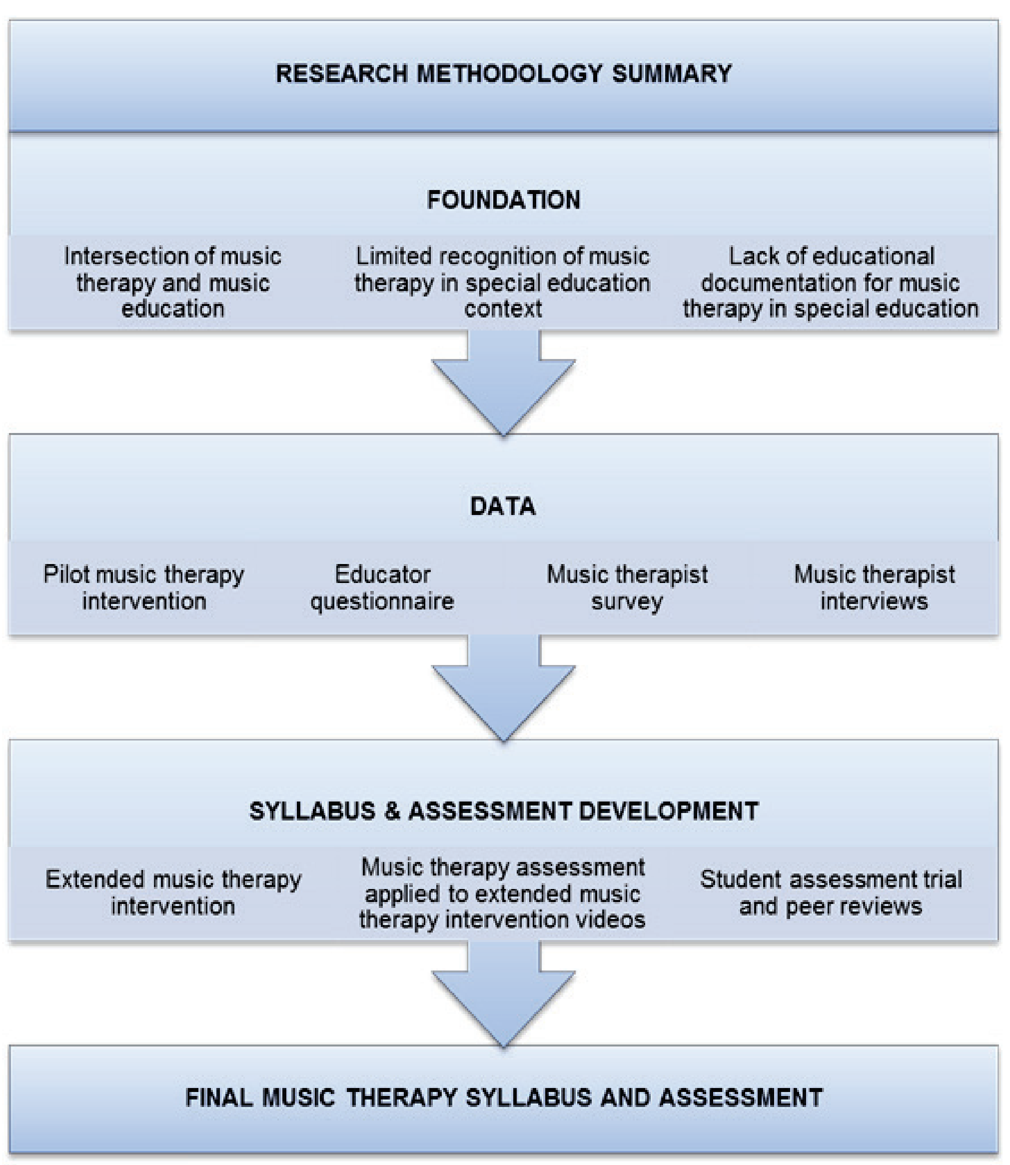

Figure 4 Research methodology summary

Researcher as practitioner researcher

This section explains the primary roles taken by the researcher. These are the roles of researcher and clinical music therapist during the investigation, best described as the practitioner researcher role. This role is discussed in chapter 3 as it relates to the methodology and research process. In this thesis, the practitioner researcher role will be referred to as 'the researcher' throughout the investigation. The role of researcher in this project also encompasses administration of the educator questionnaire, music therapist survey, music therapist interviews, peer review and music therapy interventions.

Chapter summary

Music therapy in the special education environment needs support because it is not fully accepted as a profession of significant benefit in this setting. The combination of evidence-based practice in health, statistically driven results in education, and economically motivated decision-making has produced a climate that is not always receptive to music therapy. With its emphasis on expression, relationships and development, music therapy is less easily measured. In the special education environment, music therapy attempts to function in a context where accountability and achieving measurable outcomes are a priority.

The next chapter presents the literature review followed by the methodology, then chapters outlining the research steps of: pilot music therapy intervention, educator questionnaire, music therapist survey and interviews, extended music therapy intervention, application of Assessment, the development of the Music Therapy Syllabus and Assessment and peer review. The Music Therapy Syllabus and Assessment are presented following the concluding chapter of the thesis.

This research provides music therapy with a Syllabus and Assessment designed for its own unique requirements. These documents link to the educational context but maintain the integrity of music therapy. The music therapy outcomes within the Music Therapy Syllabus and Assessment are independent of the education outcomes, as evident in the Brief Music Therapy Assessment.

Chapter 2
Literature Review

As the biggest library, if it is in disorder is not as useful as a small but well-arranged one, so you may accumulate a vast amount of knowledge but it will be of far less value than a much smaller amount if you have not thought it over for yourself.

(Schopenhauer n.d.)

Introduction

This chapter reviews relevant literature in order to locate and support this research within the current music therapy literature. It particularly addresses music therapy, its assessments, and its role in special education. The literature review does not seek to explore every aspect of music therapy in special education. It has taken a targeted approach that includes pertinent topics that relate to the specific purpose of the research. Therefore, it has included the limited application of music therapy in special education; limitations in existing music therapy assessment tools; the music therapy and music education intersection; special education assessment; and the background to the music therapy outcomes. In order to identify existing assessments currently used in special education, the review includes an investigation of school assessments by Wilson & Smith (2000); and a survey of assessments used for Autism Spectrum Disorder by Walworth, (2007). Assessment examples including the Social Communication, Emotional Regulation and Transactional Support (SCERTS) Model which is used for children with Autism Spectrum Disorder (Walworth, 2007); and the Individualised Music Therapy Assessment Profile for pediatric and adolescents (IMTAP) (Baxter, Berghofer, MacEwan, Nelson, Peters, & Roberts, 2007) are discussed. A discussion in the literature of evidence-based assessment is followed by an exploration relating to music therapy and music education.

Literature relating to each of the music therapy outcomes designed by the research is included. The scope of the project is explained as well as noting its limitations. The chapter concludes with an examination of papers published in the *Journal of Music Therapy* about children, special education and assessment. The review provides an up-to-date summary of current international perspectives presented in a summarised chart

format. This material leads into chapter 3, the methodology, which contains literature pertaining to the method for the research steps.

Music therapy

This section discusses music therapy literature and expands the knowledge presented in chapter 1. It begins by noting the limited amount of music therapy applied in special education, followed by an outline of music therapy in special education. This is followed by sections on the use of musical analysis for measurement in music therapy and music therapy efficacy.

Limited application of music therapy in special education

The literature reveals the limited amount of music therapy practice in special education. Daveson & Edwards (1998) note limited music therapy in special schools. There are only 135 music therapists nationwide in Australia working mostly part-time in special education (AMTA, 2006) and 387 in the United Kingdom (APMT, 2010-2011). The estimate from PROMISE research funded by London University in 2001, suggests that only five % of pupils in UK special schools receive music therapy (Cheng, Ockleford, & Welch, 2009).

Music therapy in special education

Music therapy in the special education setting is not a new development (Alvin, 1975; Bunt, 1984; S. Wilson, 1991). Indeed, there are numerous examples of music therapy in special education settings (Birnbaum, 2005; Brownell, 2002; Cobbett, 2007; DeBedout & Worden, 2006; Hill, 1997; Katagiri, 2009; Kern & Aldridge, 2006; Lim, 2010; Rickson, 2006). The Nordoff-Robbins music therapy method which is based on practice with special needs children (Kim, 2004) has also expanded to include non-education populations (Aigen, 2009).

Music therapy is not widely accepted. Stephenson, an academic in the field of special education (2006), states that many special educators consider music therapy to be a controversial practice that is unsupported by empirical research. She is critical of the music therapy literature and suggests that music therapy as an educational intervention has little evidence to support it (Stephenson, 2006). The current research proposes two

possible solutions for Stephenson's criticism: (1) to provide more musical evidence through music therapy outcomes; and (2) to provide measurable Educational Outcomes for music therapy. The knowledge of this debate reinforces the need for practical solutions to support music therapists in special education. It highlights the issues from an educational perspective and supports the design of a Music Therapy Syllabus and Assessment that is acceptable and understood by educators. Stephenson's 2006 publication was followed by a paper in which she and a music therapist and academic McFerran, answer questions regarding the requirement to provide more evidence for music therapy in special education. Stephenson is a proponent of evidence-based practice and she explains that special education has always had a 'strong emphasis on research-based practice' (McFerran & Stephenson, 2006, p. 123). She suggests that the majority of special educators accept that education can be studied scientifically. In a sense, this is the core of the debate, as Stephenson wants more scientific and empirical data. McFerran goes so far as to admit that there is a

> small gap in the recent research evidence regarding communication outcomes for children with moderate to severe intellectual disabilities when viewed from the scientific evidence-based perspective (McFerran & Stephenson, 2006, p. 124).

In defence, McFerran suggests that the reliance of music therapists on behavioural studies from previous decades and other areas of the profession has attracted more research (McFerran & Stephenson, 2006).

The evidence for music therapy in special education debate begun by Stephenson was continued in 2007 by the music therapist, Rickson. She responded by questioning the definition of evidence-based practice in special education settings. She cited a project conducted by the New Zealand Ministry of Education as support. The project was named 'Enhancing Effective Practice in Special Education (EEPiSE)' and its purpose was to '*explore what works and why* for students who require significant adaption to the curriculum'(Dharan, 2006, p. 30). The project was large, including 25 schools, some of which were special schools, 96 focus groups and researchers spanned across the country. Outcomes from the project indicate a new direction for evidence-based practice outlined by Dharan (2006) in a paper in which she emphasizes the strength of the project as one of achieving collaboration across the community of practitioners working with students. Rickson (2007) believes that the 'Ministry of Education's model will provide practical and reliable tools for problem solving and lead to effective practice in special education' (p. 28). She explains that it uses a combination of evidence from music therapy practitioners, families, young people and research and that this

combination of data is its strength (Rickson, 2007). Returning to Stephenson's question of evidence for music therapy, Rickson states that 'No school in New Zealand would employ a music therapist to work with students who have special education needs if there were no "evidence" '(p. 29). Therefore, Rickson implies that the evidence is already apparent.

Methodologies in music therapy research

The literature in music therapy research in special education includes empirical studies (Brownell, 2002; Kennedy & Scott, 2005; Register, Darrow, Standley & Swedberg, 2007), and is also comprised of qualitative research (Muller & Warwick, 1993; Rainey Perry, 2003; Wheeler, 1999). There is a theme in the literature which explores different music therapy research methodologies including scientific and art perspectives (Aigen, 1998; Bunt 1994; Wheeler, 1995; Wigram, Saperston & West, 1995). The art perspectives are represented by researchers emphasising the musical and creative nature of music therapy. Bunt (1994) provides an example in his book *Music Therapy: An art beyond words*. In the chapter entitled *Music therapy as a synthesis of art and science*, he proposes that the art/science synthesis is an important challenge facing the music therapy researcher (Bunt, 1994). This challenge is about maintaining the integrity of the art and the creativity of the music in the music therapy process, whilst maintaining balance with the scientific ideology and paradigms of research.

The art and science theme is maintained in *The art and science of music therapy: A handbook* edited by Wigram, Saperston and West (1995). This handbook provides an introduction to music therapy and includes diagnosis and assessment information whilst providing evidence on the value of music in therapy. It includes chapters describing the medical and biological effects of music alongside 18 chapters on areas which include music therapy techniques in psychiatry, pediatrics, learning difficulties, the elderly and sensory handicaps. Authors who contributed to the section on biological and medical effects of music include Jane Standley, Olav Skille and Tony Wigram; authors writing about therapy with children include Wigram and John Bean. Chapters on psychiartry have been written by Helen Odell-Miller, Mary Priestley and Mercedes Pavlicevic. Other authors range from Margaret Hughes who compares mother-infant interactions with the client-therapist relationship in music therapy sessions, hearing impaired clients in music therapy by Alice-Ann Darrow, to Steve Dunachie on developmental models of music therapy with mentally handicapped adults. Erdonmez Grocke (1995) succinctly

draws attention to the art/science theme in her review of the Handbook. She describes the material as scientific, for example vibroacoustic therapy and meta analysis and distinguishes between the 'art' chapters which 'are written by British authors describing the method of improvisation' (p. 28). She summarises the book as 'a fascinating blend of scientific, quantitative studies, case material of individual clients, families, even business executives, benefiting from active and passive forms of music therapy' (p. 29). Erdonmez Grocke endorses the book as one which 'deserves' to be on music therapists' bookshelves and also recommends it for use in music therapy training courses. The theme of art that is evident in the literature, together with the abstract nature of music, have produced research which can be limited by qualitative and descriptive styles, non-replicable designs and a lack of standard measures. The dilemma evident in the literature relates to research that is evidence-based and scientific without negating the human and artistic components of music therapy. This handbook has highlighted successful research from a range of perspectives and presents music therapy as a discipline which is capable of applying varied research methodologies. Of particular relevance to this research is the maintenance of the role of music as an art form which is a unique communication force in music therapy practice. The music has been placed prominently in the Music Therapy Syllabus and Assessment, ensuring authenticity and practical benefit to the profession of music therapists. The inclusion of a range of qualitative and quantitative methods noted in the handbook further supports the combination of methods selected by this investigation.

Confusion of music education as music therapy

Daveson and Edwards (1998) hypothesise reasons for the lack of music therapy within special education, suggesting that it is due to limited understanding about the nature of music therapy. Booth (2004) suggests that music therapy 'can be confused with music education within special schools' (p. 65) and that problems can occur as a result of the lack of distinction. The lack of recognition for music therapy can be partly understood by the perception or confusion with the implication that music therapy is music education in the special education context. This is reflected in the results of the special educator questionnaire (see chapter 5). The Music Therapy Syllabus and Assessment aim to bring clarification to both these two fields through highlighting their shared activities and outcomes.

Musical analysis used to interpret music therapy

Investigating music therapy using musical analysis (Langan, 1990; Langan, Williams & Athanasou, 1999; Lee, 2000) presented a starting point to develop outcome measures for the current investigation. Ansdell (1997) reflects on the need for more music in music therapy research: 'writing on music therapy seems typically to delete the musical' (p. 36). An investigation by Rickson (2006) emphasises the effectiveness of musical measurement, as it is the musical measures in her study which indicated improvement. She compared improvisational and instructional interventions on levels of motor impulsivity. Results showed significant improvement in musical measures through a musical test (Synchronised Tapping Test) and a reduction in overall Attention Deficit Hyperactivity Disorder symptoms in the classroom.

The current research uses music, which is the 'language' of the music therapy process, to make the educational links and provide measures of music therapy. A measure in this context refers to quantitative or qualitative evaluation methods for music therapy, specifically musical analysis of musical behaviours. The Music Therapy Syllabus and Assessment use simple musical behaviours, such as *plays or sings rhythmically*, *plays or sings with pitch awareness* or *uses a musical cue*, as measures of music therapy outcomes. Simple though they are, these musical indicators are forms of musical analysis which is a common area of music therapy research (Lee, 1996; Oldfield, 1995; Trevarthen & Scholgler, 2002). For example, Wigram (2000) in his research on assessment development, examined musical interactions in music therapy sessions through musical analysis.

Music therapy efficacy

This thesis does not seek to prove the efficacy of music therapy through the application of the Music Therapy Syllabus and Assessment as this has already been accomplished other researchers. It does however, intend to contribute to effective practice and builds on the music therapy profession's current and existing literature, which continues to explore and explain the positive benefits and phenomena of music therapy. Positive effects revealed in improving children's functioning in social and pre-verbal skills through music therapy skills, such as vocalisation, turn-taking, imitation and response, are evident in the research literature (D. Aldridge, Gustoff, & Neugebauer, 1995; Bunt, 1994; Muller & Warwick, 1993; Plahl, 2000). The Cochrane review by Gold, Wigram and Elefant (2010) focused on the effectiveness of music therapy for individuals with

Autism Spectrum Disorder. It included randomised controlled studies with participants of any age and found 'that music therapy may have positive effects on the communicative skills of children' (p. n.p). It concludes by suggesting that more research needs to be completed and that published tools should be used to evaluate the outcome of music therapy, which provides further support for the current research.

Music therapy assessment

Currently, the range of music therapy assessment types is based on five general areas: eligibility, relationship, therapy process evaluation, musical analysis and diagnostic. Eligibility assessments (Davis, Gfeller, & Thaut, 1992; Wells, 1988) are assessments which verify whether it is appropriate for a child or client to attend music therapy sessions. The relationship based assessment (Loewy, 2000) relies on interpretation of the therapeutic relationship to understand the therapy intervention. Therapy process evaluation assessments (Boxhill, 1985; Bruscia, 1987; Nordoff & Robbins, 1977; Pavlicevic, Trevarthen, & Duncan, 1994) rely on musical and behavioural changes that occur during therapy sessions to provide information. Assessments based on musical analysis (Lee, 2000) utilise the data within the music, such as melodic material or tempo changes to inform on the progress and nature of the music therapy. Diagnostic assessments (Wigram, 2000), as the name implies, aim to provide information regarding the diagnosis of the child or client.

Wilson and Smith (2000) investigated music therapy assessment in school settings through the literature and concluded that 'there was little commonality in assessment tools being used' and 51 % of the studies that they examined included 'original assessment tools' (p. 95). Gregory (2000) reviewed test instruments used by music therapists in the *Journal of Music Therapy*, and found that 115 different instruments had been used for evaluation of music therapy. The need for the development of purpose-specific standardised assessment tools is clearly evident in the research literature.

Walworth (2007) surveyed assessment methods of music therapists who were members of the American Music Therapy Association and worked with Autism Spectrum Disorder. He found that music therapists' use of assessment tools included 'none to assessing client progress on original scales to using the Special Education Music Therapy Assessment Process' (p. 13). He also found that music therapists used direct

observation, progress notes, counting of the number of responses in progress notes, an original[1] tool, parent report, and team meetings for assessment data.

Limitations in existing music therapy assessment tools

A limitation facing music therapy research is the lack of standardised or externally validated assessment tools. Sabbatella (2004) states that

> in comparison with other therapeutic professions the specific area of assessment and evaluation in music therapy is still weak. Most of the information is related to assessment and evaluation of clients as part of treatment processes and there is a lack of standardised or systematic assessment tools (p. 13).

Chase (2004) highlights the issue of a lack of formal assessment tools, by stating that informal tools may affect the credibility of the profession. A lack of population-specific music therapy assessment tools is also mentioned by Chase (2002) in a survey study of music therapy assessments for children with developmental disabilities. The assessment tool produced by the current research addresses both points made by Chase. It provides a formal assessment that is also linked to existing and standardised documents, which are the BOS curriculum documents. In relation to Chase's population-specific issue, this research addresses the needs of special education. At this stage in its development, the Music Therapy Assessment developed for this research is also non-standardised and unvalidated. The Special Education Music Therapy Assessment Process or SEMTAP referred to above is not an assessment tool; rather it is a process of assessment which compares student responses on objectives from their individual education programmes to music and non-music interventions. However, it is used by music therapists in schools in the United States for students with a range of disabilities (Brunk & Coleman, 2000, 2002). The SEMTAP is not discussed in further detail as it relies on comparison of objectives from individual education programs, non-music interventions, and is not music therapy specific.

Evidence-based assessment

In a discussion of evidence-based and clinical effectiveness, Ansdell, Pavilicevic and Proctor (2004) describe the nature of currently available music therapy assessments as problematic because they are not standardised or externally validated. They cite several examples, including Nordoff and Robbins Scales of Assessment (1977); Pavlicevic's MIR Ratings (Pavlicevic, Trevarthen & Duncan, 1994); Bruscia (1987) and Wigram

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[1] *Original scale or tool refers to a music therapist's originally designed tool.*

(1999) (p. 32). The lack of validated assessments available to music therapists can be understood in the light of the findings of Wilson and Smith (2000) of 'very limited replication of existing assessments' (p. 95). In the clinical setting, the reality is that most assessments are designed by an individual music therapist for a particular setting. A consistent theme through the research is the recognition of the need for professional assessment in music therapy (Gantt, 2000). Walworth (2007) concurs with Gantt's view when he states that 'Reimbursement for services demands evidence-based interventions' (p. 7). This is a reference to a music therapist's use of the SCERTS Model for children with Autism Spectrum Disorder (ASD). The acronym SCERTS refers to: social communication, emotional regulation and transactional support. The SCERTS Model is a 'Comprehensive curriculum designed to assess and identify treatment goals and objectives within a multidisciplinary team of clinicians and educators for children with ASD[2] disorders' (Walworth, 2007, p. 2). It should be noted that the SCERTS model is not an assessment tool specific to music therapy.

The Individualised Music Therapy Assessment Profile (IMTAP)

The Individualised Music Therapy Assessment Profile, known by the acronym IMTAP, is an example of a music therapy assessment that is designed to measure the skills of children and adolescents with special needs (Baxter, Berghofer, MacEwan, Nelson, Peters, & Roberts, 2007). Although this assessment is published in a book, it is yet to be validated and tested for reliability. The measurement includes therapy activities and more broadly the skills of the child, which include 10 domains: gross motor, fine motor, oral motor, sensory, receptive, communication/auditory perception, expressive communication, cognitive, social, emotional and musicality. Each domain contains several sub-domains, with the result that it provides 374 domains in total. It is a complex tool, with an entire chapter devoted to administration instructions and a quantification module for data collection and research.

Music therapy measurement of non-music therapy outcomes

The use of measures or assessments from professions external to music therapy is a consequence of the unavailability of music therapy specific assessments (Gregory, 2000). It seems that a student's participation in music therapy or a music activity is considered as a means to recognise another educational achievement. The question

[2] *ASD refers to Autism Spectrum Disorder.*

remains why music therapy is not valued for its independent ability to achieve significant change. This concept is relevant to the current research because the Music Therapy Syllabus and Assessment have been designed to promote the validity and worth of music therapy as an independent intervention in its own right.

Improvement in speech through music

A study by Lim published in the *Journal of Music Therapy* (2010) (also referred to in chapter 1), compares the effects of speech training and music training against a control group through a measure of verbal production. This study provides an example of measurement external to music and music therapy. The research includes 50 participants with Autistic Spectrum Disorder (ASD). Lim's results indicate that music and speech training increased verbal production. However, results for lower functioning participants show greater improvement, which is the result of music training rather than speech training. Lim explains that 'children with ASD perceive important linguistic information embedded in music stimuli organised by principles of pattern perception, and produce the functional speech' (p. 2).

Relationship between music therapy and music education

Music education as a discipline is a valued (Colwell, 1997) and beneficial strand of the education curriculum (Labuta and Smith, 1997; Thomas, 1984). Music therapy, on the other hand, may not be perceived to be as extensively supported (Stephenson, 2006). This research notes the acceptance of the benefits of music education and seeks to demonstrate that the two professions have much in common. Indeed, considering these overlaps has led to the productive use of music education outcomes as evidence appropriate for music therapy assessment. This section presents ideas from the literature which are pertinent to the research and explains the close relationship between music therapy and music education.

The National Music Education Review (2005) attributes music education as being responsible for contributing to 'emotional, physical, and social and cognitive growth of all students' (Pascoe, Leong, MacCallum, Mackinlay, Marsh, Smith, Church & Winterton, 2005, p. ii). Similarly, the definitions of the Australian Music Therapy Association for music therapy with young children, referred to previously, include socialisation, communication, self-expression, and sensory-motor skills (Leung &

Flood, 2003) and 'physical, mental, social and emotional well-being' (Bunt, 1994, p. 8) respectively.

The relationship between music therapy and music education is more profound than the fact that they share common activities; it also relates to the unique qualities of music itself and the potential creativity that each discipline utilises. Ruud (2001), a seminal music therapy researcher, author and musicologist, describes assumptions underlying music education which highlight the unique qualities of music. He explains one of these assumptions about music, which he notes is central for music educators. He states that certain music reveals some of the secrets of the universe though it is beyond the intellect, and that music is a truth-seeking process brought forth by forceful emotions in an encounter with the beauty in music. This has relevance for the current research as it comments on the unique qualities of music utilised by both music therapists and music educators. The music therapist, Bruscia (1987), refers to the uniqueness of music by describing it as multisensory. This capacity of music offers a range of visual, auditory, tactile and movement options to both music therapy and music education. Music therapy and music education define themselves as contributing to change in areas of socialisation, emotional, cognitive and expressive development and motor skills. A comparison of definitions highlights the intersection of the two professions.

Ruud published a significant text on music therapy which still has currency: *Music therapy and its relationship to current treatment theories* (1978). He presented the relationship between music therapy and music education in a keynote address to the 13th Nordic Congress of Musicology, describing them as interwoven into musicology (Ruud, 2001). He comments on a hidden therapeutic agenda that he explains has evolved in music education. Ruud describes the strategies implemented for education as education *through* music rather than *about* music. This refers to music being used as a tool to achieve another agenda or goal rather than as an independent discipline. This theme echoes the concern maintained by this research that music therapy has not been intrinsically valued. Some practitioners maintain that music therapy should be used to improve achievement in other disciplines. (See *Music therapy as an independent discipline* in chapter 1 and *Music therapy measurement of non-music therapy outcomes* presented previously in chapter 2.) Music therapy assessments have been developed to measure ability rather than progress in the sessions, which has consequently produced assessments similar to other available psychometric tests. This also aligns with the

results of the educator questionnaire in which special educators indicate that they used music as a tool (see chapter 5).

Ruud (2001) notes that the trend is for music *educators* to claim the same territory as music *therapists*. He contextualises these comments by describing the post-modern growth of identity-establishing education strategies in education that have influenced music educators. This is supported by the view presented by *The National Review of Music Education*, in which music education is described as contributing to 'emotional, physical, and social and cognitive growth' (Pascoe *et al*., 2005, p. ii) whereby the language of music therapists is applied as noted by Ruud. His suggestion is to develop a more theoretically-based curriculum. This research addresses the trends in education by clarifying some of the overlaps and distinctions between music therapy and music education through application of outcomes.

Music therapy and music education intersection

The intersection of music therapy and music education is a foundation of this research. Orff-Schulwerk is an example of a music education method which also includes developmental and social aspects, one that lends itself to music therapy methods. It was developed by Carl Orff to teach music (Bruscia, 1987) and has also been used in education (McRae, 1982) and special education (Bevans, 1969), and by music therapists (Bitcon, 1976; Hilliard, 2007; Ponath & Bitcon, 1972). It uses the concepts of music, namely, rhythm, pitch, tempo and dynamics to support activities of movement, improvisation, group music making and playing for children. The Orff-Schulwerk approach to music education is a fundamental example of the music therapy and music education intersection. This research builds on the intersection evident in the relationship between music therapy and music education, by using BOS Outcomes that can be shared across both professions.

Special education

Special education context

Special education is the process of achieving educational aims for children with special needs. Elkin's definition of special education is helpful for the purposes of music therapists because he describes special education as 'education designed for students

who - because of sensory, physical or intellectual disabilities, or for some other reason – require special teaching or equipment' (Elkin, 1990, p. 5).

Special education: early intervention to Year 12

Special education begins with early intervention programmes. These are focused on the preparation of students for school entry (Kern & Wolery, 2001). Special education during school attendance from kindergarten to Year 12 is delivered to students in a variety of ways. Some students attend a School for Specific Purposes, which is the title for special schools given by the Department of Education and Training:

> Schools for Specific Purposes are for students from Pre-school to Year 12 who require intensive levels of support. These schools provide a specialised educational setting in which learning support plans are collaboratively developed, implemented and monitored (Department of Education and Training, 2010).

Some special education takes place in hospitals, health settings or in the community. Music therapists work across different educational delivery systems of education (Paul, 2008a; Wolfe & Noguchi, 2009); hospital (Colwell, Davis & Schroeder, 2005; Tan, 2004); and health (Hilliard, 2007; Layman, Hussey & Laing, 2002), and the emphasis remains on supporting students to achieve their potential.

Special education assessment

Special education assessment is often discussed in respect of meeting the needs of students. Terms such as 'adjustments' (Board of Studies, 2007, p. 8), 'alternative' (VanWeelden & Whipple, 2007, p. 79) and 'assessment strategies' (New South Wales Department of Education and Training, 1999, p. 1) are used when advising practitioners with regard to assessment. The concept of making assessment achievable to meet student needs is reflected in the Music Therapy Assessment described in this study, with its range of indicators for each outcome; for example, five different indicators relate to the voice, from *vocalisation* to *singing with pitch awareness*.

Music therapy outcomes

Outcomes were referred to in chapter 1 and offer a point of intersection between music therapy and music education. Understanding outcomes and remaining focused on their achievement is not always easy. Cartoonist and social commentator Michael Leunig, has written a poem with an accompanying cartoon called *Outcomes* (2010). It describes outcomes reflected against the daily cycle of life and parodies the outcome concept as over-used and potentially meaningless. Leunig's poem highlights the current use of the term 'outcomes' across corporate and educational systems. This research recognises the importance of outcomes as one way of establishing evidence for successful practice.

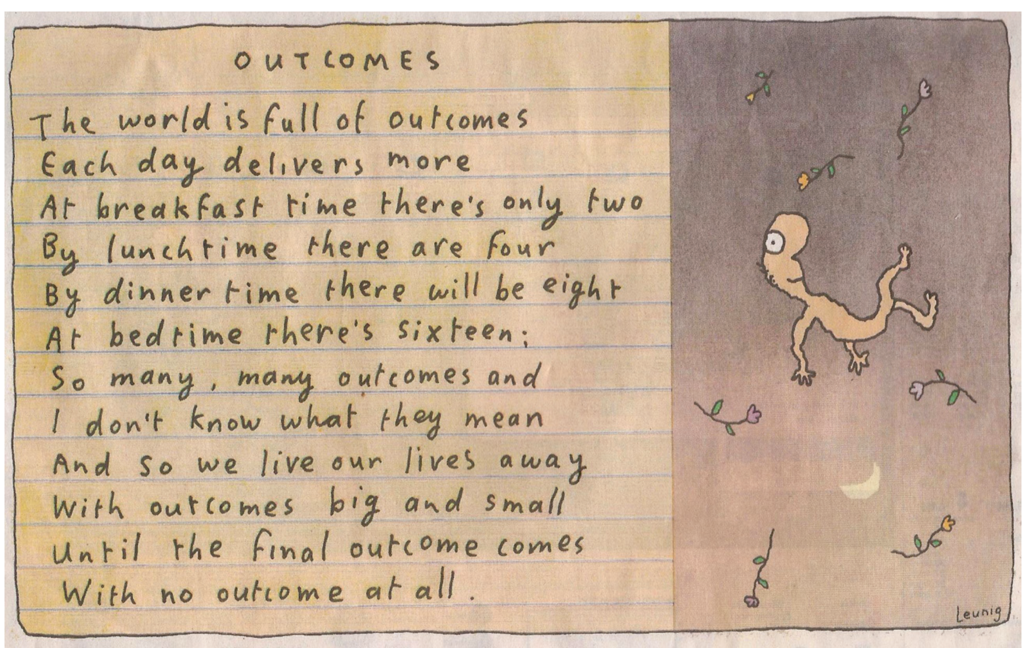

Figure 5 Leunig 2010

In seeking to identify appropriate, meaningful and evidence-based outcomes, relevant literature was identified in relation to eight concept areas which had clearly emerged out of clinical music therapy experience. These areas supported the development of the music therapy outcomes which formed the foundation of the Music Therapy Syllabus and Assessment. These concept areas were communication, initiation, response, movement, social interaction, emotional expression, listening and decision-making. Literature pertinent to these concept areas and the subsequent music therapy outcome

design is presented in the following paragraphs. Further detail regarding music therapy outcomes and their development is presented in chapter 9.

Communication

Music therapists commonly use communication as a focus of their work (Elefant, 2002). McIntyre (2005) cites music therapy as an 'opportunity to experience and communicate' (p. 120). Rainey Perry (2003) uses a qualitative descriptive style of children's communication skills. The relationship between communication and music is not exclusive to music therapy; for example, communication in music is also used in performance and music education. Outside the domains of music therapy, music and communication are also linked. For example, Trevarthen and Schogler (2002) argue: 'intentional and behavioural aspects of free musical activity and in communicative contexts' (p. 22). This is relevant in the music therapy domain because music therapists encourage communication and need to interpret the intent of a student's behaviour.

Holck (2004) analyses music therapy case material to examine turn-taking in music therapy, which supplies a further example of the communication focus. The emphasis and focus on communication in music therapy is maintained in the design of the Music Therapy Syllabus and Assessment by allocating communication a significant role within the music therapy outcomes. Communication also features in initiation and response, and social interaction, being forms of communication and other identified concept areas for outcome development.

Initiation

In her study, Wheeler (1999) uses the term 'spontaneity' to describe two severely disabled students who spontaneously engage in turn-taking. Wheeler employs several categories which include initiation when she reviews video data of music therapy sessions with severely disabled children. She writes of 'assisted initiation', 'initiation upon request' and 'spontaneous initiation' (p. 73). It is the last term, 'spontaneous initiation', that best indicates the meaning of initiation as applied to an outcome. Spontaneity can be a feature of an initiation that features in the music therapy session; for example, a student may spontaneously offer a contribution to the session through sound. Bunt (1994) also refers to initiating when describing music therapy with children. He explains that initiating follows the more passive imitation response from a child during therapy.

Response

Wheeler (1999) analyses responses from severely disabled students according to the duration, frequency and consistency of their responses. She uses these indicators as measures of intentionality (p. 65). Her frequency checklist includes whether the response was a vocalisation, attending, imitation or reflection action. The Music Therapy Assessment format enables music therapists to record the frequency of responses, which is supported by Wheeler. Responding musically may mean a vocal, instrumental or attending form of action by the student; attending includes such behaviours as: head movements, body turning and eye tracking. Pavlicevic (1997) explains that the music therapist will be alert to a client's reponse and take it into account in order to modify her playing. Responses are also relied upon by Robbins and Robbins (1991) to provide feedback during music therapy with a child as she beats the drum: 'her responses revealed a dichotomy, a split…her responses took on some stability and it was apparent that---within limits she determined---she was beginning to place some trust in us' (p. 61). The responses provided Robbins and Robbins with information that they were able to interpret therapeutically. The use of responses by Wheeler, Pavlicevic, and Robbins and Robbins reinforces the concept of response as a significant area for outcome development.

Movement

Movement is commonly included in music therapy assessment, for example the IMTAP and Bruscia's *Improvisation Assessment Profiles* (1987). Movement is included in the IMTAP assessment under 'perceptual/visual/psychomotor' (Baxter *et al*., 2007, p. 44). Bruscia (1987) includes movement in his *Improvisation Assessment Profiles* and defines the 'physical' [sic] scales as dealing 'with motor action of playing and the various other expressive uses of the body' (p. 406). Movements made by any part of the students' body may be included; they are of particular importance to students who have limited communication skills. It may also include the physical act of playing an instrument.

Social interaction

Skewes and Thompson (1998) conducted research using music interaction in early intervention to develop social skills. They found that music provides opportunities for social interaction through 'repetition, structure, incentive to participate' that made it an 'ideal tool to be used in the development of social skills' (p. 36). Even though Skewes

and Thompson's research was conducted in early intervention, it remains relevant to this project. The special education context can include early intervention even when in a K-12 setting. This was evident in the experience of the pilot music therapy intervention which included an early intervention group that visited the music therapist in the kindergarten classroom (see Chapter 4). Trevarthen and Malloch (2000) also strongly support the place of social interaction within music therapy. They explain that there is no legitimate foundation for a music therapy theory that neglects social aspects of 'musicing'. The social component of music therapy is integral to its definition, as the music therapy process is facilitated through the therapeutic relationship between therapist and student.

Emotional expression

Emotional expression is an important component of music therapy sessions. Gilboa, Bodner and Amir (2006) examined emotional communicability in improvised music. They found that music therapists decoded the emotional content of improvisations more accurately than non-therapists (p. 198). This lends support to music therapists' ability to make accurate interpretations of student behaviours when using the Music Therapy Assessment. Darrow (2006) completed a study on deaf students' perception of emotion in music. She found that 'typical listeners are quite consistent in associating basic or primary emotions such as happiness, sadness, fear, and anger to musical compositions' (p. 2). Her finding reinforces the inclusion of this outcome area.

Listening

Music therapists and musicians believe that music is capable of conveying emotions, as do many listeners to music (Pedersen, 1997). Jensen (2001) investigated the effects of background music on disclosure rates and found an effect. She suggests that cognitive theory of emotion and aesthetics indicates that music is emotionally arousing. Music can elicit emotions in the listener (Sloboda, 1991) and can therefore be received.

Decision-making

Decision-making through a variety of musical and interaction choices is a feature of all music therapy sessions.Van de Walt and Baron (2006) suggest that music therapists commonly encourage opportunities for decision-making. Sometimes the opportunity for students to make a choice is limited. Choice and decision-making feature in the music

therapy literature in a variety of ways. Aldridge, although not working directly in special education, uses choice to 'give children feelings of familiarity and security' (Aldridge, K., 1993, p. 19). Her findings include information from parents, which shows that parents considered music therapy to be an anxiety reducing intervention.

The music therapy outcome fields that have emerged from this research are similar in content to other music therapy assessments. Music therapy assessments that use comparable categories of musical interactions, such as interacting with others and responsiveness include: the Individualised Music Therapy Assessment Profile (IMTAP) (Baxter *et al*., 2007), and the method of assessment devised by Wigram (2000) for the diagnosis of autism and communication disorders in children.

Life Skills Outcomes

Life Skills Outcomes are included in each syllabus area and are provided for students who 'may require additional support…particularly those with an intellectual disability' (BOS, 2007, p. 6). The Life Skills Music Education Outcomes used in this research are located in the Life Skills Years 7–10 Board of Studies document (2007), and also in the Music Years 7-10 Syllabus (BOS, 2003). The Life Skills Music Outcomes are referred to as Life Skills Outcomes throughout the thesis, unless otherwise specified.

Review: Special education articles that include children in the *Journal of Music Therapy*

In order to evaluate current research further with regard to assessment, a review of articles in the *Journal of Music Therapy* from 1999-2010 volume 1 was undertaken. Articles that included music therapy with students (or children) in special education contexts and those that included assessment, were reviewed. The literature review has included relevant material from a range of sources including: the *Journal of Music Therapy,* University funded research, Government Review, the *Australian Journal of Music Therapy,* the *British Journal of Music therapy,* Professional Music Therapy Associations, music therapy texts, a thesis, and a keynote address from a conference. *The Australian Journal of Music Therapy* was chosen for its obvious relevance to the context and the music therapy practitioners considered most likely to benefit from the research and the subsequent Syllabus and Assessment. The ideology with a stronger

improvisatory and client centred approach was represented through the inclusion of the *British Music Therapy Journal*. This also linked with the British music therapy training of the researcher and the inclusion of sample participants from the United Kingdom. The review focused on the specific area of assessment relying on the most scientific of music therapy journals, *The Journal of Music Therapy*. The *Journal of Music Therapy* was selected for particular scrutiny as it contains more qualitative, assessment oriented and international articles. It is highly regarded by Australian music therapists and also by the international music therapy profession. On the previous Australian Research Council ranking system, the *Journal of Music Therapy* was highly ranked as A [3] (Australian Research Council, 2010).

In relation to the current research, the most significant result from this review is that no study used a validated music therapy assessment tool. Musical and educational competencies are referred to and used as measures; however, outcomes were not applied. Most of the test instruments are non-music therapy specific; they include literacy, behaviour, school subjects such as mathematics problems, and interpersonal skills. One study includes an instrument designed specifically for music therapy called: *The music therapy assessment for severely emotionally disturbed children* (Layman, Hussey, & Laing, 2002). Both the SCERTS model, which is non-music therapy specific, and the IMTAP, which is a music therapy assessment but not validated, feature in the literature review. Historically, music therapists borrow and use theories and instruments sourced from other disciplines. In summary, the shortcomings of the studies include a lack of validated or standardised music therapy assessments, with limited recognition of music therapy as a measurable intervention. The results of this review have been summarised and are collated in Table 1.

[3] *The majority of papers in a Tier A journal will be of very high quality. Publishing in an A journal would enhance the author's standing, showing that they have real engagement with the global research community and have something to say about problems of some significance. Typical signs of an A journal are lowish acceptance rates and an editorial board which includes a reasonable fraction of well known researchers from top institutions (ARC, 2010).*

Summary: *Journal of Music Therapy* review

AUTHOR/DATE	TITLE	SAMPLE	SUMMARY	MEASURES
Darrow, A. **1999**	*Music educators' perceptions regarding the inclusion of students with severe disabilities in music classrooms*	Music educators n=35	Most music educators are positive regarding inclusions for students with or without disabilities	Interviews coded and analysed
Schunk, H. **1999**	*The effect of singing paired with signing on receptive vocabulary skills of elementary ESL students*	Elementary ESL students n=80	Gains in vocabulary recognition were achieved for elementary ESL students when signing and singing were completed together, compared to spoken text plus signing, sung text, or spoken text	Educational objective: 20 targeted vocabulary words
Wheeler, B. **1999**	*Experiencing pleasure in working with severely disabled children*	Children with severe, multiple disabilities, 4-12 years	Themes of responsiveness and expectations found to run throughout the author's experience of pleasure and she relates these themes to other areas of her life	Analysis of video via intentionality, emotionality and mutuality
Amir, D. **1999**	*Musical & verbal interventions in music therapy: a qualitative study*	Music therapists n=6	Music therapists were interviewed regarding their musical & verbal interventions in sessions	Interviews analysed for themes
Gregory, D. **2000**	*Test instruments used by Journal of Music Therapy authors from 1984-1997*	*JMT* articles	Review of 92 articles from *JMT* which used test instruments: researcher constructed and unpublished tests comprised 60% of tests and published tests 40%	One test identified specifically for special education out of 92 tests Wide range of tests were non-music therapy specific

AUTHOR/DATE	TITLE	SAMPLE	SUMMARY	MEASURES
Wilson, B. **Smith, D.** **2000**	*Music therapy assessment in school settings: A preliminary investigation*	Survey of music therapy literature	Limited replication of existing assessments Authors usually used experimenter-designed or original assessment	Behaviour, compare learning of sign language, assess musical skills, music preferences, instrument concept identification, communication and self-concept, song writing assessment, Peabody picture vocabulary, composition, improvisation, psychometric properties of music therapy, cognitive development
Hilliard, R. **2001**	*The effects of music therapy based bereavement groups on mood and behaviour of grieving children: a pilot study*	6-11 year olds who experienced bereavement in last 2 years	Participation in music therapy based bereavement groups served to reduced grief symptoms	Battery of psychometric tests
Kern, P. **Wolery, M.** **2001**	*Participation of a preschooler with visual impairments on the playground: Effects of musical adaptations and staff development*	3 year old boy	Staff training resulted in increased but variable interactions with adults and peers Findings suggest musical adaptations of physical environments may be helpful but not sufficient for promoting desired outcomes	Five categories of behaviour measured using time sampling
Register, D. **2001**	*The effects of an early intervention music curriculum on prereading/writing*	Children aged 4-5 years n=25 and 25 children in control	60 sessions over a year Print concept music sessions significantly enhanced abilities to learn prewriting and print concepts	Reading and pre-reading tests Logo ID, Word ID
Brownell, M. **2002**	*Musically adapted social stories to modify behaviours in students with autism: 4 case studies*	First and second grade students with a primary diagnosis of autism n=4	Social story created for each student that addressed current behavioural goal for 4 case studies Singing found to be significant in reducing target behaviour	Frequency of individually targeted goal behaviours

AUTHOR/DATE	TITLE	SAMPLE	SUMMARY	MEASURES
Gregory, D. **2002**	*Four decades of music therapy behavioural research designs: A content analysis of JMT articles*	*JMT* articles 1964-1999	Some children's articles included information regarding behavioural research Highest number of articles in 80s and 90s were frequency counts and interval recording	Measures include: math problems, reading, motor/verbal, appropriate walking, compliance, attention, speech, sorting, interpersonal skills, retention speech imitation
Layman, D., **Hussey, D.** **Laing, S.** **2002**	*Music therapy assessment for severely emotionally disturbed children: A pilot study*	Severely emotionally disturbed children at residential treatment centre n=20	The music therapy assessment found significantly more behaviours in the disruptive/intrusive domain	Specifically developed music therapy assessment instrument measuring behavioural/social functioning, emotional responsiveness, language/communication abilities and music skills
Stordahl, J. **2002**	*Song recognition and appraisal: A comparison of children who use cochlear implants and normally hearing children*	8-15 year olds with cochlear implants n=15 and normally hearing children n=32	Cochlear implant recipients similar to normally hearing children for self-report music listening Cochlear implant children less accurate on song recognition test	Iowa Music Perception and appraisal battery
Jackson, N. **2003**	*A survey of music therapy methods and their role in the treatment of early elementary school children with ADHD*	Music therapists who worked with elementary aged children n=500	Survey of music therapists working with ADHD children found music therapists utilise a number of music therapy methods, with multiple goals and treatment outcome generally perceived as favourable	Specifically designed survey
Rainey Perry, M. **2003**	*Relating improvisational music therapy with severely and multiply disabled children to communication development*	School aged children with severe and multiple disabilities n=10	Children participated in music therapy, and results confirmed that children's level of communication development was reflected in individual music therapy	Video analysis of music therapy sessions

AUTHOR/DATE	TITLE	SAMPLE	SUMMARY	MEASURES
Rickson, D. **Watkins, W.** **2003**	*Music therapy to promote prosocial behaviours in aggressive adolescent boys - A pilot study*	11-15 year old boys who have social, emotional and learning difficulties n=15	Students assigned to music therapy or control group Results indicate no definite treatment effects, however results suggest that music therapy may help adolescents to interact more appropriately with others	Developmental behaviour checklist
Robb, S. **2003**	*Music interventions and group participation skills of preschoolers with visual impairments: raising questions about music arousal, and attention*	4-6 year old children n=6	A comparison of music-based to play-based groups for attentive behaviour measures Participation behaviours were higher for music group but not statistically significant	Video analysis
Chase, K. **2004**	*Music therapy assessment for children with developmental disabilities: A survey study*	Music therapists working with children with developmental disabilities	Survey of music therapists found that music therapists most frequently assess motor, communication, social, cognitive and music abilities in their assessment	Specifically designed survey
Register, D. **2004**	*The effects of live music groups versus an educational children's television program on the emergent literacy of young children*	5-7 year olds n=86	Comparison of music/video, music only, video only and no contact groups showed that music/video and music only groups had highest increase in literacy scores Study confirmed that music increases the on-task behaviour of students	Dynamic Indicators Basic Early Literacy Skills and Test of Early Reading Ability
Tan, P. **2004**	*The effects of background music on quality of sleep in elementary school children*	Six 5th grade students n=86	Results indicate improvement in global sleep quality for students using music CD for sleep	Pittsburgh Sleep Quality Index

AUTHOR/DATE	TITLE	SAMPLE	SUMMARY	MEASURES
Whipple, J. **2004**	*Music in intervention for children and adolescents with autism: A meta-analysis*	Journal articles which compare music to no-music	Meta-analysis results showed all music intervention had been effective for children and adolescents with autism	Meta-analysis
Colwell, C. **Davis, K.** **Schroeder, L.** **2005**	*The effect of composition (art or music) on the self-concept of hospitalized children*	Hospitalised children	Improved self-concept for music group compared to art group for Intellectual and School Status measures	Behavioural adjustment, physical appearance, freedom from anxiety, happiness and satisfaction, intellectual and school status (pre and post testing)
Kennedy, R. **Scott, A.** **2005**	A pilot study: The effects of music therapy interventions on middle school students' ESL skills	Middle high school students of Hispanic heritage n=34	Comparisons of individual subject scores, all students who received 3 months of music therapy scored higher than control with significant improvements in English speaking skills	Tests from 'literacy assessment of second language learners' (Hurley & Tinajero 2001)
Vanweelden, K. **Whipple J.** **2005**	*Preservice teachers' predictions, perceptions and actual assessment of students with special needs in secondary general music*	Undergraduate music education majors working with special needs secondary students n=15	Examined preservice teachers' predictions of students with special needs level of mastery of specific music education concepts and grades After field experience teachers' perceptions increased	30 music concepts
Darrow, A. **2006**	*The role of music perception in deaf culture: deaf students' perception of emotion in music*	6-14 year olds school students, 31 deaf and 31 normal hearing n=62	Students asked to identify emotions from film scores Hearing students more successful	Designed for the study
DeBedout, J. **Worden, M.** **2006**	*Motivators for children with severe intellectual disabilities in the self contained classroom: A movement analysis*	5-13 year olds with severe intellectual disabilities n=17	Children responded more positively to the music therapy than to self-activated toys and recorded music	Video taped sessions analysed for movement responses

AUTHOR/DATE	TITLE	SAMPLE	SUMMARY	MEASURES
Kern, P. **Aldridge, D.** **2006**	*Using embedded music therapy interventions to support outdoor play of young children with autism in an inclusive community-based child care program*	Boys 3-5 years old	Used music therapy interventions to improve peer interactions successfully	A specifically designed multiple baseline measure
Rickson, D. **2006**	*Instructional and improvisational music therapy with adolescents who have attention deficit hyperactivity disorder (ADHD): A comparison of the effects of motor impulsivity*	Adolescents with ADHD n=13	Instructional and improvisational music therapy compared as measured by level of motor impulsivity Indications that instructional approach contributed to a reduction in impulsivity	Synchronised Tapping Test (Humphrey 2003) Connors Rating Scales
Waldon, E. **Wolfe, D.** **2006**	*Predictive utility of the computer-based music perception assessment for children (CMPAC)*	4-7 year old children in school and hospital n=49	CMPAC administered children Used 10 music therapists Found that CMPAC is useful for music therapists in referral discussions for children in hospital	CMPAC and statistical analysis
Hilliard, R. **2007**	*The effects of Orff-based music therapy and social work groups on childhood grief symptoms and behaviors*	Children aged 5-11 who experienced loss of loved one in previous 2 years	Students in music therapy reduced behaviour and grief symptoms Students in social work group reduced behavioural symptoms	Behaviour rating index for children and bereavement group questionnaire for parents and guardians
Register, D. **Darrow, A.** **Standley, J.** **Swedberg, O.** **2007**	*The use of music to enhance reading skills of 2nd grade students and students with reading disabilities*	Second grade students n=32	Students who received music/reading programme improved reading skills more than control reading programme	Gates-MacGinitie Reading Test

AUTHOR/DATE	TITLE	SAMPLE	SUMMARY	MEASURES
VanWeelden, K. **Whipple, J.** **2007**	*Preservice music teachers' predictions, perceptions, and assessment of students with special needs: The need for training in student assessment*	Undergraduate music education students n=15	After training preservice teachers perceptions of students (special needs: emotional and behaviour disorders and acute cognitive delay) was higher	Testing of mastery based on music curriculum
Walworth, D. **2007**	*The use of the SCERTS Model for children with autism spectrum disorder*	Music therapists who work with ASD n=21	SCERTS Model is curriculum designed to assess and identify treatment goals for children with ASD Survey showed music therapists using a range of assessment including original and SEMTAP	Specifically designed music therapist survey
Hsiao, F. **2008**	*Mandarin melody recognition by pediatric cochlear implant recipients*	7-15 year olds n=40	Cochlear implant children compared to typical hearing children for traditional Mandarin children's songs Implant recipients performed with greater accuracy with lyrics	Mandarin Melody Recognition Test
Lindenfelser, K. **Grocke, D.** **McFerren, K.** **2008**	*Bereaved parents' experiences of music therapy with their terminally ill child*	Bereaved parents (n=7) of children aged 5 months-12 years	Parents and children received music therapy then interviewed Emergent themes included: music therapy significant for remembrance, for improving perception of adversity, and enhanced communication	Interviews, phenomenological strategies for analysis
Paul, P. **2008**	*Using verbal reports to investigate children's aesthetic experiences with music*	Fourth grade students n=60	Students listened to Rachmaninoff's Rhapsody Data indicates that they respond to the music and communicate their feelings verbally	Structured interview Content analysed and categories emerged

AUTHOR/DATE	TITLE	SAMPLE	SUMMARY	MEASURES
Paul, P. **2008**	*Elementary-aged children's aesthetic experiences with music*	Fourth grade children n=60	Study examined perceived aesthetic experiences Students responded to music with correlations to ability levels	Continuous Response Digital Interface used with a continuum from 0-255
Aigen, K. **2009**	*Verticality and containment in song and improvisation: An application of schema theory to Nordoff-Robbins music therapy*	20 year old music therapy subjects n=4	Analyses two musical examples using schema theory Links musical analysis to specific musical goals	Musical analysis
Katagiri, J. **2009**	*The effect of background music and song texts on the emotional understanding of children with autism*	9-15 years olds with autism n=12	Students were taught about four emotions The teaching was significantly more effective when music was included	Pre and post testing: facial expression recognition of emotions
Sussman, J. **2009**	*The effect of music on peer awareness in preschool age children with developmental disabilities*	2-6 year olds n=9	Study found that activities that used a musical object produced the most sustained attention	Behavioural data recording
Walworth, D. **2009**	*Effects of developmental music groups for parents and premature or typical infants under two years on parental responsiveness and infant social development*	Parent-infant dyads n=56	Examine effect of music therapy with premature and full term infants Infants in music groups demonstrated significantly more social play Parents who attended music group showed more positive engagement with infants	Parent questionnaire Observation
Walworth, D. **Register, D.** **Nguyen Engel, J.** **2009**	*Using the SCERTS Model of assessment tool to identify music therapy goals for clients with ASD*	1.5 –32 year olds with ASD	SCERTS Tool used by multidisciplinary team to find goals Analysis indicates many SCERTS goals can be addressed in music therapy interventions	SCERTS model and video analysis of music therapy

AUTHOR/DATE	TITLE	SAMPLE	SUMMARY	MEASURES
Wolfe, D. **Noguchi, L.** **2009**	*The use of music with young children to improve sustained attention during a vigilance task in the presence of auditory distractions*	Kindergarten students n=76	Study found students to be more attentive, focused and engaged when music was added	Analysis from observations of behaviours
Lim, H. **2010**	*Effect of "developmental speech and language training through music" on speech production in children with ASD*	3-5 year olds with ASD n=51	Comparison of music training, speech training and no-training on verbal production Music and speech training improved verbal production Low functioning children showed greater improvement after music	The Picture Exchange Communication System

Table 1 Summary: Journal of Music Therapy review

Chapter summary

This chapter has located the research by investigating relevant literature across a range of areas. The critique of the literature reviewed includes the lack of standardised music therapy assessments, music therapy being measured against other disciplines, and limitations of small samples, single study designs and lack of replication. This literature relates to the special education context, music therapy definitions, music therapy assessment, the music therapy and music education relationship and outcomes. Each of the eight music therapy outcomes which were subsequently designed for the Music Therapy Syllabus and Assessment are supported by the literature. A review of articles about children, special education and assessment published in the *Journal of Music Therapy* from 1999 to 2010 volume 1 was included. The *Journal of Music Therapy* review reinforced the need for the development of an assessment which incorporated outcomes and provided a tool that music therapists would find accessible. The literature review revealed the lack of validated music therapy assessments for use in special education and other population contexts. It also highlighted the current need for a syllabus and assessment for application in special education. The review examined the published assessments, including SCERTS, SEMTAP and IMTAP. It clarified that the Music Therapy Syllabus and Assessment produced by this research is different for two reasons. Firstly, it measures music therapy for itself. Secondly, it proposes music therapy outcomes that link to existing educational outcomes, providing a means for music therapy to integrate into the special education context.

Chapter 3
Methodology

All human beings walk, breathe, gesture, speak within the same range of rhythms. These give the measure of time to our consciousness and memory, as well as to our actions. Variations in the impulses express emotions to which we are all sensitive. All attune to the changing mood that is expressed in changing tempos and harmony of behavioural expression.

(Trevarthen, 1997, p. ix)

Introduction

This chapter outlines the methodology used to develop the Music Therapy Syllabus and Assessment. The research steps emerged as a journey of data gathering, which included contributions from educators and music therapists, music therapy interventions, peer review and trialling the Assessment. The process concluded with the development and presentation of an educationally and therapeutically applicable Music Therapy Syllabus and Assessment. The chapter includes an introduction, aim and a discussion of the literature that relates to the methodology chosen for this research. This literature situates the research across the two professional fields of music therapy and music education by discussing approaches that contributed to the research design. The research plan is presented after the literature relevant to the methodology and includes a brief description of each of the research steps and their links to each other. Complete details of the research steps are provided in their respective chapters (chapters 4-10).

The inspiration for this research was generated by many years of clinical work. The researcher planned to explore whether her views resulting from clinical experience were also shared by music therapists and educators in the field. The investigation includes identifying practical details of music therapy in special education (Chapter 4), obtaining perceptions of educators (Chapter 5) and therapists by survey (Chapter 6) and interview (Chapter 7). The research includes pilot and extended music therapy interventions (chapters 4 and 8) which provide detail for designing music therapy outcomes and opportunities for Assessment application trialling. The development of the Music Therapy Syllabus and Assessment was a continuous strand of the research process, described in detail in chapter 9. The final stage of the research comprises the

presentation of the Music Therapy Syllabus and Assessment (Langan, 2009) following the conclusion (Chapter 10) and publication of the Assessment (see Figure 6). The Syllabus and Assessment are included after chapter 10.

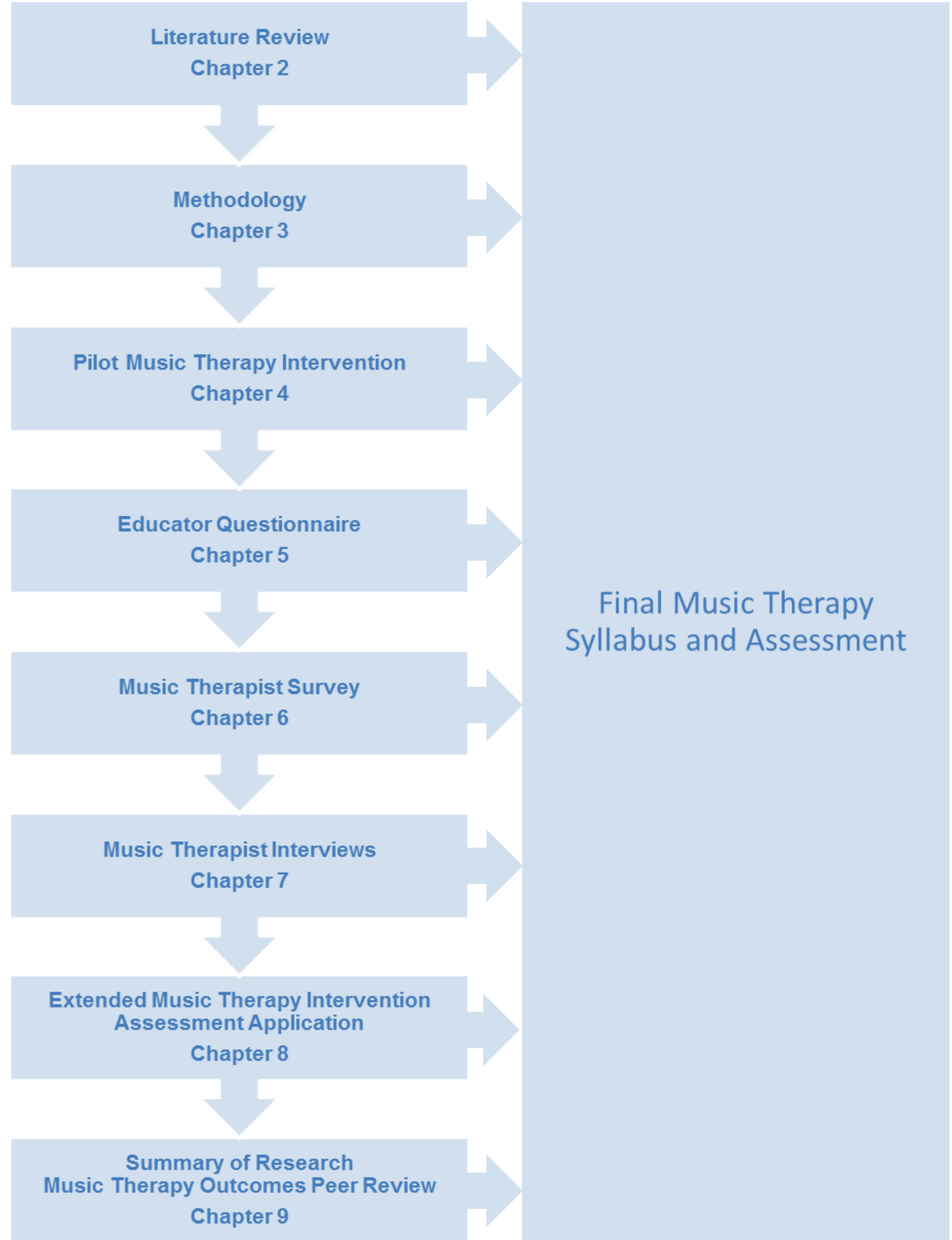

Figure 6 Thesis structure and research process

Aim: conceptualisation of a Music Therapy Syllabus and Assessment

The research project developed in response to an identified need for a syllabus and assessment in the special education context for music therapy practitioners. The initial concept was based on concern about the limited extent to which music therapy is recognised as an independent discipline within the special education context. This lack of recognition indicated an existing gap which the Music Therapy Syllabus and Assessment were designed to fill. Providing music therapists with a Music Therapy Syllabus and Assessment supports and increases recognition of music therapy within education. The aim of the Music Therapy Syllabus and Assessment design includes: to increase the understanding of music therapy by educators, and promote music therapy by providing documentation that is acceptable in educational contexts. The documents aim to meet the needs of music therapists with regard to accountability, documentation and compliance requirements in education. A subject, course or programme cannot run in a school without a syllabus document, therefore the Syllabus is essential. Both documents present music therapy practice in educational language and format. The Music Therapy Syllabus and Assessment are a resource that is modelled on educational principles.

The method applied in this project utilises a range of approaches including: literature review, data gathered from professionals in the field via questionnaire, survey and structured interview, and pilot and extended clinical music therapy interventions. The chosen process achieves two major research aims: the research remains relevant and authentic to music therapy practice, and it represents contemporary professional views (Langan, 2009). The research purpose includes producing documents to sustain the integrity of music therapy and improve its independence. The methodology reflects current research practice as it incorporates a variety of methods previously applied in music therapy research, including the: questionnaire (Dyrlund, & Wininger 2008; Mackenzie & Hamlett, 2005); survey (Jackson, 2008; Tanguay, 2008); interview (Lindenfelser, Grocke & McFerren, 2008; McFerran & Grocke, 2007; Paul, 2008b); clinical practice (Mackenzie & Hamlett, 2005; Walworth, 2009); and professional peer review. The investigation aims to provide a balance of views from a variety of data sources, which form the basis for the Music Therapy Syllabus and Assessment development.

The next section discusses research methods relevant to the research process in relation to their representation in the literature. It examines the research concepts and presents the methods utilised in the research. This chapter includes method-relevant literature in order to facilitate understanding of the research process across the two professions of music therapy and music education.

Literature relevant to methodology

Selection of methodology approaches

Broadly, the methodology used in this research project was chosen to reflect the perspectives of the four main stakeholders. The stakeholders involved in the practice of music therapy in the special education context are: students, educators, the music therapy profession and the clinical music therapist and researcher. The researcher as stakeholder provides her perspective through the role of practitioner researcher, the research design, the Music Therapy Syllabus and Assessment development, and documentation of the project. Students who participated in the music therapy interventions reflected their perspectives through engagement in the sessions. Educators provided their perspectives by completing a questionnaire; music therapy students through trial of the Assessment tool; music therapists contributed data through surveys, interviews, peer and publication review. A variety of qualitative data collection was included to strengthen the design and maintain integrity and relevance to practitioners. Data included: questionnaire, survey, interview, clinical interventions and case study sources in order to provide several critical approaches within the research. Mixing a range of qualitative methodologies according to Tashakkori and Teddlie provides 'the opportunity for presenting a greater diversity of divergent views' (2003, p. 15). The research endeavoured to maintain authenticity to the practicing needs of the music therapy profession. One aspect of maintaining this authenticity was to include methodology that was not only relevant to the research purposes but was also established as acceptable music therapy research methodologies. The research process therefore included a range of qualitative (interview, observation and case study) and quantitative (survey and Assessment frequencies) approaches which are common to music therapy research. The chosen methodology was accessible to and practical for each stakeholder and remains authentic to the needs of clinical music therapy practice. Authenticity was achieved during music therapy interventions by applying music

therapy goals that were implemented to address the needs of the students rather than a predetermined research agenda. Details of the pilot and extended music therapy interventions are included in chapters 4 and 8.

Research link to literature

The literature relating to the methodology is presented next. The section begins with a research definition appropriate to the evolution of the chosen research path. It explains the characteristics of the systematic investigation that was maintained through the link to existing curricula across the entire research journey. It notes the qualitative nature of the process and the practitioner research approaches employed. Validation of the design is noted primarily through practical engagement in music therapy and peer review by the music therapy profession. Evidence-based practice is addressed by clarification of the nature of the relationship to qualitative research through structures of case study, ethnography and grounded theory that contributed to this investigation.

Definition of research

The research method employed for this project aligns with the definition of research given by Swann and Pratt: 'Research is a way of finding things out and developing new ideas' (Swann & Pratt, 2003, p. 3). In this investigation, the researcher proceeded to 'find things out' by gathering information from educators and music therapists and through the practical experience of engaging in music therapy. This uncovered new ideas which produced the music therapy outcomes. Further 'finding things out' took the shape of collecting more detail from music therapists in interviews, trialling the Assessment on clinical work, and conducting peer review steps. The 'new ideas' ultimately formulated produced the Music Therapy Syllabus and Assessment.

Systematic investigation achieved through inclusion of educational outcomes

The method selected for data gathering and production of the Syllabus and Assessment was a systematic investigation into music therapy in special education. To achieve a systematic investigation, the process was structured around Education Outcomes using existing curriculum documents. These documents were examined from the three perspectives of educators, music therapists and music therapy practice. Educational Outcomes provide continuity between the research steps and a foundation for the design of music therapy outcomes. The music therapy outcomes as well as the Music Therapy

Syllabus and Assessment were modelled on existing educational curricula, which maintained and ensured a consistent direction for the investigation.

Selection of qualitative research methods

Selection of methods was an evolving process throughout the research and aimed to address the context from the perspectives of the educators and therapists, alongside the clinical needs of students. The resultant research was a qualitative process, which is consistent with the practice of music therapy as it includes the richness of therapeutic and musical interactions. Qualitative research is well represented in music therapy literature (Amir, 1999; Cobbett, 2007; Rainy Perry, 2003; Thompson, 2007). Aigen describes the concept of qualitative research as being 'consonant with clinical practice' (Aigen, 1995, p. 287). He notices common procedures between music therapy and qualitative approaches that produce meaningful research. Choosing qualitative methods also follows the strongly increasing trend of qualitative research in special education over several decades (Brantlinger, Jimenez, Klingner, Pugach, & Richardson, 2005).

Qualitative music therapy research

Wheeler discusses working with a consultant in her qualitative research regarding a study of severely disabled children (Wheeler, 1999). Bruscia also recommends that a qualitative researcher work with a consultant to 'Help you monitor your ideas and experiences as a researcher while also guiding the direction of the project itself' (Bruscia, 1995, p. 399). This research adopts the advice of respected music therapy researchers Wheeler and Bruscia by relying on peer review, collegial discussions and academic supervisors who performed the consultant role.

Practitioner research and curriculum inclusion

Practitioner research approaches were applied in the pilot and extended music therapy interventions through the researcher adopting both the roles of researcher and practising music therapist. The music therapy outcome development and Assessment application also relied on practitioner research methods through the researcher applying clinical music therapist skills and experience to these steps. Pring discusses action practitioner research in *Philosophy of Educational Research*, and gives examples of current literacy policy and curriculum in British Primary Schools. He suggests 'testing' (Pring, 2004, p. 126) the policies and guidelines in education. This is reflected in the current research

by testing the music therapy outcomes and Assessment through application to the clinical extended intervention and via peer review. His ideas about considering the educational curriculum as an entity that can be adapted and further evolved are also reflected in this project, which incorporates existing curriculum outcomes and develops new music therapy outcomes. Pring states that the 'curriculum should thus be seen as a set of proposals which is constantly being implemented, tested out, found wanting in some respect, leading to the formulation of fresh proposals' (Pring, 2004, p. 126). His concept of a 'constantly being implemented' idea is demonstrated by incorporation of existing Education Outcomes being included in the Music Therapy Assessment. The 'tested and found wanting' notion is represented by the current education curriculum which does not effectively address the requirements of music therapy in special education. 'The formulation of fresh proposals' is represented by the development of music therapy outcomes, and most significantly by the production of the Music Therapy Syllabus and Assessment.

Support for the research decision to incorporate Life Skills Outcomes into the Music Therapy Assessment is provided by Bassey (2003) in his chapter on case study research. He states that 'methodologically I believe that rational argument based on empirical evidence, is an important part of the research process' (p. 114). In this research the 'rational argument' was to include Life Skills Outcomes based on empirical evidence from music therapists who report their implementation of these Life Skills Outcomes in their practice.

Validation of the research professionally and publicly

Validation was achieved for the Assessment through its publication in the *Australian Journal of Music Therapy* (Langan, 2009), peer review of the Assessment, music therapy student trial and clinical application of the Assessment. The review process for publication broadened the scope of the peer review to incorporate rigour and academic critique. The publication of the Assessment, distribution for peer review, and feedback to participating educators and music therapists via email (see Appendix A and B) are examples of the public presentation of the research. Swann and Pratt (2003) endorse this in their definition of research by stating that the research process 'must be presented in some publicly accessible form' (p. 213). Pring (2004) also endorses this concept by explaining that a 'research forum', which is 'a group of people with whom the conclusions can be tested out and examined critically' (p. 133), is required for research.

In the current research, the critical examination occurred through the forum of the music therapy profession via peer and publication review.

Evidence-based practice and validation of the Assessment

The concept of evidence-based practice has been relevant in music therapy practice and literature for some years; the Nordoff-Robbins Music Therapy Centre in London produced a guide for music therapists (Ansdell, Pavlicevic & Proctor, 2004). Evidence-based practice also has currency in education. Cook, B., Tankersley, Cook, L. and Landrum (2008) develop this idea in a paper on evidence-based practices in special education. They explain that

> educational research cannot provide absolute proof that an intervention is effective. Instead, the findings of an experimental study can either add support to or weaken the hypothesis that an intervention causes meaningful changes in student outcomes (Cook, *et al*., 2008, p. 4).

The views of Cook *et al* are consistent with the current research and the 'intervention' being investigated for its effectiveness is the Music Therapy Assessment. The Music Therapy Syllabus is supported by the trialling of the Music Therapy Assessment because it relies on the same music therapy outcomes. Through analysis of the extended music therapy intervention videos, the researcher reveals behaviours that indicate the achievement of music therapy and Educational Outcomes. The notion of 'absolute proof' is not sustained by this research, concurring with the Cook *et al* statement, because the observation of students achieving educational or music therapy outcomes is not a rigorous enough method. However, the process offers some validation of the Assessment as it indicates that the music therapy and Education Outcomes are being achieved in the music therapy sessions. Cook *et al* (2008) also highlight the challenges of the music therapy intervention research steps when they state: 'intervention research in special education takes place in schools and classrooms and therefore involves any number of contextual variables beyond the control of researchers' (p. 4). This comment is relevant to this investigation. Factors such as absenteeism, school discipline, health and behavioural requirements of the students, interrupted music therapy sessions and were beyond the control of the practitioner researcher conducting the music therapy.

Qualitative research

Qualitative research: evidence-based practice

McDuffie and Scruggs (2008), in a paper that discusses qualitative research, suggest that qualitative research may contribute to the support of evidence-based practice and it is important that teachers and families of students in special education appreciate this contribution (p. 2). They list the frequently applied qualitative methodologies as case study, grounded-theory and ethnography (p. 3). These three types of methodologies are represented to varying degrees in the current research. The following three paragraphs explain how case study, ethnography and grounded theory approaches were applied.

Qualitative research: case study

Elements of case study design are applied in this research as methods of tracking individual students across the pilot and extended music therapy interventions. The pilot music therapy intervention uses vignettes of participants with photographs to explain the process and organise the descriptive data. The extended music therapy intervention includes music therapy with a class of students and systematically arranges data under music therapy method categories. A case study approach to an individual student's progress is applied to analyse the music therapy data. The case studies were subsequently used to reflect on the Assessment application results.

This research includes case study and descriptive detail in the investigation of the process of music therapy. Music therapy literature commonly includes case study design and descriptive dialogues of music therapy practice (Atkinson, 2003; Edwards, 1999; Hill, 1997; Langan, 1990; Trondalen, 2001; Tyler, 1998). Historically, case study is a prominent feature of music therapy writing. Case study has been used particularly amongst authors who are significant and still relevant, including Alvin and Nordoff and Robbins (Alvin, 1975; Nordoff & Robbins, 1977).

Qualitative research: ethnography

In the current research, interviews, observation and document analysis are included which is consistent with ethnographic research. Ethnographic research is defined by Wheeler (1995) as 'a type of qualitative research characteristic of the disciplines of sociology and anthropology' (p. 555). The researcher as participant researcher in the

role of music therapist in the pilot and extended interventions is similar to the immersion concept applied in ethnographic research in which the researcher attains knowledge through participating in the group. Descriptions from the music therapy interventions are included in the data drawn from the practitioner music therapist's perspective and observation of the entire process, which is also an ethnographic analysis tool.

Qualitative research: grounded-theory

There are elements of the grounded-theory approach in the current research. McDuffie and Scruggs (2008) explain that it is 'intended to allow the researcher to develop or discover a theory that…underlies the phenomena under observation' (p. 3). In this project, the theory underlying the research was that the collection of qualitative data from special education settings would support the development of the Music Therapy Syllabus and Assessment; the phenomena that were observed comprise the music therapy interventions.

Stance of the researcher

The issues and purposes of the practitioner music therapist have driven the research and defined the stance of the researcher. The role of the combined music therapist practitioner and researcher underpins this project and is fundamental to its design. The practitioner music therapist's issues include:

- insufficient music therapy occurring in special education settings
- music therapists have to strive for recognition and identity in special education settings
- music therapists do not have adequate documentation to support their work in special education settings
- music therapists have to re-invent processes at every new work place to support accountability.

The role of the practitioner music therapist featured most directly in the pilot and extended music therapy intervention research steps (see chapters 4 and 8). The therapy aimed to facilitate the needs of the therapist and participating students rather than those of the research, therefore maintaining the integrity of music therapy practice. The data

gathered from the music therapy intervention research steps contributed to the research, with some similarities to Professor Epstein's Clinical Data Mining concept (Epstein, 2010). This concept connects the research with the practitioner and uses the data that are already current and available from the therapist's clinical practice.

The prior background to this project included the knowledge and experience of the practitioner music therapist. It was knowledge derived from years of clinical practice and research which directed the project. Epstein is supportive of developing research knowledge that is highly relevant to practice (Epstein, 2010), which is exactly what this research project has achieved through designing the Music Therapy Syllabus and Assessment.

Including clinical music therapy in the research design

The design process for the Syllabus and Assessment retained relevance to the clinical realities of music therapy in the special education context through the inclusion of clinical steps. The clinical steps took the form of the pilot and extended music therapy interventions. The research aimed to be highly relevant and practical to music therapists. The relationship of music therapy practice to music therapy research is noted in the literature by Aigen (1991). He notes a disparity between research and practice, which he describes as a schism over the span of the history of music therapy. Aigen describes researchers and music therapy practitioners as having very different perspectives, noting that they have lived in different worlds. He is also critical of research regarding its relevance to music therapy practitioners. Aigen explains that if music therapists use human capacities such as creativity, intuition, inspiration and aesthetic sensitivity in their clinical practice, then research that is conducted without these qualities will be largely irrelevant to this practice (Aigen, 1991). He [Aigen] is a highly regarded international music therapy academic who notes the need for a relationship between practice and research. Aigen's view offers support for the experiential practitioner components within this investigation. This research has maintained its relevance to music therapy practice by including two stages of clinical intervention and also by the researcher adopting the role of clinical music therapist.

Scope and limitations of the research

This research highlights the need for a Music Therapy Syllabus and Assessment in the special education context. It provides the field with documentation which links music

therapy to the education context and provides documentation in an educationally acceptable format. The research steps gather data from the primary stakeholders of educators, music therapists and students who engage in music therapy. The data have been used to inform the development of the Syllabus and Assessment. The limitations of the research include:

- small sample sizes, partly due to the requirement of the research to cover five different research steps for accumulating data, plus peer review processes
- a response rate for the music therapy survey of between five and ten percent
- the resulting Music Therapy Syllabus and Assessment, although potentially adaptable to other music therapy populations, are aimed at the special education context
- the Music Therapy Syllabus and Assessment have not been validated; however, this is also true for all music therapy assessments. Limitations of the research are discussed again in the conclusion.

Research plan

This section describes the research steps and the special education context which provided the starting point and physical setting for the research. Firstly, the context was explored through the literature review, followed by a pilot music therapy intervention. The pilot music therapy intervention comprised the researcher practising as a music therapist in a special school for a day, which included giving music therapy sessions and interacting with staff and students throughout the school routine. Next, perspectives on music therapy were provided by educators via questionnaires and music therapists through survey and interviews. An extended music therapy intervention was implemented for the purposes of developing the Music Therapy Syllabus and Assessment and also to trial the Assessment. This step ensured that the project was informed by both music therapy practice and the special education context. The music therapy profession was involved through student, peer and publication review processes. The research instruments used were developed for the purposes of the research, and include the educator questionnaire, the music therapist survey and the music therapist interview. Each instrument is described in full in its relevant chapter. Finally, the Music Therapy Syllabus and Assessment were completed in a Full and Brief Version and have subsequently been made available to music therapists as a resource.

The following section describes each of the research steps in their chronological order. Each step was designed to produce results that influenced the development of the Music Therapy Syllabus and Assessment. The steps are explained in full in their respective thesis chapters. Each research step is described and includes sample, purpose or justification; procedure and design details as appropriate; and the researcher role is identified. The description of the methodology used in the literature review (previous chapter) is presented next.

Research steps

Literature review methodology

The literature review, presented in chapter 2, focused on music therapy, music therapy assessment, the music therapy and music education relationship, and the special

education context. The review included an exploration of literature relating to the development of music therapy outcomes.

A range of music therapy journals, in particular, the *Australian Journal of Music Therapy*, the *Journal of Music Therapy* and the *British Journal of Music Therapy* and music therapy texts comprised most sources. The use of assessments and outcomes by music therapists was examined. A summary of music therapy, children and special education articles that relate to assessment was collated from the *Journal of Music Therapy* published by the American Music Therapy Association, from 1999 to volume 1, 2010. Literature relating to research method, music therapy and education and assessment was explored. The methodology for the pilot music therapy intervention is described in the next section.

Pilot music therapy intervention

Introduction

The first practical research step was a pilot music therapy intervention which explored the issues relating to music therapy from the perspective of the practitioner researcher who conducted sessions in a special school. It consisted of group music therapy sessions in a K-12 special school for students with a variety of special needs. The researcher also spent time with the students outside the music therapy sessions. This provided broader insight into the roles of the music therapist and educator in the special education context.

Purpose

The primary purpose of the pilot music therapy intervention was to conduct music therapy to inform and support the development of music therapy outcomes that would be incorporated in the development of the Music Therapy Syllabus and Assessment. The intervention also informed the ideas and material used in the extended music therapy intervention. In addition, this step supplied descriptive material about the special education context which further supported the research process.

Design

This step consisted of conducting a variety of group music therapy sessions in a special school over the course of one day. Descriptions of sessions and music therapy method are included in chapter 4 which presents the pilot music therapy intervention in detail. The responses of participating students and staff were documented and this provided information for development of the extended music therapy intervention of 20 weekly sessions which was planned for later in the research process (see Chapter 8). The resultant data include descriptions of the music therapy process, specific information about the special education context, and some of the challenges that music therapists face in the special education context.

Researcher role

The researcher conducted the music therapy sessions for the pilot music therapy intervention. Notes were recorded following the intervention and the researcher completed a detailed description that included brief case vignettes and photographs (see Chapter 4).

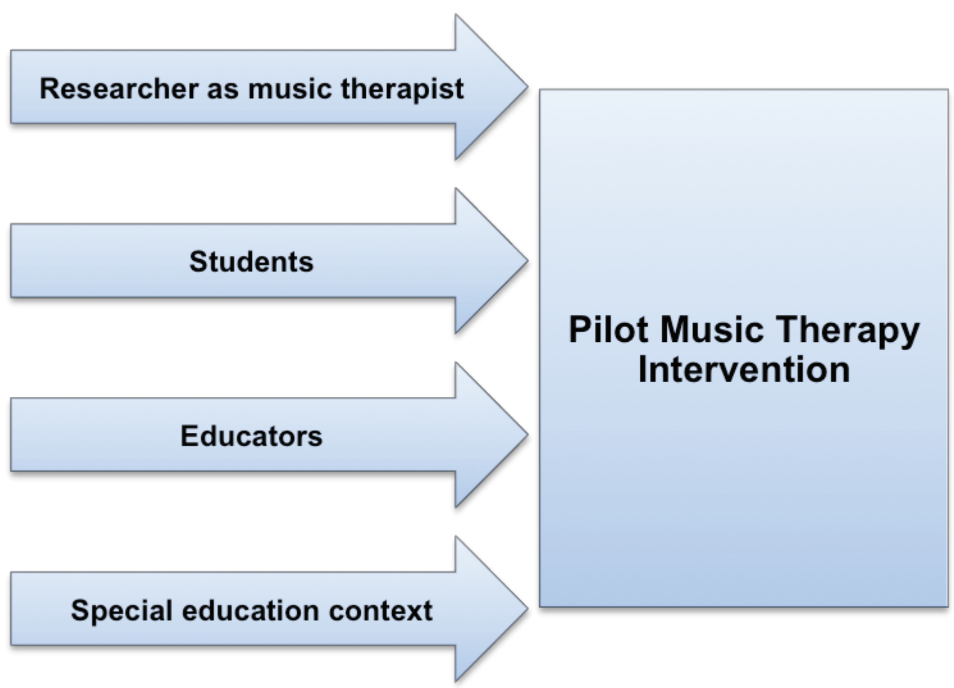

Figure 7 Pilot music therapy intervention

Summary

The pilot music therapy intervention provided fresh insight into the experience of being a music therapist in the special education context. It facilitated the development of the music therapy outcomes and generated fresh ideas for the extended music therapy intervention that followed later.

The next research step was the educator questionnaire which was conducted to gather data on education perspectives regarding music therapy, music education and outcomes.

Educator questionnaire

Introduction

The second research step was a questionnaire which provided the research with an educational perspective. It examined perceptions held by special educators regarding

music therapy, their use of music, and reliance on BOS Life Skills Music Education Outcomes (BOS, 2003) and CPA Syllabi (BOS, 2006, p. 32-35). Participants completed a written questionnaire. This established balance for the music therapist data that generated from the music therapist survey and interviews.

Link to Education Outcomes

Music Education and Life Skills Outcomes were included in the special educator questionnaire. This established the engagement of the project with current and future curriculum documents, leading to the development of music therapy outcomes that provided the basis for the simultaneous development of the Music Therapy Syllabus and Assessment.

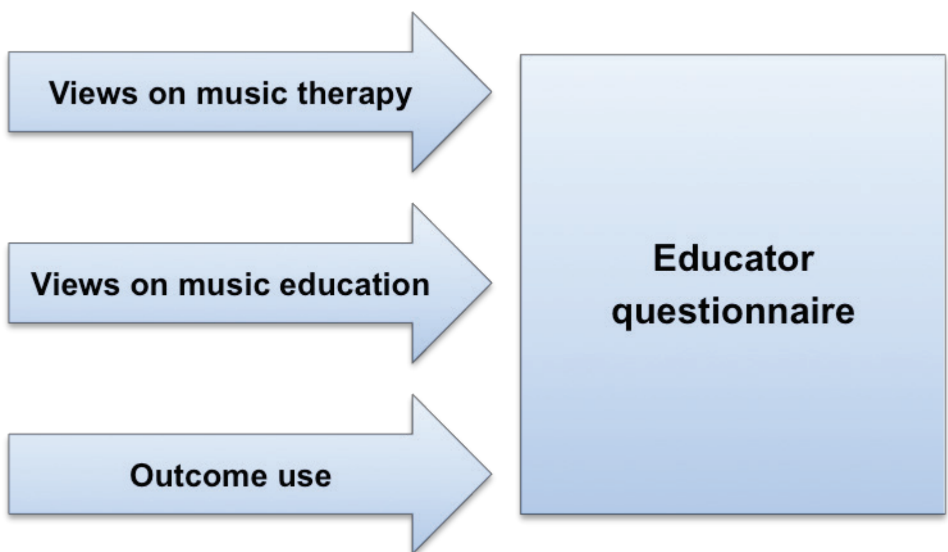

Figure 8 Educator questionnaire

Researcher role

The researcher distributed the questionnaire and facilitated its completion by providing a brief explanation of the research purpose and process to the participants. Collection and analysis of data were also completed by the researcher.

Analysis method

Responses to the questionnaire were collated for each question, summarised and resulting themes identified. Details are presented in chapter 5.

Summary

This step provided information regarding educators' perspectives on music therapy and their use of BOS Music Education and Life Skills Outcomes. The results of the questionnaire supported the development of consequent music therapy outcomes. The Life Skills Outcomes were also included in the music therapist survey and this provided continuity.

The next step comprised a music therapist survey in which therapists were asked for information about their work within the special education setting and whether they utilised Life Skills Outcomes (BOS, 2003).

Music therapist survey

Introduction

Next in the investigation process, information was sought from music therapists about their practice in the special education context.

Purpose

The purpose of the survey was to obtain information from practising music therapists in special education to inform the development of music therapy outcomes appropriate for the Music Therapy Syllabus and Assessment. General information was gathered about their work, settings, students and session methods. It was also used to authenticate the researcher's perception about how music therapists viewed their methods and session content when compared to Life Skills Music Education Outcomes. The survey included demographic questions which established a view of music therapy in the special education context, and indications emerged of the need for an Assessment tool appropriate to special education.

Design

The survey, which was specifically designed for this research, focused on the work of music therapists in special education settings. Survey dissemination was designed to reach a wide variety of practitioners; therefore, an email procedure was considered the most efficient method. The survey needed to be succinct and require a short time for

completion in order to encourage participation. Ten questions were asked, derived from the areas of: clinical practice; music therapy in the special education context; and music therapy and music education overlap (see Figure 9).

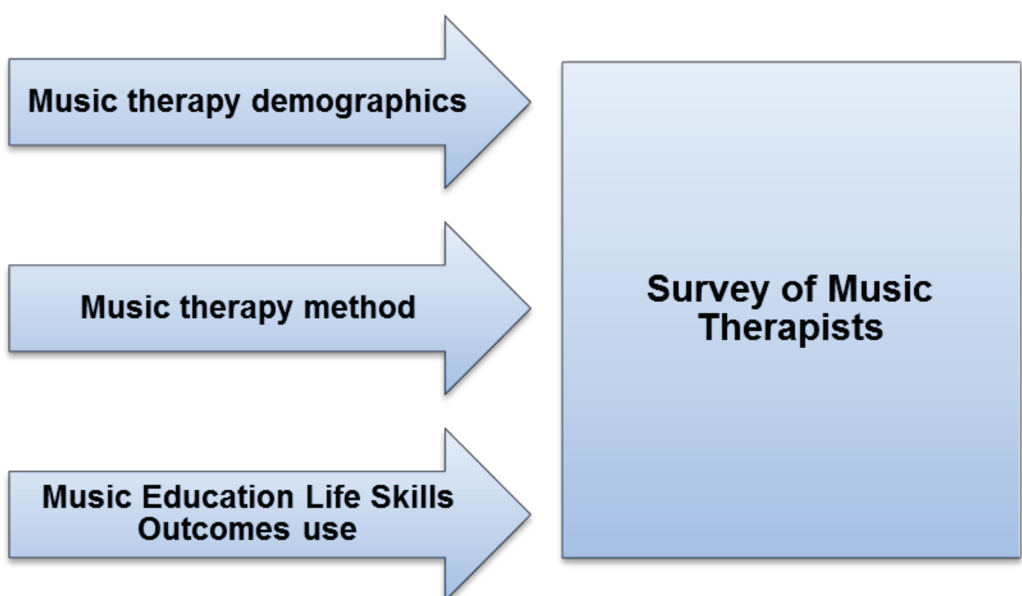

Figure 9 Music therapist survey

Researcher role

The music therapist survey was designed, distributed, collected and data processed by the researcher.

Sample

The sample comprised music therapists who were registered in Australia or the United Kingdom and identified themselves as practising music therapy in a special education setting.

Procedure

Email invitations were sent to music therapists in Australia and the United Kingdom (UK). A link was also shown on the Australian Music Therapy Association website.

Summary

Following the survey of music therapists, the research journey moved to music therapy outcome development. The process built on the data from the pilot intervention, educator questionnaire and survey of music therapists.

Music therapy outcome design

Introduction

Specific music therapy outcomes were designed for inclusion in the Music Therapy Syllabus and Assessment. The research process had now accumulated data from the pilot music therapy intervention, the educator questionnaire and the music therapist survey. It therefore seemed appropriate to begin developing the Music Therapy Syllabus and Assessment. The first step was to provide a foundation for both documents which comprised the music therapy outcomes. The results of the pilot music therapy intervention and the music therapist survey influenced the music therapy outcome development directly through music therapy methods. The music therapy methods chosen by the researcher for the pilot intervention and the results about music therapy methods drawn from the survey of music therapists contributed to the design of music therapy outcomes. The educator questionnaire highlighted the importance of developing indicators to match each of the music therapy outcomes.

Justification

A decision was made at the conclusion of the pilot music therapy intervention to produce a set of outcomes rather than music therapy goals or objectives, in order to link more closely to the education context and curriculum documents. The decision to develop broad outcomes based around music therapy methods appeared to be the most efficient way to deal with the multitude of different special education contexts and the range of individual student needs.

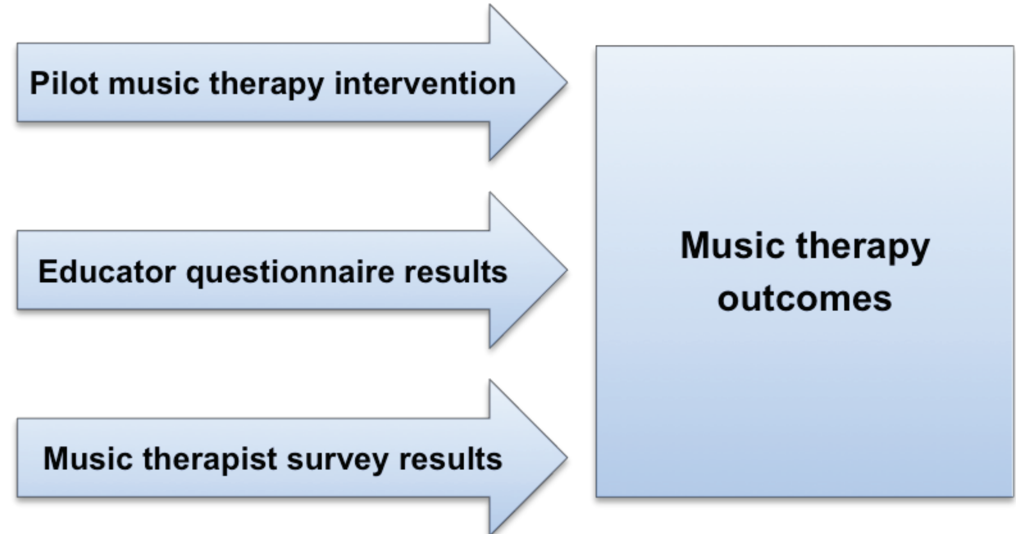

Figure 10 Music therapy outcome design

Researcher role

The researcher completed this step based on previous clinical experience and results from: the pilot music therapy intervention, the educator questionnaire and the music therapist survey. Further details regarding the development of the music therapy outcomes are presented in chapter 9. The next research step was designed to derive further information from the music therapists about their practice in the special education context.

Music therapist interviews

Introduction

This research step was included to provide depth to the music therapist data. An interview design was considered appropriate in order to capture a diversity of current responses directly from music therapy practitioners.

Justification

Interviews investigated music therapy in the special education context in greater depth than the music therapist survey. The interviews provided data about the music therapists' use of assessment techniques and their relationship to Educational Outcomes.

Music therapists were also asked about how they perceived their profession with regard to its value and integrity in the special education context. This information, particularly about music therapists' use of outcomes, was essential for the development of the Music Therapy Syllabus and Assessment.

Design

Four interviews were conducted with music therapists currently practising in New South Wales. The focus explored practical information about their working conditions, how they were perceived and included into the education setting, the music education/music therapy overlap, and assessment practices used.

Researcher role

The interviews were designed and conducted by the researcher. Responses were audio recorded, transcribed, collated and analysed by the researcher.

Sample

Four music therapists who practise in special education settings in New South Wales volunteered to participate in individual interviews.

Summary

The interviews provided confirmation of issues that currently exist for music therapists relating to their roles and assessment strategies in the special education context. Their views regarding Educational Outcomes and whether they were required to engage with them in their practice also contributed to the Music Therapy Syllabus and Assessment. Building on the detail derived from the music therapist interviews, the next research step was the Music Therapy Syllabus and Assessment design. The previously produced music therapy outcomes provided the foundation for the development of the documents.

Music Therapy Syllabus and Assessment design

Introduction

The first drafts of the Music Therapy Syllabus and Assessment were designed at this point in the research process. They were built around the new music therapy outcomes that had been developed following the pilot music therapy intervention, educator questionnaire and music therapist survey. The outcomes were trialled for their application via the Music Therapy Assessment in the extended clinical music therapy intervention. The Music Therapy Syllabus was structured similarly to two Board of Studies New South Wales curriculum documents, namely the Life Skills Advice document (BOS, 2007), and the Music Years 7-10 Syllabus (BOS, 2003). The Music Therapy Syllabus and Assessment used the new music therapy outcomes as their foundation.

Justification

The Syllabus and Assessment design was a way to deal with views of special educators who reported positively about music therapy but had not engaged with it in any concrete way; that is, they did not employ or work with a music therapist. Analysis of the educator questionnaire data revealed that only two educators had met a music therapist prior to completing the questionnaire. The purpose of the Assessment design was to assist music therapists in their practice and support recognition of their contribution in special education settings. An important factor in the development of the Assessment was also to provide an evaluation tool for the therapeutic process.

Design

The Music Therapy Syllabus and Assessment drafts began at this point of the research process, based on music therapy outcomes and the researcher's clinical experience, as well as knowledge of the music therapy assessment tools available in the literature. The choice of educational and music therapy outcomes was also influenced by the pilot music therapy intervention.

A link to established syllabus documents, which are a trusted foundation employed by the education system, was appropriate. The decision was made to link the Music Therapy Syllabus and Assessment to existing Educational Outcomes. Life Skills Music

Education Outcomes were incorporated at this time, which provided consistency and an emergent influence between the educator questionnaire, the Assessment and the music therapist survey steps of the research.

Next in the research process was the extended music therapy intervention. This comprised 20 music therapy sessions conducted with seven students from a special school; these were video-recorded and the resulting data were used as the basis for a trial of the Assessment.

Extended music therapy intervention and Assessment application

Introduction

A series of 20 weekly music therapy sessions was conducted with a group of seven students in a special school. Session content included singing, playing percussion instruments, improvisation, familiar songs, songs written by the music therapist and a simple song writing activity. The sessions were video-recorded for later analysis.

Justification

An extended clinical music therapy intervention was included for several reasons. After designing the music therapy outcomes, the researcher needed to test them in the clinical setting; the extended music therapy intervention provided the required data. Conducting music therapy at this stage in the research process provided material that was specifically for the purposes of the Assessment development and application. Efforts were made to retain an authentic and child-centred music therapy process despite the research requirements. Music therapy sessions were video-recorded to provide data in order to trial the Music Therapy Assessment (see Chapter 8). This process of application also supported the refinement of the Music Therapy Syllabus and particularly the Assessment. The inclusion of an extended clinical component in the research also maintained the integrity of the research by ensuring that the Assessment was grounded in the practical reality of sessional music therapy. The incorporation of music therapy at two stages (pilot and extended) in the research project ensured a practical and relevant outcome for the research. The development of the Assessment therefore included a practical orientation and maintained a strong link to the special education context.

Researcher role

The researcher designed the music therapy programme, which included composing material for the intervention and conducting the 20 music therapy sessions.

The researcher conducted the music therapy sessions and used a fixed camera to collect video material for later analysis. The Assessment was trialled by viewing videos of the sessions and completing the Assessment for each session and each student. Details of collated results are included in chapter 8. An edited version of this video material was produced by the researcher with accompanying written description to explain the music therapy process and provide examples of the method. The edited video also assists the understanding of the case vignettes and the Assessment application. Two scores of music composed by the researcher for the music therapy intervention are included to provide detail about the music therapy methods employed in the sessions. Complete details of the extended music therapy intervention, analysis, and Assessment application are included in chapter 8. The *Maria Movie* description is located in Appendix E and the edited video, *Maria Movie* can be found inside the back cover, Appendix F.

The next step required refinement of the Music Therapy Syllabus and Assessment. In order to accomplish this step, the Music Therapy Syllabus and Assessment documents were disseminated for peer review.

Music Therapy Syllabus and Assessment refined with peer review

Introduction

The Music Therapy Syllabus and Assessment were developed in order to support music therapists practising in special education contexts. Following the Assessment development and its trial application, it was important that members of the music therapy profession should have an opportunity to comment on the document. This took the form of peer review, publication, trialling and dissemination to music therapy professionals.

Assessment review procedure

The researcher approached the music therapist interviewees, colleagues and the profession for feedback on the Assessment. The majority of contacts were established

via email (n=69). Some peer review data were also collected through direct face to face contact. The feedback was collected and decisions regarding changes to the Assessment followed. The Assessment was trialled by post graduate music therapy students and the responses were analysed; they are reported in chapter 9. The process of publication also provided review and commentary on the Music Therapy Syllabus and Assessment concepts and the final version of the Assessment.

Syllabus review procedure

The Syllabus underwent a less extensive peer review than the Assessment. Its development was based on the music therapy outcomes that had previously received peer review via the Assessment. Its structure relied on existing Board of Studies Life Skills and Music Education Syllabus documents as templates. It was reviewed by music therapists and educators either through direct contact by the researcher or via email.

Final Music Therapy Syllabus and Assessment

Introduction

This final step comprised the presentation of the completed Music Therapy Syllabus and Assessment and documentation of the research process to produce a thesis.

Design

The final editing and checking of the documents needed a specific step in order to re-focus the entire research journey and ensure that all significant findings were given due recognition.

Ethics

Clearance for the study was obtained from the Human Research Ethics Committee of the University of Technology, Sydney, and approval was received from The Department of Education and Training. Time was spent discussing and explaining the research to prospective participants, in particular, educators and music therapists. Participants, parents or guardians, and teachers and students were encouraged to question the research process, provided with information sheets, and asked to sign consent forms.

Participants and students were provided with feedback on the project and encouraged to seek further information if required. Specific consents were received from families for the inclusion of photos and the *Maria Movie*.

Chapter summary

The methodology described in this chapter has covered conceptualisation, music therapy interventions, description of the research instruments (questionnaire, survey and interview), administration procedures, data collection and analysis procedures. The methodology described was used for the purpose of developing the Music Therapy Syllabus and Assessment.

The following chapters 4-8 present the practical research steps, which include: the pilot music therapy intervention, the educator questionnaire, music therapist survey, music therapy interviews, and extended music therapy intervention. The penultimate chapter (9) explains the development of the Music Therapy Syllabus and Assessment as it responded to the accumulated research data. Chapter 9 also includes the peer review. The conclusion is presented in chapter 10. The pilot music therapy intervention is presented in the next chapter.

Chapter 4
Pilot Music Therapy Intervention

The therapist waits for the child to come to terms with himself, to express his difficulties, and to find new ways of relating and living. He waits for the child to be willing to face himself and to develop in accordance with his own individual nature. Waiting is a positive force, a commitment of faith actively expressed by the therapist…

(Moustakas, 1970, p. 51)

Introduction

The research began by conducting a pilot music therapy intervention in the special education context, which consisted of engaging in music therapy and experiencing the environment as a music therapist. The purpose was to gain current and further insight into the challenges that present to the music therapist in this environment. The experience also provided ideas on formulating the music therapy outcomes suitable for the syllabus and assessment development. Additionally, the clinical experience provided a base for the development of the programme and the methods planned for the extended music therapy intervention.

This chapter describes the first practical step of the research process, the pilot music therapy intervention. It comprised visiting a special school and implementing music therapy sessions, experiencing the educational setting and liaising with special educators. The special school had not previously employed a music therapist or been visited by the researcher. It was a Department of Education and Training School that catered for students from K-12 with a range of disabilities.

This research step ensured that the investigation began with a realistic view of the educational environment and its challenges for the practice of music therapy. The challenges include music therapists being required to incorporate behaviour programmes into sessions; accommodate educational timetables; and conduct sessions in a classroom rather than a music therapy specific setting. It was of primary importance to the researcher that the investigation provided practical benefit to clinical music therapists; therefore, beginning with clinical practice was a logical step.

The resulting descriptive material provided a view of the music therapy experience in the special education setting primarily from the music therapist's perspective. Students' perspectives were provided through their responses within music therapy sessions. The pilot and extended[4] music therapy interventions were intended to foster a relationship between the research and music therapy practice during the investigation. Although the practitioner researcher was experienced in the special education setting, it seemed important to provide fresh experience of the environment when the research aims were implemented.

Role of researcher

The practitioner researcher and author of this thesis is also the practising music therapist and observer in this intervention. The researcher will be referred to as the music therapist in this chapter and also in chapter 8, in which the extended music therapy intervention is presented.

Research aim

The pilot music therapy intervention provided descriptive information on music therapy practice in the special education context. The pilot sought to answer the following research questions: What are the challenges of introducing music therapy into an education setting and how do the students respond? Do the chosen music therapy methods effectively engage the students? How can qualitative data be used to inform the next stage of research? Information about the setting and the challenges of music therapy will be presented in the results section through description of the music therapy experience. The students' responses are presented in relation to the music therapy activities and in selected case vignettes, which bring an authentic voice to the descriptive results. The pilot music therapy intervention also made a significant contribution to the formulation of the music therapy outcome development (see Chapter 9) and was also a source for the programming and planning of the extended music therapy intervention (see Chapter 8).

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[4] The pilot and extended music therapy interventions comprised the clinical music therapy components of the project. Details of the extended music therapy intervention and its analysis using the Music Therapy Assessment are presented in chapter 8. A CD containing an edited version of the extended music therapy intervention, the Maria Movie and an accompanying written description are included in the appendices.

Music therapy philosophy

The music therapy philosophy of the researcher impacted the research process, as previously referred to in the literature review. The approach to the pilot and extended music therapy interventions aimed to maintain the integrity of music therapy goals whilst balancing the requirements of the special education context and the research aims.

Procedure

A special school was invited to participate in the research and agreed to be involved. The school is a New South Wales Department of Education and Training Special School which provides education for students in the moderate to severe range of intellectual disability. The school has an enrolment of 19 students and is defined on the New South Wales Department of Education and Training website as a School for Specific Purposes. It describes itself as providing a 'place where the dignity and self worth of each student is of utmost importance; endeavours to ensure parents and caregivers feel comfortable in their role as contributors to their children's education; is a place where whole of life learning occurs within a variety of community environments' (citation withheld due to confidentiality requirements).

Staff received an in-service delivered by the music therapist on music and music therapy. The school liaised with parents, staff and students, and provided different groups of students for music therapy sessions. All sessions were assisted by teachers and/or teaching assistants. A variety of music therapy methods which included singing, playing instruments, improvisation, movement, musical games and listening were used.

Design

The intervention design consisted of conducting three group music therapy sessions in a special school. The music therapist also participated in the daily routines of the school, which included engagement with and observation of students during break times and sport. The data collected from this step included the music therapist's observational and session notes. These notes incorporate student and staff responses and feedback. The school took photographs during the music therapy sessions for their own purposes, a copy of which was sent to the music therapist. The music therapist subsequently

received permission via signed parental consent to include five photographs in the thesis.

Music therapy environment

The music therapy took place in the junior and senior classrooms that contained classroom furniture and plenty of distractions for the students. The ideal music therapy room limits content to musical equipment in order to assist focus and reduce distraction; however, it is unusual for a school to have a dedicated music space or therapy room. The space was less than ideal, but this was managed by the therapist relying on the music and methods to structure and maintain the students' focus. Music therapy sessions began without prior meeting or observation of the students. General descriptions, for example, 'this is the junior class and we have six students,' were given to the music therapist. Sessions were organised according to class groups using the resources contained in each classroom. In the junior room the resources included a collection of mostly hand-held percussion instruments with some larger drums including a djembe. A djembe is a West African instrument, a skinned drum traditionally made from hollowed out hardwood trees (Wikipedia, 2009). The senior classroom had an acoustic piano and borrowed percussion instruments from the junior classroom.

Sample

The sample included students from different classes and ages with a variety of needs within one special school. Their ages ranged from junior to high school (5 to 18 years). Individual student needs included those with a severe disability to those preparing for inclusion into mainstream school who had higher functioning skills. The music therapy sessions conducted included, a junior and a senior group within a special education school.

Junior sample

The junior sample comprised two students who participated in the junior music therapy group which consisted of six students with a range of conditions. The students were 5 and 6 years of age respectively, one of whom was independently mobile and the other was in a wheelchair.

Senior sample

The senior group was large with 12 students present. Their ages ranged from 9 to 18 years. Students had ability levels ranging from high functioning to those with profound disabilities. The responses of two students one of 14 and the other 15 years will be described.

The following section presents the results of the pilot music therapy intervention. It includes descriptions of the therapist as observer in the setting, and music therapy methods used in the junior and senior music therapy sessions. The music therapy methods for each of the groups are described first, followed by the responses of the sample students which comprises two junior and two senior students.

Description of the intervention

This section presents a detailed description of the music therapy methods used in the sessions, followed by the responses of the students. Responses are presented in relation to music therapy methods in order to provide clear information for the development of the music therapy outcomes that are included in the Music Therapy Syllabus and Assessment. Results provided information for the music therapist survey question regarding method, music therapy outcome development and planning information for the development of the extended music therapy intervention. Case vignettes are included to illustrate the music therapy experience of the participants. The descriptions begin with the music therapist as observer, followed by the junior and senior group descriptions.

Observations of a music therapist engaging in a special school

The music therapist as practitioner researcher also spent additional time in the setting not actively engaged in music therapy. This took the form of observation and engagement with staff and students during the day which included before school, recess, lunch and sport activities. The music therapist observed students with a varying range of disabilities. The social patterns between the students presented in similar ways to those of students with a normal range of abilities. Most students engaged with each other,

some in parallel play;[5] several students were content as observers or alone with their own company. Students utilised available space and play equipment in a contained and well supervised outdoor playground. At recess and lunch, the routine included supervised eating whilst sitting under a shaded area, where some students were encouraged and assisted with their eating and drinking skills. The students showed social patterns which were obviously affected by their class groupings and resulted in the majority of contacts being with class peers.

The sport activity required a short bus journey to a nearby community hall. The staff to student ratio was high and the students engaged in a range of physical games and activities. These included moving to music, ball games that required acknowledgment of and engagement with others, and the use of fine and gross motor skills. A parachute was also used and assisted the sight and hearing impaired students to participate fully. One activity included students and staff holding the parachute in a circle around its edges, utilising a shared movement to raise and lower it. Students took turns to sit under the parachute and experience the 'parachute canopy' that offered light and colour changes, as well as tactile opportunities. Relaxing music was played during the parachute activity. All students were encouraged to participate to their full potential with assistance provided by staff when needed. For example, one student was lifted out of his wheelchair and moved under the parachute to facilitate his involvement. The educators' knowledge of each of the individual students' needs was observed and the activities progressed with minimal disruptions. The relationship between educators and students was consistent and notable for its sense of warmth, care and high regard. The atmosphere was calm and organised, one in which the students mostly engaged with ease and a sense of fun and satisfaction.

[5] *Parallel play (or parallel activity) is a term that was introduced by Mildred Parten in 1932 to refer to a developmental stage of social activity in which children play with toys like those the children around them are using but are absorbed in their own activity and usually play beside rather than with one another (Child Development Reference, 2011).*

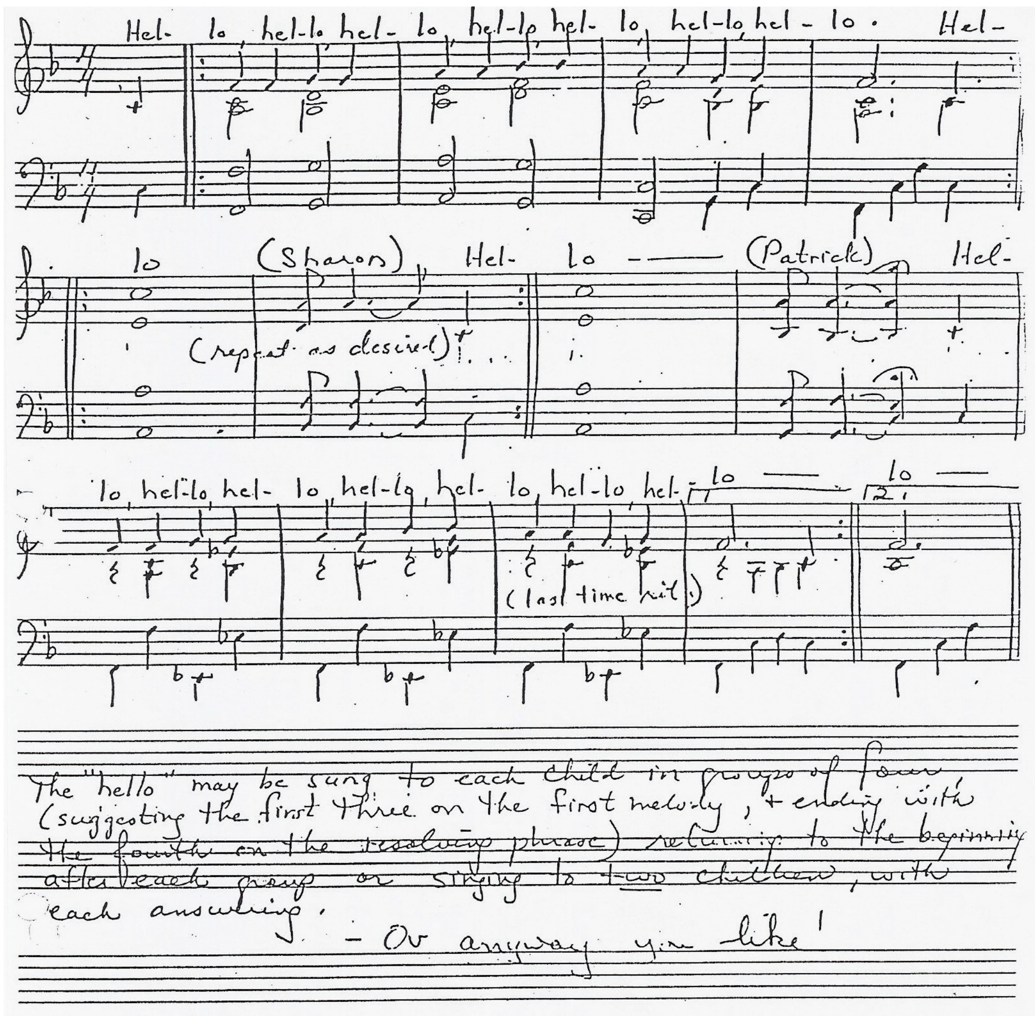

Figure 11 Hello Song: original score from Clive and Carol Robbins

Junior music therapy group

Junior music therapy group methods

The Nordoff-Robbins' *Hello Song* was used to open the session. The *Hello Song* was given in an original hand-written version to the music therapist by the late Clive and Carol Robbins (see Figure 11). The therapist greeted each of the students in turn by name and supported a response. The students were open to the music therapy activities and participated with a positive attitude. Familiar educators assisted the students in their new experience and the session was conducted in their usual classroom. The music therapist chose activities and methods that were appropriate for a new group with a range of abilities. Open ended and simple activities were included which gave the music therapist an indication of the students' different abilities quickly. The main methods

included drum playing, music and movement, improvised percussion playing and relaxation.

Junior music therapy methods	
Drum playing	The therapist began by inviting one student at a time to respond to her drum playing. For example, the therapist played quaver semi-quaver semi-quaver crotchet and the student was offered the drum to respond. This technique indicated clearly to the student that they may now play and facilitated the musical conversation. The tambourine was also used in a similar way; it offered students different tonal possibilities and a smaller instrument to engage with.
Music and movement	The music therapist introduced a movement activity to vary the therapist-centred activities. The movement activity took the form of a game in which the music therapist played the 'Pied Piper role' on her flute: she led by walking in a circle around the room and playing whilst encouraging the students to follow. The students followed with varying levels of assistance from staff. The music changed tempo, from moderate to fast and then to slow. The music maintained a strong pulse to support and encourage movement. The musical material included primarily improvised music that led the students' initial movement, guided changes in their movement patterns, and responded to their changing energy levels. The familiar tune of *Greensleeves* was included between improvisations and provided a rolling 6/8 rhythm to encourage variation in movement.
Improvised percussion playing accompanied by the flute	Each student was offered a percussion instrument and invited to play. This activity included initial experimentation with the instruments after the therapist demonstrated playing methods. Turn-taking as indicated by the therapist in a conducting style also provided a step towards the students playing on their own. Improvisations were encouraged by playing as a group, whilst the therapist supported musically on the flute. Individual improvisations between students and the therapist were also included.
Listen and relax	This activity was included to achieve a calming effect in preparation for the end of the session when students would return to normal classroom routine. The activity began with the therapist encouraging students to lie on the floor (if physically possible) with closed eyes. The therapist then played some gentle, softly flowing flute music to encourage the students to relax.

Table 2 Junior music therapy methods

Responses of the junior music therapy group

Despite being an experienced music therapist, the researcher was amazed by the natural enthusiasm and motivation of the students to engage to the extent of their abilities. Students had exhibited patience in their listening roles and persistence in their approach to participation. They displayed patience as they waited for the music therapist to find the best means of communicating or engaging with them. Students applied their natural motivation to engage in play for musical activities that used a variety of games to adapt to individual needs. The joy of the students surfaced easily and sustained the energy of

the group. The group session continued for approximately 45 minutes. The setting and methods are included and the responses of the case study participants are described.

Greeting song

Students responded in a variety of ways and indicated a willingness to participate to the extent of their abilities. The student with cerebral palsy responded with some vocalisation, a smile and turning his body towards the sound. The student who was profoundly deaf engaged with visual attention and a smile.

Drum playing

Students were seated and needed support to participate in the drum playing, for example, an assistant supported a student's hand. They were encouraged by the music therapist to take a turn by 'answering' her played question. One student in particular responded in a musically meaningful way by echoing some of the music therapist's rhythms and maintaining eye contact.

Music and movement

The students responded with a sense of fun to this activity. It engaged the students who needed a change in direction from the more highly concentrated playing activities. The movement provided a method of energy release and the students enjoyed the freedom of moving around the entire room. They attempted respondes to changes of tempo and mood created by the flute music. There were smiles of recognition when the flute played *Greensleeves* in the middle of the activity. It was chosen as it is a familiar tune, commonly used by ice-cream vans, and is usually recognised by students.

Listen and relax

With a little organisation students were invited to lie down except the student in the wheelchair,. The therapist encouraged closed eyes to limit stimulation and improvised softly with a free rhythm on the flute, including frequent sustained notes using slow changing vibrato and tonal shading. The mood of the group slowed and settled a little. The students enjoyed a change from the active and higher energy activities. This step also alleviated some restlessness exhibited prior to the relaxation.

Senior music therapy group

Senior music therapy group methods

The senior music therapy group was quite large for a music therapy session, with 12 students attending and five staff. The musical resources in the classroom included: an acoustic piano and selection of percussion instruments from the junior classroom. It ran for approximately 40 minutes. The room had been arranged with desks stacked at the back with a large circle of chairs for the students to sit on occupying the space. When the music therapist entered the senior classroom, the students and staff were excited about what the new 'music lady' was going to do. Consequently, the music therapist chose activities to use this energy, beginning with the greeting song *Howdy Do Blues* (see Figure 12). This was followed by an echo game, in which all participated as a group, then individual drum playing, some small group improvisation with hand-held percussion, improvisation at the piano and finally some group improvised humming. Owing to the large group size and the range of age and awareness levels in the group, there was an element of performance to the activities. The performance aspects were not a goal of the therapy but an inevitable consequence of the large group and the novel nature of the music therapy session. In a single music therapy session, the primary importance is to encourage students to be involved in the music making, and once established, it can be shaped. To avoid over-emphasis on the performance aspect of the session, the music therapist encouraged a non-judgemental approach towards students' participation efforts from the rest of the group by modelling attentive listening and acknowledging each student's contribution.

Howdy Do Blues

By Brad & Allison Fuller

Funky, Fun, Fantastic Ideas....

- Use this greeting song to encourage singing, movement and interaction.
- This song has a shuffle feel. Encourage participants to accent beats 2 and 4 with body percussion and instruments where appropriate.
- Wave hello throughout the song and then shake your arms up in the air each time you sing "Ooo".
- Sing other sounds instead of "Ooo" like "Ahh" or "Eee".
- After you sing "How you doing today?" participants signal good by a "thumbs up".
- Second time through sing "Won't you tell me: what is your name?" instead of "How you doing today?" The participant says their name in response.
- Pat your knees to the beat of the song.
- Cross over (alternating) touching each knee with the opposite hand to the beat of the song.
- Instead of singing "If you're ready give a shout.." sing "If you're ready clap your hands.." or "If you're ready stamp your feet.."
- Hand percussion instruments may also be added to this song.
- Give the participants a clap at the end for a song well done!

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Figure 12 Howdy Do Blues

Senior music therapy methods	
Greeting song	The greeting song encouraged students to musically engage by singing a greeting to each other. It established music as the medium and included small gestures at appropriate points, which contained some of the energy and led into the following playing activities.
Echo game	This was a game initially led by the therapist in which a short clapped rhythm was modelled and the group was encouraged to echo it back. To support this, the music therapist initially counted and doubled the response. This activity was included to assist in establishing a sense of group unity and focus as it instantly provided a framework for all to share pulse and rhythm.
Individual drum playing	This activity took the form of the music therapist placing the djembe in front of a student and playing a short rhythmic pattern which gave the student an opportunity to respond. This technique also encouraged group participation and the music therapist chose students who had not participated fully in previous activities.
Small group improvisation	Several students volunteered to participate in an improvisation. They chose from a selection of percussion instruments and were encouraged to play together. The music therapist took the role of facilitator and accompanied the group's music on the flute.
Piano improvisation	The piano improvisations built on the structures already established in the individual drum playing and the small group improvisations. The piano allowed for a more sophisticated improvisation than the percussion instruments had offered. Students were asked to volunteer and had the opportunity to improvise with the music therapist.
Group humming	The group humming activity included encouraging students to lie on the floor with eyes closed and heads close together, if physically possible. Participants were encouraged to hum together to create a shared musical improvisation. Positioning students on the floor reduced self-conscious feelings regarding vocalising which can be an issue for teenagers. Closed eyes reduced visual distractions and promoted concentration. Heads close together ensured that the softer sounds were audible which encouraged awareness of breath and sound production, also allowing vibrations to be felt through the floor which assisted hearing-impaired students. The music therapist led into this activity with several steps, including some breathing with exhalation sounds created together, and turn-taking around the circle. Another variation included placing a volunteer student in the centre of a circle of students and humming to the central student, which produced the experience for the central student of 'holding' and being encircled by sound. The last step of lying on the floor was reached when students had used their voices in a variety of ways.

Table 3 Senior music therapy methods

Responses of the senior music therapy group

The senior music group appeared excited about engaging with the music. The music therapist chose a structured approach in terms of moving from one activity to another, with variations to include all group members; for example, entire group, small groups, paired improvisations with the therapist and individual contributions. The music therapist retained her role as facilitator and group manager. It was a complex group with

12 students and included a wide range of abilities. The potential for disruption was apparent so the music therapist maintained direction by using the music activities to structure the group's behaviour. The responses are described through the participation of the case study students who were aged 14 and 15.

Greeting song

Students were initially a little shy about participating in the greeting song. It seemed that the students' awareness levels meant that they experienced the common self-conscious feelings of teenagers when singing. They soon became more relaxed as it became clear to students that the music therapist accepted their contributions and there was no compulsion to participate.

Echo game

The therapist was sensitive to staff concerns regarding behaviour and the high energy level in the room, therefore the echo game became a useful management tool. The echo game attracted their attention and required visual and aural skills as well as full concentration. Students responded rhythmically and there was a sense of united purpose. They volunteered to lead the echo game and this encouraged wider group involvement. Rhythmic responses were not always synchronised, however, a shared pulse was achieved with some success. The therapist felt that a level of containment in the setting was essential to maintain student focus and limit disruption, consequently activities were adjusted, for example, the therapist retained the leading role.

Drum playing

The natural joy of engaging in music showed through the enthusiasm with which the students anticipated their turn-taking drum opportunities. Individual students were invited to respond to the music therapist's rhythms and they participated with a sense of fun, some with concentration and a beam of satisfaction. While waiting for their turn, students observed the rhythmic exchanges and mostly focused on the music. This activity seemed to capture and generate enthusiasm.

Group improvisation

Initially students were a little hesitant to volunteer, probably as it was a novel experience and the music therapist was unfamiliar to them. The group improvisation began with some initial experimentation on the instruments, followed by pauses in which the music therapist encouraged participation through a facilitating flute line and consequently the music grew stronger. Students started to work and share musical ideas together, and showed a high level of concentration. This activity was not as satisfying for the observing group members as the individual drum playing, therefore the therapist included only one group improvisation.

Piano improvisation

The piano improvisations proved a useful music therapy method for the senior music therapy group as they offered a means of meeting the range of cognitive abilities. The improvisations facilitated students with a higher level of awareness and communicative skills to participate in a unique way. Improvisations were included with individual students who volunteered to create music with the therapist at the piano. Daniel showed a high level of communication skill and musical awareness. He revealed his appreciation of the activity in his enthusiasm, facial expressions and energy. Daniel launched straight into the musical conversation, showing awareness by responding to a tempo change or including an idea from the music therapist's part. The improvisations demonstrated cognitive skills that had not been apparent in the previous interactions so it was very rewarding for staff and therapist. He made real connections with the music and created a satisfying and unique communication experience. Participation was restricted to two improvisations as some students in the group found it difficult to maintain concentration and the session was also nearing its close.

Humming

The preparation for the humming activity required students to lie on the floor for this music making step; it was quite noisy and needed time to arrange. It also caused some minor behaviour issues, such as body contact and elbowing as well as a little playful shoving. Perhaps this was because senior students found the experience novel and their size meant that they were close together on the floor. Once the group was in position, the humming began. The preparation exercises were essential to assist students to use their vocal skills in this unstructured way. The music therapist modelled a beginning

with humming and worked with the group as facilitator; it was a totally new experience for the group. The group produced some fairly unified moments of humming with timbre[6] blending and sharing of pulse,, there was evidence of listening and the sharing of musical ideas and at times a sense of fun. This activity achieved several quiet and concentrated moments. It achieved a calm atmosphere and reduction of the energy level in the room. This slowing step was important as a music therapist is always sensitive to the needs and concerns of the educators who do not want a rowdy group to be returned to their care.

Case vignettes

The pilot music therapy intervention provided case vignettes chosen to represent age range, student needs, music therapy methods and resources. The information in the case vignettes was recorded from the perspective of the music therapist at the time of the music therapy engagement. All names have been changed to protect the identity of the students.

Case vignette 1: Mary

Mary is 5 years old and attends the junior class. She has profound hearing loss and wears a hearing aid. Therefore, her speech and communication skills are very delayed. Staff explained later in the day that there were issues about helping her to engage in the auditory world, as she disliked the hearing aid. It took a little while for her to settle in the group and she connected more readily as the session continued. Mary engaged easily with the drum playing activity and the other students observed her (see Figure 13). She read my face for instructions and information. The student beside Mary was interested in her activity and observed keenly throughout. Mary did not produce vocal sounds or language and worked directly with the therapist; she inclined her head angle to give her entire visual attention. She played with her hand on the drum as previously demonstrated by the therapist during turn-taking with individual students in the group. Mary communicated through touch and eye contact and rarely interacted directly with other group members. A special moment occurred when she played a short exchange with the therapist in a rhythmic conversation on the djembe. Mary smiled broadly and

[6] *Timbre = Sound "quality" or "timbre" describes those characteristics of sound which allow the ear to distinguish sounds which have the same pitch and loudness. Timbre is then a general term for the distinguishable characteristics of a tone (Hyperphysics, 2011).*

spontaneously hugged the therapist following the shared playing (see Figure 14). It seemed that the drum playing contributed a positive experience and communicated with her. It was one of those unexpected and hugely personally and professionally rewarding moments that occur at rare moments in teaching or therapy. The spontaneous hug and smile were this student's form of saying 'thank you' to the therapist, her way of acknowledging that the music was 'speaking' to her. The staff explained after the session that this was a special moment for Mary, as she occupied quite an isolated world without the benefit of spoken language. In music therapy her limited sound world had connected to her real world in that moment of playing.

Figure 13 Mary giving her full visual attention

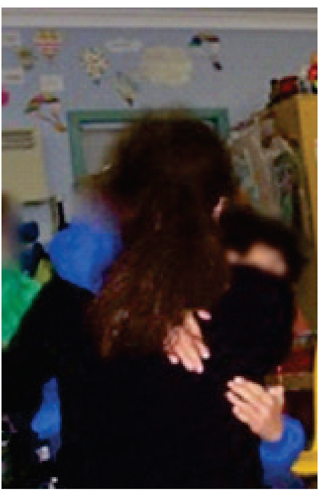


Figure 14 Mary hugging the music therapist

Case vignette 2: Henry

Henry is 6 years old, has cerebral palsy and attends the junior class. He lives in a restricted world and sits in a wheelchair with little control of movement in his contracted limbs. Henry has limited vision, only recognising shadows and has partial hearing. He uses few words and it was physically challenging for him to make a sound on the drum. Henry succeeded, however, and the therapist and staff were rewarded with an enthusiastic smile accompanied by excited vocalisations (see Figure 15).

Figure 15 Case vignette 2: Henry

Case vignette 3: Alex

Alex is 14 years of age and attends the senior class; she has learning difficulties, mobility challenges and does not engage easily in language. Alex had previously been observed in the playground by the music therapist, alone and with restricted mobility. However, in the music session she engaged instantly in a drumming conversation with the therapist when offered the opportunity to play and subsequently her face beamed. Alex showed her understanding and communication skills by engaging with the turn-taking and recognised the therapist's tempo in her response (see Figure 16).

Figure 16 Case vignette 3: Alex

Figure 17 Case vignette 4: Daniel

Case vignette 4: Daniel

Daniel is in the senior class and is 15 years old. He has a degenerative physical condition and is restricted physically by contracted muscles in the arms and legs that make movement difficult. Daniel volunteered to improvise with the therapist at the piano (see Figure 17). His intellectual abilities were obvious in the musical exchange at the piano as he invented, shared rhythms and listened to the therapist's accompaniment. Daniel's sense of fun and satisfaction at participating was demonstrated through eye contact, language and facial expression.

Conclusion

Results from the pilot music therapy intervention provided a relevant music therapy experience in a special education setting, which produced a resource of data upon which the research project could build. Qualitative data from this step was applied to three following research steps. Firstly, it contributed to developing a question about method in the music therapist survey by providing examples of current practice. Secondly, it provided material for the development of the music therapy outcomes, and thirdly, it provided a source for planning the extended music therapy intervention. The following paragraphs expand on each of the result areas of music therapy methods, music therapy outcome development and influence on the extended music therapy intervention, followed by the power of observation of music therapy behaviours.

Contribution of results to the music therapist survey

The music therapist survey (see chapter 6) was designed following the pilot music therapy intervention. The survey included a question (question 9) on music therapy activities, which asked therapists to tick a possible choice of activities included in their sessions. All of the music therapy methods included in the pilot music therapy sessions were included in the survey question (see Table 4). The first activities listed in the survey question were *singing by the therapist* followed by *singing by the child*; these were the first two musical steps in each of the three pilot music therapy intervention sessions. *Playing an instrument* and *improvisation*, which were also in the survey question, were used in the junior sessions. Familiar music, *Greensleeves*, was included

in the junior music therapy session during the *movement and music* segment and was the fourth point of the question. *Movement to music* was used in the junior session and could almost be considered dance at the times when we formed a circle and moved in response to the tempo and mood changes of the music. Movement and dance comprised points 6 and 7 of the survey question. Performance was included in the survey question and was featured in the sessions by individual students who created music whilst other group members observed and listened. The two activities in the survey question which were not included in the pilot music therapy intervention were the drawing/painting/collage and song writing choices. Drawing/painting/collage is a method rarely used by the music therapist in sessions and the song writing option was considered not applicable for one initial music therapy session with unfamiliar students who comprised the pilot music therapy intervention.

9. Please indicate any or more of the methods which are included in your sessions: (click appropriate box & type 'x')			
	never	always	sometimes
• **singing by therapist**	☐	☐	☐
• **singing by child**	☐	☐	☐
• **playing instrument/s by child**	☐	☐	☐
• **familiar musical material**	☐	☐	☐
• **improvisation**	☐	☐	☐
• **movement to music**	☐	☐	☐
• **dance**	☐	☐	☐
• **drawing/painting/collage**	☐	☐	☐
• **performance**	☐	☐	☐
• **song writing**	☐	☐	☐

Table 4 Excerpt from music therapist survey: question 9

Contribution of results to the development of music therapy outcomes

The development of the music therapy outcomes was a process that was based on previous music therapy experience and also influenced by the pilot music therapy intervention. Music therapy outcomes grew from the music therapy methods used in the sessions. The music therapy sessions conducted during the pilot music therapy intervention could be considered typical in terms of the range of common music therapy methods that they included. These activities influenced the outcome development. Singing, playing, movement and interacting comprised the main music therapy

methods. These influenced music therapy outcome 1: *Communication*, music therapy outcome 2: *Initiating*, music therapy outcome 3: *Responding*, and music therapy outcome 4: *Movement*. The results influenced the range and number of indicators included for each outcome. The indicators were designed to cover a range of student needs and functioning levels. The range of students participating in the pilot music therapy intervention offered examples of students from higher functioning to those with high needs. The range of responses and initiations from the students emphasised the need for indicators to be developed for each outcome that would address all of the possibilities presented by students in music therapy sessions. The data also provided support for the Music Therapy Syllabus and Assessment construction relating to the strength of observation of music therapy behaviours to provide information on students' needs. Further details of the music therapy outcome development are included in chapter 9.

Music therapy observation

Observations made in music therapy sessions can be indicators of functioning and can also provide information to assist identification of the needs of a student and achievement of an outcome. Two examples that are apparent from the pilot music therapy intervention are listed below.

Case vignette 1: Mary displayed her ability to engage in communication through her imitative drum playing with the therapist. Her initiative to demonstrate that the activity was meaningful and positive to her through a hug, indicated that the musical conversation had been understood at some level.

Case vignette 4: Daniel showed his intellectual abilities as he initiated and responded in his piano improvisation. It indicated his communicative potential and reminded carers, educators and the therapist that it is imperative to continue offering new opportunities to students. The strength of information from these simple observations supports the use of observation in the Music Therapy Assessment to indicate the achievement of outcomes.

Contribution of results to the extended music therapy intervention

The experience of conducting the pilot music therapy intervention provided a planning platform of experience upon which to build the programme for the extended music therapy intervention. The main influences incorporated into the extended music therapy

intervention planning were the need for a reliable structure in terms of the sequence of music therapy methods and procedures and appropriate selection of content. In an educational environment with young students, the nature of the music therapist's role needs to include boundaries and structures for management reasons. The pilot music therapy intervention relied on the musical content and the music therapy methods themselves to supply a structure, which assisted management of the group without changing the therapeutic relationship with students. This strategy was replicated in the extended music therapy intervention. Singing, vocalising and playing in a range of individual and small group activities used in the pilot music therapy intervention, formed the basis of the extended music therapy intervention content. An important addition was a song-writing component that was not as applicable in a one-off session but suited the progressive build up over sessions in the longer music therapy programme of the extended intervention.

Influence of results on planning for the extended music therapy intervention

The pilot music therapy intervention demonstrated the practical realities of music therapy in the special education setting. They were considered when planning for the extended music therapy intervention. These included:

- the requirement of the therapist to instantly begin therapy with a student with no prior information, observation or relationship
- working in a classroom requires adjustment of the music therapy methods to the resources available; for example, working without a piano in the junior classroom and conducting the session in the available space
- working within the time limits and routines of the classroom; for example, the one group occurred prior to recess with the finish corresponding to the recess bell
- the nature of the therapy that requires the therapist to plan yet be capable of adjusting to suit the immediate needs and responses of a student or group
- managing groups that are not necessarily the ideal size for therapy, for example the senior group of 12 students
- the requirements of the educational environment to adhere to behavioural expectations and management strategies for students.

Regarding the music therapy method and nature of the therapeutic relationship, the pilot music therapy intervention demonstrated:

- the importance of play in students' spontaneous behaviour which can be a resource for engagement in therapy
- the motivation of students to communicate with the therapist if the therapist continues to offer opportunities
- the value of accurate observation in order to adapt the therapy to the needs of the student in the immediacy of the moment.

The pilot music therapy intervention facilitated the generation of ideas for the 20 music therapy sessions in the extended music therapy intervention. This included the decision to structure the therapy around a constant framework of activities that would be adaptable to the special school classroom. A selection of appropriate activities from the framework assisted management issues within sessions, a technique used in the pilot music therapy intervention. Structure and containment techniques using the music, for example, quiet music or turn-taking, assisted the music therapy sessions to fit into the education environment in the pilot music therapy intervention and were therefore also included in the extended music therapy intervention. Detailed descriptions of the music therapy method and activities are included in chapter 8.

Chapter summary

This chapter described the first practical step of the research, namely to conduct music therapy in the special education context. It provided a description of the experience, data collection and links to the following research steps. The pilot music therapy intervention provided a current music therapy experience for the researcher and music therapy practice data. The brevity of the intervention is acknowledged as a limitation of the research, however it achieved the benefit of placing the research in a clinical context.The step also provided music therapy methods for the construction of a question in the music therapist survey, support for the strength of observation, data for the music therapy outcome development, and development of the extended music therapy intervention. The results supported the development of the Music Therapy Syllabus and Assessment based on music therapy outcomes.

Chapter 5
Educator Questionnaire

Art awakens the consciousness proclaiming the psychic unity and underlying brotherhood of creative man, thereby threatening the dominance of established authority.

(Lee, 1996, p. 158)

Introduction

This chapter describes the research step which provided perspectives from special educators regarding their understanding of music therapy and use of music in the classroom. It contributed a more comprehensive understanding of the special education setting. The educator questionnaire sought answers to the following research questions: How do educators perceive music therapy? What is their experience of music therapy? How do they use music in the classroom? And do they apply the Board of Studies Music Education and Life Skills Outcomes in the classroom? The design was qualitative and allowed for extra comments and ideas to be included into responses.

Questionnaire

The educator questionnaire was designed to provide a perspective on music therapy from educators currently working in special education. It focused on the following areas: individual understanding of music therapy; using music as a teaching tool; and application of Music Life Skills Music Outcomes from Years 7-10 Music Syllabus (BOS, 2003, p. 40) and Music Outcomes from the Creative Arts K-6 Syllabus (BOS, 2006, p. 32-35). The questionnaire is presented in Table 5 which follows.

Design

A questionnaire format was used to ensure a simple and brief application. Short answer questions were included for expediency. The content of questions 1-4 focused on experience and knowledge of music therapy. Questions 3-6 sought information about the use of music and Board of Studies Outcomes (Music K-6 & Life Skills) in their current programmes. Question 7 inquired about the educators potentially including music therapy in their education programme.

Educator questionnaire	
1	What is your understanding of music therapy?
2	Have you ever met a music therapist? What were your impressions?
3	Have you ever seen any music therapy taking place?
4	Are you aware of any music therapy taking place in any special schools?
5	Is music part of your programme?
6	How do you use music in your classroom? (within a formal programme or otherwise)
7	How does music fit into the IEPs[7] at your school?
8	Please indicate (by circling on attachment or listing below) which BOS Music Outcomes (attached) are relevant to your music teaching with your students:
9	Do you think there is enough justification/evidence for including music therapy in your programme?
10	Any other comments/questions?

Table 5 Educator questionnaire

Sample

The sample (n=10) comprised 10 volunteers from the Department of Education and Training special school, which was also the pilot study school. The staff included a teaching principal, teachers and assistants. The school was typical of many special schools as it had not previously had the experience of a music therapist on staff. The sample was small yet important to the research as it provided an educational view to the music therapist dominated data.

Procedure

Staff were invited to participate in the research on a voluntary basis by completing the short questionnaire (see Table 5). The questionnaire was completed prior to an in-service day held at the school which occurred within the framework of their normal working day.

Results

Results are presented in full for each question. This is possible due to the brief nature of the questionnaire instrument and the small sample size. The data in its entirety provides a rich and accurate view from educators currently working in the field. Responses have not been edited for grammar or meaning.

[7] *IEP refers to an Individual Education Plan.*

Responses are presented in Table 6 to Table 16; the emergent themes are presented in Table 17. Brief summaries of the responses derived from the questionnaire follow the tables. These summarised perspectives address the research aim of including an educational view of music therapy.

Responses to question 1

Question 1	**What is your understanding of music therapy?**
Respondent 1	As a positive approach for the general well being of people in general or those in need. Therapy implies helping with the aid of musical tools
Respondent 2	A therapy designed to address emotional/behavioural/social issues with students whose ability to access other systems is impaired in some way
Respondent 3	I have never encountered it before
Respondent 4	Very little but I have high hopes for its potential
Respondent 5	It helps calm, helps communication
Respondent 6	I'm on a learning curve and have just begun to read information so that I can translate the theory into practice in the classroom
Respondent 7	Something that can change an environment in a positive way
Respondent 8	It can be calming or a way to get rid of some energy
Respondent 9	To communicate with students for them to express themselves with music
Respondent 10	The use of music to assist children with development of emotions

Table 6 Responses to question 1

Special educators' understanding of music therapy derived from their responses includes: ideas about music therapy having a positive effect on well-being and the environment; it being a therapy for emotional/behavioural/social issues, for communication, for creating a calming effect, for energy release and also for expression and the development of emotions. Nine of the 10 educators reported having some knowledge of music therapy. The majority of educators (n=7) considered music therapy to be capable of creating change in some way; for example, four educators considered it capable of changing students' mood (respondents 2, 5, 8 & 10). One educator found it a new concept and another indicated that he/she was learning about music therapy in order to include it in their classroom. A positive attitude towards music therapy is apparent throughout these responses.

Responses to question 2

Question 2	Have you ever met a music therapist? What were your impressions?
Respondent 1	Yes – in a workshop. Passionate worker with ideas which would calm & others to infuse involvement
Respondent 2	No – until today. First impression – excellent
Respondent 3	No. Most impressed with the one I've met today
Respondent 4	Not till today – Good
Respondent 5	N.
Respondent 6	Yes. Passionate and enthusiastic about results
Respondent 7	No
Respondent 8	No
Respondent 9	No
Respondent 10	No

Table 7 Responses to question 2

Although the special educators responded well to the researcher, their previous experience of music therapists was limited to two of the 10 educators. The positive impression towards the music therapist administering the questionnaire implies that these educators are receptive to music therapy professionals.

Responses to question 3

Question 3	Have you ever seen any music therapy taking place?
Respondent 1	Yes – in a group workshop situation – using instruments
Respondent 2	Yes, probably without realising it, in an informal way very often
Respondent 3	No
Respondent 4	No
Respondent 5	Yes, on television
Respondent 6	Only on a TV program
Respondent 7	No, all I know that music helps me focus on the task at hand and helps me relax. Playing music (background) in my classes during handwriting/art also helps the class 'energy' drop into calm state
Respondent 8	Yes, we use background music when the students are working
Respondent 9	Yes informally and through music lessons
Respondent 10	No

Table 8 Responses to question 3

Two educators had seen music therapy on television and one had attended a workshop. Two respondents referred to using music in their classrooms for its calming effect and another explained that it had been used in an 'informal way'. Therefore, over half (n=6) of the respondents had seen music therapy either on screen or demonstrated.

Responses to question 4

Question 4	Are you aware of any music therapy taking place in any special schools?
Respondent 1	Can the music we do in this special school be regarded as music therapy? (based on NSW education music outcomes) – I believe so, but will be interested to see the approach by the music therapist
Respondent 2	Yes, we do, regularly and all other special education settings use music at some point to calm, engage or negotiate with students
Respondent 3	No
Respondent 4	No
Respondent 5	Yes
Respondent 6	Some (2 at this stage) Sydney SSPs[8] are using funds to employ music therapists and have emailed their favourable outcomes on the network
Respondent 7	We have some music here, some students are helped with their 'favourite' music
Respondent 8	Yes
Respondent 9	Yes
Respondent 10	No

Table 9 Responses to question 4

Seven respondents replied affirmatively to awareness of the use of music therapy in special schools; however, three explained that it referred to their own school's use of music. Three respondents were not aware of any use of music therapy in other special schools. One respondent commented on knowledge of other schools which used music and had posted favourable evaluations on the network. The merging of music therapy and music education is evident in these responses.

[8] *SSPs refers to Schools for Specific Purposes.*

Responses to question 5

Question 5	Is music part of your programme?
Respondent 1	Yes – 1 day per week at special school – work with juniors-seniors
Respondent 2	Yes a major part. Specialist music teacher. Talented support staff member cooperative Principal
Respondent 3	Yes for movement singing games
Respondent 4	Yes, a little
Respondent 5	Yes
Respondent 6	Yes – whole day devoted to music with specialist teacher. Music used to calm/stimulate depending on circumstance or need
Respondent 7	I have it playing in Art Lessons and singing with the Junior literacy program
Respondent 8	Yes
Respondent 9	Yes
Respondent 10	Yes

Table 10 Responses to question 5

All respondents indicated that music was part of their programme. Responses also identified how music was utilised, including: a visit from a music specialist one day per week who works with junior and senior students and uses music during art and literacy lessons, and also for singing games and movement activities.

Responses to question 6

Question 6	How do you use music in your classroom (within a formal programme or otherwise)?
Respondent 1	Calming – using different aspects e.g. Listening, playing, dancing/moving, creating – children encouraged to participate by improvising, following instruction
Respondent 2	Special lessons, background, and meditation activities
Respondent 3	For calming activities and movement activities
Respondent 4	Music for relaxation – juniors after lunch singing games, activities
Respondent 5	In formal lesson for settling, resting. Recreational socialisation, exercise
Respondent 6	Formal program each week for each class plus music integrated throughout the day. Very useful in playground as well
Respondent 7	In art – always in the background – try to use music as a tool i.e. Soft calm music – what would it look like – what would be the colours etc. – other schools I work at use it to create 'atmosphere'
Respondent 8	Background music for calming. Music lessons and assembly
Respondent 9	Singing and dancing with instruments or soft music to calm students
Respondent 10	Daily group time experiences musical instruments used for rhythm

Table 11 Responses to question 6

Respondents indicated that they used music in their classrooms in the following ways: listening, playing, dancing/moving, creating, improvising and following instruction. They also cited special lessons, background music, music as a stimulus for art lessons, for calming, relaxation, settling, resting and for recreational and socialisation activities. In addition, they revealed that music was used in the playground, during assemblies and integrated throughout the day, with singing, dancing, instrumental and group rhythm activities. This list comprehensively reflects the BOS Life Skills Music Outcomes.

Responses to question 7

Question 7	**How does music fit into the Individual Education Programmes at your school?**
Respondent 1	Strong emphasis on music at this school – age – stage appropriate
Respondent 2	Forms a major part of management especially those with low or no communication
Respondent 3	No response
Respondent 4	Not formally in my programming – more incidental
Respondent 5	A major component with a lot of students. Especially with autism students
Respondent 6	Students with behaviour difficulties and those in the autism spectrum have specific music outcomes written in IEPs
Respondent 7	By performing, listening and organising sound
Respondent 8	Mandatory in KLAs[9]
Respondent 9	According to the outcomes mandatory in the syllabus
Respondent 10	Music appears in each programme, we use a variety of instruments and CDs to provide a range and to encourage development

Table 12 Responses to question 7

Most respondents indicated that they use music in their individual education programmes, except for one respondent who gave no response to the question. Three respondents mentioned the syllabus and mandatory music. Respondents used terms indicative of a knowledge of syllabus outcomes; for example, listening, organising sounds and using a variety of instruments. Two respondents mentioned that they use music for students with autism.

Responses to question 8

The responses of educators to question 8 are presented in the two following tables. Table 13 presents written responses, and Table 14 includes the outcomes and indicators circled by respondents, as shown below.

[9] *KLAs refers to key learning areas (Department of Education and Communities, 2011).*

Question 8	Please indicate (by circling on attachment or listing below) which BOS music outcomes are relevant to your music teaching with your students:
Respondent 1	We can modify the outcomes to suit our ages and levels (no circling)
Respondent 2	No response (see table below)
Respondent 3	No response (see table below)
Respondent 4	No response (see table below)
Respondent 5	No response (see table below)
Respondent 6	No response (see table below)
Respondent 7	Used in the junior programme (see table below)
Respondent 8	LS.1 – 10 (no circling)
Respondent 9	N/A
Respondent 10	L.S.1, L.S.2 (see table below)

Table 13 Responses to question 8

Question 8	Outcomes and indicators circled
Respondent 1	No circling We can modify the outcomes to suit our ages and levels
Respondent 2	Majority of indicators in Early Stage 1 Selection of indicators from Stage 1 and 2
Respondent 3	1 indicator in Early Stage 1
Respondent 4	Most indicators in Early Stage 1 Performing outcome in Stage 1
Respondent 5	Majority of Early Stage indicators Outcomes: circled for Life Skills Outcomes
Respondent 6	All outcomes and indicators for Early Stage 1 Stage 1: all performing indicators Organising sound and listening outcomes chosen with 1 indicator each Stage 2: Performing outcome plus first indicator All Life Skills Outcomes chosen
Respondent 7	All Early Stage outcomes and indicators
Respondent 8	N/A
Respondent 9	LS1-10
Respondent 10	4 Life Skills Outcomes chosen: LS.1 uses movement, vocalisation or instruments to respond to a range of music LS.2 vocalises, sings or plays an instrument LS.3 vocalises, sings or plays an instrument as part of a group, and LS.7 experiences music from a variety of social, cultural and historical contexts

Table 14 Outcomes and indicators circled by respondents

The general impression gained was that music was used mostly according to the Early Stage indicators, which reflects the developmental level of the students rather than their

ages. Singing and experimenting are common choices, though the outcome regarding organising sound is chosen less frequently. It appears that the Early Stage 1 Syllabus is relied on more widely than the Life Skills Outcomes. The comment by respondent 8 may indicate that this educator worked as a support staff member rather than a teacher.

Responses to question 9

Question 9	**Do you think there is enough justification/evidence for including music therapy in your programme?**
Respondent 1	Yes, as well as enjoyment there is a therapeutic value and skill development, as well as group work development
Respondent 2	Without any doubt
Respondent 3	Yes heaps
Respondent 4	Yes
Respondent 5	Yes
Respondent 6	Because music has a 'language' of its own – it speaks to all people – it is a valuable tool for educators
Respondent 7	I can really see how important music therapy is – I've seen it calm a class many times often use it as a tool
Respondent 8	Not yet
Respondent 9	Definitely
Respondent 10	Yes

Table 15 Responses to question 9

Most respondents replied in the affirmative, except for one who considered that there is not yet enough evidence. Respondents' reasons included: music being a language, music being a tool to calm a class, and music creating enjoyment, skill development and group work.

Responses to question 10

Question 10	Any other comments/questions?
Respondent 1	No response
Respondent 2	Many questions
Respondent 3	No response
Respondent 4	I only work 2 days – spread over 3 class groups. I see the greatest benefit for me working with juniors many of whom are non-verbal
Respondent 5	I think music is very beneficial for all students it should be part of all curriculum outcomes
Respondent 6	This is an exciting area of study for all teachers – but especially those in SSPs
Respondent 7	Music is a great tool that I think has been not utilised to its full potential
Respondent 8	Not yet
Respondent 9	Not yet
Respondent 10	No response

Table 16 Responses to question 10

Three positive comments were added about the application of music. The comments described music as being useful, having great potential, and also that the application of music should extend across the curriculum.

Discussion

The data from the educator questionnaire provided a perspective on how educators understand music therapy, how they apply music in their classrooms, and therefore answered the research questions presented in the initial paragraph of the chapter. The overriding impression indicated that educators not only feel positively towards music as content and as a tool in the learning environments that they create, they also engage the Board of Studies Music Education Outcomes across their programmes. The range of music activities noted in response to question 6 also indicated awareness of the outcomes in the Board of Studies Music Education and Life Skills Syllabus documents.

The data provided by educators regarding knowledge and previous experience of music therapy indicated that the majority (9/10) believed that they had some understanding of music therapy. Despite the confusion between music and music therapy, this was an encouraging finding for the development of the Music Therapy Syllabus and Assessment. Furthermore, the finding that some confusion between music therapy and music education existed was not unexpected and supported the experience of music

therapists in the field; it was also noted in the literature review (Daveson & Edwards, 1998). Themes were derived from the resultant summaries of the questions and are presented in Table 17.

Themes

General themes emerged from the results and include: blending of definition and roles of music therapy with music education; recognising music as having potential for changing mood; and the value of music in assisting individual students. The 'Inclusion of music in programme' theme comprises music programmes, IEP programmes, BOS Outcomes and the daily classroom activities.

Themes	Number of educators supporting theme
Use of music as a tool or change agent	n = 11
Inclusion of music in programme	n = 10
Music therapy = using music in special schools	n = 6
Music used for calming	n = 5
Music therapy and communication	n = 3
Music used to stimulate according to individual need	n = 3
Music for emotions	n = 3
Positive attitude towards music	n = 2

Table 17 Themes from educator questionnaire

Conclusion

It is apparent that educators in this special school are aware of music syllabus outcomes and the possibilities of applying music as a tool. Comments from educators suggested that they use music for engaging and motivating students, to calm, to assist organising students, and to adapt to individual needs. Therefore, these respondents have recognised the potential for music which they indicate goes beyond the curriculum or educational content. Responses to question 1: *What is your understanding of music therapy?* appear to indicate an understanding by educators of the therapeutic rather than the educational benefits of music therapy. Although the participants lacked clarity in their distinction between music therapy, music education and their use of music, their responses indicated some understanding of the principles behind music therapy. This is noted in the question 4 responses. Despite this, the attitude towards music, and in particular music therapy, is overwhelmingly positive. The sample participants were all from the

same school and this is a limitation that is acknowledged and has potentially skewed the results.

Chapter summary

This chapter described the educator questionnaire, its design and application in the research process. It presented results and provided a concluding summary of themes that emerged from the data. This step of the investigation provided balance to the predominantly music therapy data by providing perspectives from educators.

Chapter 6
Survey of Music Therapists

Well, as we know, music does not always obey the laws of reason, and often, reason is infinitely enriched by…why, music of course!

(Pavlicevic, 2003, p. 145)

Introduction

This chapter describes a survey of music therapists, its distribution, collection and resultant data that was developed for the purposes of the research. The survey process is explained and the results presented, including their influence on the Music Therapy Syllabus and Assessment development. The research questions informing the survey included: What are the demographic details of music therapists practising in special education? What methods are music therapists applying in special education? And do music therapists engage with Music Education Outcomes? The main finding of the survey indicates that 90 % of surveyed music therapists apply six or more of the 10 BOS Life Skills Music Education Outcomes (BOS, 2003) in their work.

Purpose

The purpose of the survey was to obtain information from practising music therapists in special education to inform the development of appropriate Music Therapy Syllabus and Assessment content. The survey included demographic questions that established a view of the special education context, and indications of the need for a Music Therapy Syllabus and Assessment appropriate for special education. It was also used to authenticate the researcher's perception about how music therapists viewed their methods and session content when compared to BOS Life Skills Music Education Outcomes. Existing BOS Education Outcomes in the New South Wales Syllabus documents present themselves as established symbols of education to which music therapists can potentially relate. BOS Life Skills Music Education Outcomes were included in the music therapist survey as a way of investigating the perception of music therapists in the field regarding their relationship to music education. The data was used in the development of music therapy outcomes and underpins the Music Therapy Syllabus and Assessment.

Design

The survey focuses on the work of music therapists in special education settings with a design chosen to reach a wide variety of practitioners; therefore, an email procedure was considered the most efficient. The survey needed to be succinct and require only a few minutes for completion in order to encourage music therapists to participate. It consisted of 10 questions derived from the areas of: clinical practice; music therapy in the special education context; and music therapy and music education overlap (Table 18). It comprised asking music therapists if they applied any of the existing BOS Life Skills Music Education Outcomes. It also enquired about the methods music therapists currently use in sessions.

Survey content

Questions 1-5 provide an overview of the music therapists' clinical work. They include details of hours, type of setting, age range, special needs of children, and session frequency (see Table 19). Questions 6-8 relate to teaching qualifications, and music therapists' perception of effectiveness and knowledge of literature in the special education context. Survey question 9 asks music therapists about their choice of activities or methods in sessions (see Figure 18 & 19). Question 10 addresses the overlap of music therapy and music education by enquiring whether participants achieved any of the BOS Life Skills Music Education Outcomes. The Life Skills Music Education Outcomes are located in the BOS Music Education Syllabus of the New South Wales Board of Studies (BOS, 2003, p. 40) (see Figure 20 & 21).

Sample

The sample (n=40) comprised music therapists registered in Australia (n=19) or the United Kingdom (n=21), who identified themselves as practising music therapy in a special education setting. Therapists were identified through the Australian Music Therapy Association or the Association of Professional Music Therapists (United Kingdom) member directories. These music therapist sources were chosen as the author is a registered member of both associations and the contexts are similar enough to support the survey requirements and increase the sample size.

Music Therapy in Special Education Survey				
1	Please describe the institution that you work in: (if working in private practice please go to question 2)			
2	Describe your private practice for special education students:			
3	How many hours per week are you employed (whilst working with special education students)?			
4	Describe the types of children you are working with (e.g. Downs Syndrome or moderate to severe learning difficulties, etc)			
5	How often do you run sessions for each child/group? (e.g. once/week)			
6	Do you have teaching qualifications? (yes/no)			
7	Do you believe that music therapy in the special education setting (or with special education clients) is effective? If so, how?			
8	Do you believe that there is enough evidence in the literature to support the inclusion of music therapy in special education?			
9	Please indicate any or more of the methods which are included in your sessions: (click appropriate box & type 'x')			
		never	always	sometimes
•	singing by therapist	☐	☐	☐
•	singing by child	☐	☐	☐
•	playing instrument/s by child	☐	☐	☐
•	familiar musical material	☐	☐	☐
•	improvisation	☐	☐	☐
•	movement to music	☐	☐	☐
•	dance	☐	☐	☐
•	drawing/painting/collage	☐	☐	☐
•	performance	☐	☐	☐
•	song writing	☐	☐	☐
10	Please indicate (click appropriate box and type 'x') any of the following Board of Studies Music Education Life Skills Outcomes which you achieve in your music therapy work in special education settings (or with special education clients). A student:			
Life Skills 1	uses movement, vocalisation or instruments to respond to a range of music	☐		
Life Skills 2	vocalises, sings or plays an instrument	☐		
Life Skills 3	vocalises, sings or plays an instrument as part of a group	☐		
Life Skills 4	experiments in making musical sounds	☐		
Life Skills 5	experiments in organising musical sounds	☐		
Life Skills 6	experiments in representing and recording musical sounds	☐		
Life Skills 7	experiences music from a variety of social, cultural and historical contexts	☐		
Life Skills 8	communicates responses to a variety of music	☐		
Life Skills 9	appreciates a variety of music	☐		
Life Skills 10	engages in performing, composing and listening experiences for enjoyment	☐		
(Life Skills Music Education Outcomes, BOS Music Years 7-10 Syllabus, 2003, p. 40)				

Table 18 Music therapist email survey

Procedure

Five hundred and thirty-five email invitations were sent to registered music therapists in Australia and the United Kingdom (UK). One hundred and thirty-five Australian music therapists were emailed surveys and 13 were sent via mail as an email address was not available. Three hundred and eighty-seven UK music therapists were invited to complete the survey via email. A link was also shown on the Australian Music Therapy Association website. Music therapists who identified as practising in special education were invited to participate in the 10 question survey sent as an email attachment.

Survey questions 1–8 required short answer responses. Question 9 pertains to music therapy methods and required respondents to place ‘x’ in a box beside a list of possible music therapy activities such as singing, improvising or dance. Question 10 asked music therapists to indicate with an ‘x’ if they used any of the BOS Music Education Life Skills Outcomes. Forty music therapists responded to the survey. The return rate was 7.1 % which was calculated using the American Association for Public Opinion Research Rate Calculator (2008). Responses were returned over a period of several months and participants were provided with initial brief feedback via email at the preliminary stage of results analysis (see Appendix A). Results were also presented in the paper, *A music therapy assessment tool for special education: incorporating education outcomes*, published in the *Australian Journal of Music Therapy* (Langan, 2009).

Analysis method

The responses to the survey of music therapists were collated by question. Responses from Australian and UK therapists were compared in order to account for different music therapy ideologies and to control for any effect of the Australian curriculum documents. Percentages were derived from frequencies indicated by respondents’ selections of music therapy methods (question 9) and BOS Life Skills Music Education Outcome use (question 10).

Results

The results are presented showing a comparison between Australian and UK music therapists. This was included for two reasons: firstly, it presents a view of music therapy

in special education in both countries; and secondly, it provides some form of control for any influence that the particular educational context (Australia or UK) and curriculum exert on music therapy practice. The comparison also differentiates between practising styles of Australian and UK therapists. Findings are presented in sections relating to the question content, which comprise: settings, special need and age, music therapy method, and therapy and education. Further details are included in Table 19 to Table 21, which comprise setting, special need, age, and hours.

Settings

Music therapists report that they work in a variety of settings with full-time positions in the minority (Australia n=1, UK n=3). Settings include private and government funded centres or units, hospital, outreach, community, school based, and private practice. Private practice (n=9) encompassed eight Australian music therapists and one UK therapist; however, this is rarely the main source of work for the therapist.

Hours

The total hours of employment in both Australia and the UK are similar, with weekly averages of 14 hours for Australian music therapists and 15 hours for UK therapists.

Age range and special needs of children

Music therapists practise across the age range of children from 2 to 19 years and also in early intervention. They report working with children who have a range of disabilities at different functioning levels. Most therapists indicate that they work with a variety of needs rather than one particular population. This is reported by 12 music therapists (Australia, n=2, UK, n=10) who state that they practise with students who have a 'range' of special needs. Intellectual and physical impairments feature, with Autism Spectrum Disorder noted as the most commonly reported condition (Australia n=7, UK n=3). The next most reported by seven music therapists are physical disability (Australia n=5, UK n=2) and learning disabilities (Australia n=2, UK n=5). Multiple disability (Australia n=5, UK n=1) and intellectual disability (Australia n=6, UK n=0) were next highest in frequency with six music therapists reporting each. Two music therapists noted each of the following: attention deficit hyperactivity disorder (Australia n=1, UK n=1), emotional disturbance (Australia n=1, UK n=1), intellectual impairment (Australia n=2, UK n=0) physical impairment (Australia n=2, UK, n=0) and severe

learning difficulties (Australia n=0, UK n=2). The following special needs were listed by only one music therapist: visual impairment (Australia n=1, UK n=0), cerebral palsy (Australia n=1, UK n=0), developmental delay (Australia n=1, UK n=0), disability (Australia n=1, UK n=0), visual impairment (Australia n=1, UK n=0), and Downs (Australia n=0, UK n=1), (see Table 22 Frequency of special needs).

Music Therapist	Facility or Private Practice	Special need	Age	Hours
MT 1	Special School x 2	ID	5-18	16.0
MT 2	Centre & Special Unit	Range ID PD MD	3-18	7.0-8.0
MT 3	Special School & Autism Centre	ASD II PI	2-18	24.0
MT 4	Post School Options	ASD	3-18	4.5
MT 5	Autism Special School	ASD	4-18	28.0
MT 6	Hospital	Neuro-disability	N/A	N/A
MT 7	Special School	PD MD	5-18	16.0
MT 8	Special School	Severe ASD	11-18	16.0
MT 9	Special Education Centre	ID PD	4-18	1.0
MT 10	Special School & Unit & Home Visits	II PI LD Autism CP	4-18	6.0
MT 11	Special School, Autism & Private Practice	ASD	4-18	8.0
MT 12	Special School	LD ID MD	4-18	8.0
MT 13	Special School & Unit & Private Practice	Range	4-18	33.0
MT 14	Special School	PD MD	5-18	40.0
MT 15	Special School	VI	5-18	23.0
MT 16	Community Centre	Disability	4-18	2.0
MT 17	Special School	ID PD MD	4-18	16.0
MT 18	Private Practice	ID GD	4-18	7.5
MT 19	Special School	EBD ASD DD DS ED	5-18	7.0

Table 19 Australian music therapists: settings, special need, age and hours

Legend for Table 19 & Table 21			
ADHD	Attention Deficit Hyperactivity Disorder	**LD**	Learning Difficulties
ASD	Autism Spectrum Disorder	**MD**	Multiple Disabilities
CP	Cerebral Palsy	**PD**	Physical Disability
DD	Developmental Delay	**PI**	Physical Impairment
Downs	Downs Syndrome	**SLD**	Severe Learning Difficulties
EBD	Emotional Behavioural Disorder	**VI**	Visual Impairment
ID	Intellectual Disability	**LD**	Learning Difficulties
II	Intellectual Impairment		

Table 20 Legend for Table 19 & Table 21

Music Therapist	Facility or Private Practice	Special need	Age	Hours
MT 1	Special School	ASD LD EBD	3-16	25.5
MT 2	Special School & Mainstream	Range	3-18	23.0
MT 3	Tertiary Education	N/A	N/A	0
MT 4	Special School	SLD	3-19	28.0
MT 5	Special School & Mainstream	LD	4-18	17.0
MT 6	Special School	ADHD EBD	5-18	23.0
MT 7	Community	Range	3-19	35.0
MT 8	Managing MTs in Special Education	Range	N/A	N/A
MT 9	Special School & Private Practice	Range	3-18	7.0
MT 10	Special School & Mainstream	Range	4-18	10.5
MT 11	Special School & Unit	Range	3-18	7.0
MT 12	Special School	SLD MD ASD PD	4-18	10.5
MT 13	Residential	Severe Autism	4-18	21.0
MT 14	Special School	PD LD	4-12	7.0
MT 15	Special School & Centre	Downs LD	3-18	21.0
MT 16	Special School	Range	3-18	17.0
MT 17	Special School	Range	4-16	14.0
MT 18	Unit	Range	4-11	4.0
MT 19	Special School	MD LD	2-19	14.0
MT 20	Special Unit	EBD	4-18	36.0
MT 21	Community Mainstream Special School	Range	2-19	35.0

Table 21 United Kingdom music therapists: settings, special need, age and hours

Frequency of special needs			
Special need	Australian music therapist	UK music therapist	Total
Range	2	10	12
Autism & Aspergers spectrum disorder	7	3	10
Physical disabilities	5	2	7
Learning disabilities	2	5	7
Multiple disabilities	5	1	6
Intellectual disabilities	6	0	6
Attention deficit hyperactivity disorder	1	1	2
Emotional disturbance	1	1	2
Intellectual impairment	2	0	2
Physical impairment	2	0	2
Severe learning difficulties	0	2	2
Visual impairment	1	0	1
Cerebral palsy	1	0	1
Developmental delay	1	0	1
Disability	1	0	1
Downs	0	1	1

Table 22 Frequency of special needs

Session frequency

Twelve Australian music therapists indicated sessions were conducted 1/week or at a higher frequency due to need, and two music therapists indicated that this was not applicable. Seventeen UK music therapists indicated a session frequency of 1/week, two 1/week with twice weekly if needed, and two therapists indicated that this was not applicable. The sum of music therapists choosing a session frequency of 1/week was 29/40 (72.5 %). The sum of music therapists who conducted 1 session/week and also ran sessions more often was (Australia n=17, UK n=19) 36/40 (90 %). Therefore, the majority of music therapists run one session on a weekly basis, with extra sessions if required.

Teaching qualifications

Twelve of the 40 music therapists (30 %) indicated that they held teaching qualifications; four are Australian music therapists and eight are UK therapists.

Music therapy is effective

Every participating music therapist considered music therapy to be effective in the special education context, which is reassuring.

Evidence in the literature

The question regarding the quantity of literature evidence supporting music therapy received a strong response, with 25 (63 %) music therapists responding with either questions or 'not enough evidence available'.

Music therapy method

Music therapists reported using a range of methods, with least emphasis placed on *movement*, *dance*, *drawing/painting/collage*, *performance* and *song writing*, and most reliance on *singing by therapist*. Bar charts have been created to show the relative use of methods by therapists (see Figure 18 & Figure 19). For the purpose of creating a chart, a numeric value of 2 was assigned to 'always', a value of 1 for 'sometimes' and 0 for 'never'. For example, if a therapist indicated using improvisation 'always', they would be given a value of 2. Converting the chosen methods to a percentage using sums of the assigned numeric values facilitates comparison of different methods for Australian and UK therapists.

The method most frequently used by music therapists is singing, with Australian therapists indicating using *singing by therapist* at a 97 % level and UK therapists indicating 91 %. The next most frequently used method by Australian therapists was *playing instruments by child* (90 %). The next most frequently used method by UK therapists was *improvisation* (81 %). However, the third most frequently used method by Australian therapists was *singing by child*, *improvisation* and *familiar music*, with all three methods at the same level (76 %). The third most frequently used method by UK therapists was *singing by child* (62 %) and *playing instruments by child* (62 %). There is a trend towards more *improvisation* (81 %) and less *familiar music* (60 %) used by UK therapists compared to Australian therapists, who indicate using *improvisation* at a 76 % level, and *familiar music* also at a 76 % level. The least used method by both Australian and UK therapists was *drawing/painting/collage*, used by 18 % of Australian therapists and 17 % of UK therapists.

song writing
performance
draw/paint/collage
dance
movement to music
improvisation
familiar music
playing instrument
singing by child
singing by therapist
0 5 10 15 20 25 30 35 40
frequency

Figure 18 Australian music therapists' methods

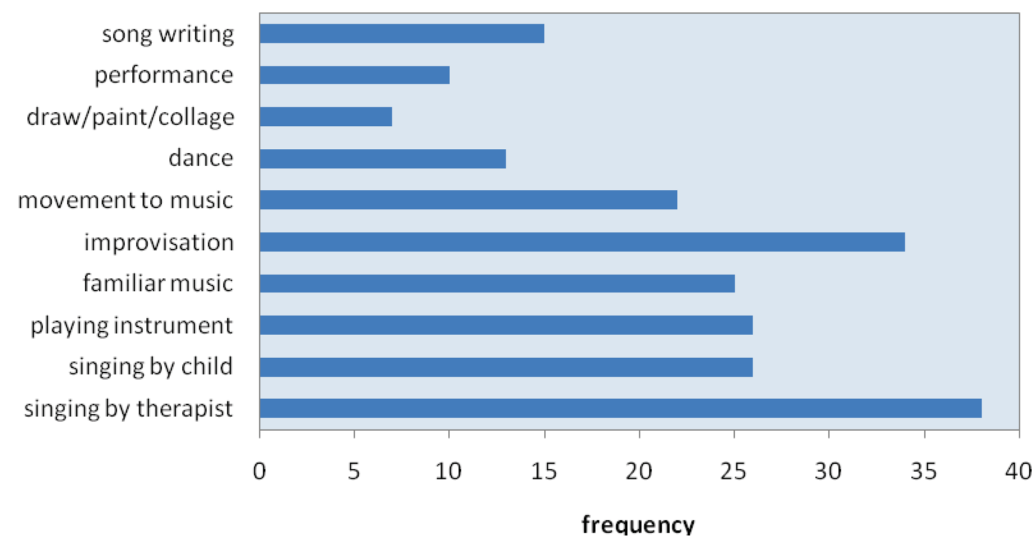


Figure 19 UK music therapists' methods

Life Skills Music Education Outcomes

Ninety % of surveyed music therapists report using six or more of the 10 Life Skills Outcomes. Figure 20 shows the use of Life Skills Music Education Outcomes for music therapists from Australia: all music therapists use six or more outcomes, with 12 reporting seven or more. Figure 21 also shows the use of BOS Life Skills Music Education Outcomes for UK music therapists: all therapists indicate using five or more outcomes, with 17 reporting six or more.

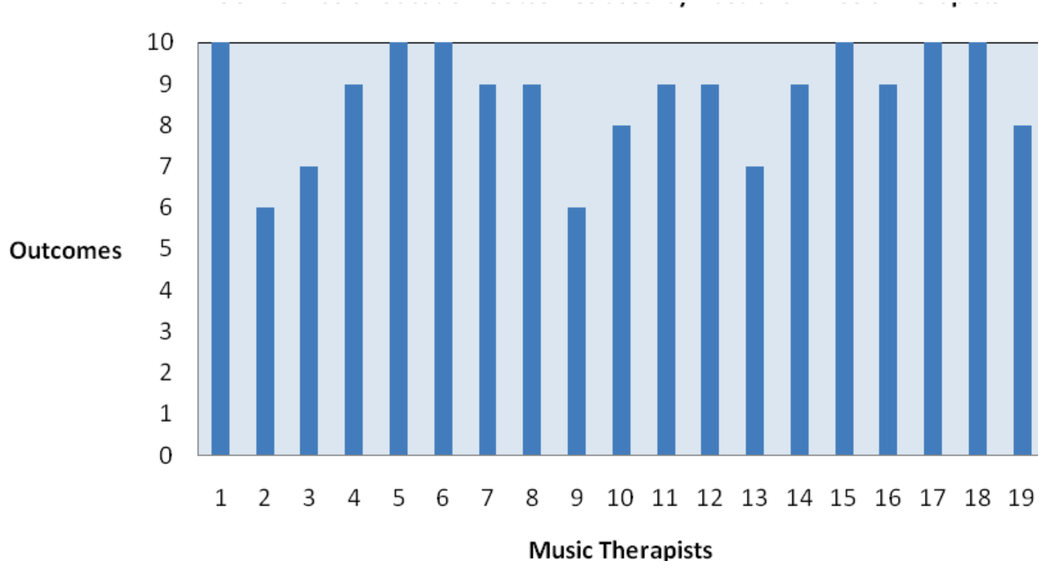


Figure 20 Life Skills Music Education Outcomes used by Australian Music Therapists

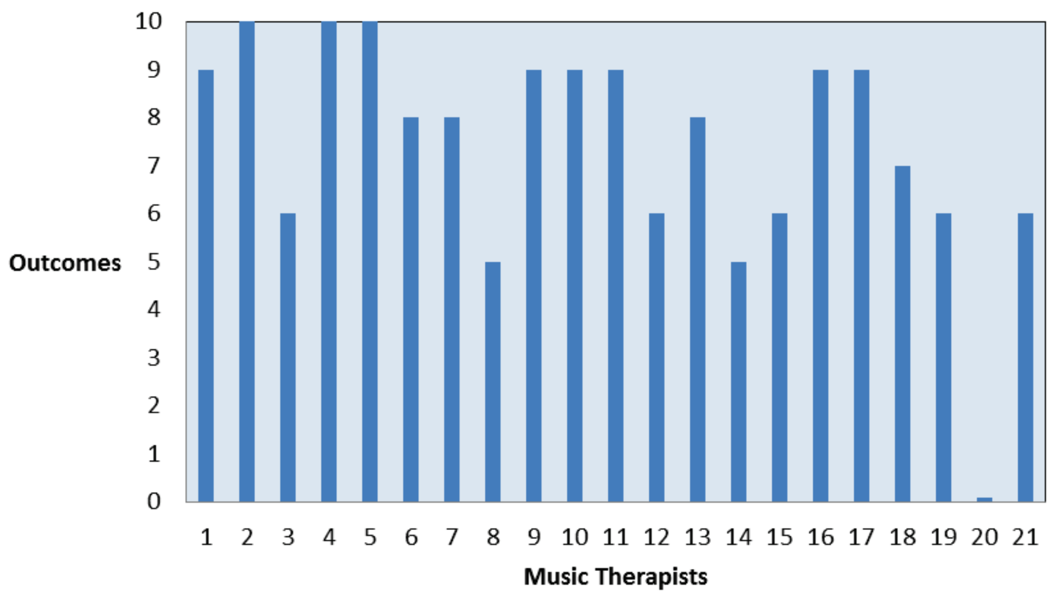


Figure 21 Life Skills Music Education Outcomes used by UK Music Therapists

Influence of survey results on Music Therapy Syllabus and Assessment development

The results that had the most impact on the development of the Music Therapy Assessment relate to: session frequency, special need, music therapy method, and use of BOS Life Skills Music Education Outcomes. Data on session frequency informed the 1/week format for checking off indicators, as this was the dominant practice applied by therapists. Information on the types of children music therapists worked with was important in shaping the range of outcomes and indicators. For example, passive

engagement such as listening and attending were included, plus more active and developed behaviours such as pitch awareness and initiation.

Influence of survey results on development of music therapy outcomes

The results of the survey of music therapists directly assisted the development of the music therapy outcomes, which provided the foundation for the Music Therapy Syllabus and Assessment. The determination of the music therapy outcomes relied on the experience of the pilot music therapy intervention and the frequency of music therapy methods indicated in the survey results to inform their development. Singing and playing instruments were the most frequent methods cited by music therapists in the survey and also comprised the main methods in the pilot music therapy intervention. Therefore, singing and playing are included as frequent indicators in the music therapy outcomes. Improvisation and familiar music, which were both used in the pilot music therapy intervention, were also often used by the music therapists in the survey; Australian music therapists used improvisation at a 76 % rate and UK music therapists 81 %, and familiar music was employed at 76 % for Australian and 60 % for UK music therapists. A more detailed account of the music therapy outcome development is presented in chapter 10.

The music therapy methods chosen by the music therapists influenced decisions made about the indicators. For example, there are five separate indicators that refer to singing or vocalisation in order to reflect the most frequently used method employed by music therapists. Choosing BOS Life Skills Music Education Outcomes was supported by the results, with most music therapists (90 %) reporting that they used six or more of the outcomes in their practice. The following section summarises data relevant to the initial research questions for the survey. The questions relate to music therapist demographics, methods, music therapy and music education overlap, and the application of Music Education Outcomes.

Chapter summary

It is clear from the reported use of BOS Life Skills Music Education Outcomes that the overlap between music therapy and music education in terms of content in the special education context is significant. Meadows (1997) remarks that music therapist and music education methods for children with profound and severe disability, are similar

despite different orientations. This is a supportive analogy for understanding the findings of most music therapists applying the majority of the Life Skills Music Education Outcomes. As an example, Meadows explains that playing an instrument may be interpreted as a child attending, or applying a different orientation, a communication attempt (Meadows, 1997, p. 13).

The survey results broadly clarify which areas and activities are shared. Music therapists and music educators sing, move, play and create in musical ways, and they utilise little technology or performance. The focus on common outcomes provided an opportunity and language for clarification between the two fields and also provided the structural framework for the Music Therapy Syllabus and Assessment. The majority of music therapists acknowledge the applicability of music education methods in the context of special education.

The overlap of teaching and therapy qualifications held by 30 % of therapists supports the inclusion of education and therapy outcomes in the assessment tool. It also hints at employment conditions that may require teaching qualifications, skills or content in addition to those of music therapy. The results reinforce the relevance for music therapists to formally address outcome and curriculum issues within education settings. The perception held by music therapists that literature evidence is not adequate in support of music therapy also underpins the assessment tool as it indicates a need for increased reporting by music therapists. Limitations of this survey include the small sample size and its self-report design.

Music therapists work with a varied range of special needs; however, it seems there may be differing use of descriptive terms as well as overlaps. In contemporary practice, the majority of students have been described by applying a global disability term. It is significant that only four music therapists out of the 40 surveyed have full-time positions, which implies that music therapists are not fully recognised in special education settings. Establishing permanent and full-time employment plus reliable funding are essential steps for improvement in the status of music therapy. The survey results indicate a need for documentation that will reinforce and support music therapists.

Chapter 7
Music Therapist Interviews

He was against the notion that says you cannot make music unless you make it perfectly. He took the view that it is music that perfects the artist. Not the other way around. Music for Menuhin was not about success, it was a life-support system.

(Menuhin, 2011)

Introduction

This chapter explains the interview process of four music therapists and presents the interview questions and results. The purpose of the interviews was to seek further information from music therapists beyond what the music therapist survey had produced. The research questions informing the interviews included: What is the nature of the music therapists' practice? How does the music therapist perceive the relationship between music therapy and music education? What is the perception of the professional status of a music therapist? How do music therapists in the field of special education assess their practice? The interviews also sought more information regarding music therapists' perceptions regarding the need for a Music Therapy Syllabus and Assessment. The design, sample, procedure, interview questions and analysis are presented below. This is followed by the music therapists' responses and the results are collated in the concluding discussion that highlights the implications for the research.

Design

The interview was structured around 14 specifically designed questions (see Table 23). The questions covered: experience of the music therapist, hours employed, nature of students, music education/music therapy issues, recognition/inclusion in the workplace, documentation and assessment procedures.

Influence on design from the music therapist survey

Questions in the interview covered demographics of music therapy work including hours and special need of students, which is similar to the survey of music therapists (see Chapter 6). These details provided a context for understanding the therapists'

views. It explored the teaching and therapy issues by asking therapists if they felt they were 'engaging in teaching rather than therapy'. The interview repeated the questions used in the music therapist survey (music therapist survey questions 7 & 8) regarding participants' belief in the effectiveness of music therapy and the evidence to support its inclusion into special education. Questions were included regarding their perception of professional acceptance and the respect extended to music therapists. The interview also enquired about any changes that the music therapists would choose to have in their workplace.

Sample

The researcher invited music therapists working in special education in New South Wales to participate. Four music therapists who practice in special education settings in New South Wales volunteered to participate in an interview of approximately one hour in length. Each of the music therapists has over four years experience in special education. Three of them work in the Sydney metropolitan area and the fourth practises in regional New South Wales. The sample was selected from New South Wales as this maintained a direct link to the New South Wales curriculum, which was relevant to the research syllabus and assessment development. As music therapy is a profession with limited members, n=417 registered music therapists nationally (AMTA, 2009), all of the four music therapists were known to the researcher. As a former music therapy educator and supervisor, the researcher also knew many music therapists. Two of the therapists had trained at one of the universities in New South Wales and the other two at another university, which provided balance between the orientations. Two of the therapists had also received training from the researcher, though this had taken place between 5 and 10 years previously. Their range of workplaces offered a typical representation of New South Wales work environments and employment circumstances. Previous contact with the interviewees has been limited to occasional professional meetings or conferences. They are all female and registered with the Australian Music Therapy Association (AMTA). One of the therapists is also a qualified and experienced music teacher and another works as a private instrumental music teacher.

Procedure

Music therapists volunteered following an email invitation. They chose to be interviewed in their workplace or at their home, with interviews audio recorded for the

purposes of creating transcripts. The interviews were approximately one hour in length, informal and included discussion of issues that arose. Two were conducted at the workplace of the music therapists and two in their own homes.

Music Therapist Interview	
1	How long have you been working in special education as a music therapist?
2	How many hours/week do you work in special education?
3	Please describe the type of facility or private practice where you work:
4	Describe the types of children who you work with (conditions, diagnosis, descriptions etc).
5	Are you employed as a music therapist or as a teacher?
6	Do you find yourself engaging in teaching rather than therapy? If so, please explain.
7	Do you believe that music therapy in the special education setting is effective? If so, how?
8	Do you believe that there is enough evidence to support the inclusion of music therapy in special education?
9	How are you received by special educators? Are you respected as an associated professional?
10	What changes would you like to see in terms of your workplace?
11	Would you like to see more music therapy in special schools and/or with children with special needs? Why?
12	What recording/notes/documentation do you use? May I view or copy any of them?
13	Do you use an assessment? Can you describe it? Is there any documentation of the assessment?
14	Please add any further comments:

Table 23 Music therapist interview

Analysis

Interviews were transcribed from the audio recordings (see Appendix B) and responses given by the four music therapists were collated under each question. Summaries were derived from the responses for each of the 14 questions. The resultant data comprised a rich qualitative source and themes are presented which supported the development of the Music Therapy Syllabus and Assessment.

Interview responses

The interviewed music therapists all displayed a willingness to share their perceptions and experience from the field. They indicated that they considered the music therapy and music education, professional status and assessment issues as relevant. The music therapists' responses to the questions are presented below in summary form and

progress chronologically through the interview questions. The responses have been coded to protect their identities and they are referred to as Music Therapist 1 (MT1), Music Therapist 2 (MT2), Music Therapist 3 (MT3), and Music Therapist 4 (MT4). Quotations that are included from the music therapists in the response descriptions have been left in their original form as per the transcripts.

Summary of results to questions 1-4

Music therapist experience: years in special education

The music therapists interviewed had four or five years experience of working in special education. Responses to questions 1-4 are summarised in Table 24.

Hours

The hours worked ranged from MT1 with only 2 hours, MT2 15 hours, MT4 21 hours to MT3 at 32 hours per week.

Facility

The music therapists are equally divided across government and private funded facilities, with two therapists working within each type of facility. MT1 and MT3 practise in government funded facilities and MT2 and MT4 work in privately funded schools.

Age range

Three of the music therapists work across a wide age range from 2, 3 or 4 years to late teens. MT1 works with students from 7 years to 18 years.

Special need

Music therapists were again neatly divided between specialising with types of special needs, with two therapists specialising in one condition only and two working with a wider range of special needs. Two of the music therapists (MT2 and MT4) practise solely with children with Autism Spectrum Disorders; MT1 and MT3 worked with a

larger range of conditions, which included cerebral palsy for MT1 and emotionally and behaviourally disturbed and Attention Deficit Hyperactive Disorder (ADHD) for MT4.

Music Therapist	Years in Special Education	Hours/ week	Facility	Ages	Student description
MT1	5	2	Special school	7-18	Global Developmental Delay & Cerebral Palsy
MT2	4	15	Private special school	4-17	Autism Spectrum Disorder
MT3	4	32	Adolescent unit & music therapy clinic	2-18	Emotional Disturbances Behavioural & Development Disorders and ADHD
MT4	5	21	Independent school	3-18	Autism Spectrum Disorder

Table 24 Summary of responses to questions 1-4

Question 5: Teaching and music therapy roles

All four interviewees are employed as music therapists and practise in special education settings. However, MT3 explained that in a previous position she was employed as a teacher, although she worked and practised as a therapist. MT3 described some of her work as teaching, but as having therapeutic results. She described 'teaching' students instrumental skills 'particularly with boys they want to learn guitar – now – you can couch it in any language that you like – I am teaching them or in therapeutic terms, I'm showing them'. MT2 works with a co-therapist who is employed as a teacher but similarly to MT3 practises as a therapist. Lastly, MT4, though not employed as a teacher, works with the Board of Studies Outcomes in order to satisfy the educational requirements of the school.

Employment issues

Discussion regarding wider employment issues apart from the teacher or therapist role also arose within the discourse prompted by question 5. Funding arrangements were discussed and seemed to follow naturally from the question of teaching or therapy roles. MT1 works on a sessional basis; the paid hours are for face-to-face therapy and there is no allocated time for set-up, report writing or liaison with staff.

Funding issues

Both MT1 and MT2 work in privately funded facilities and mentioned funding issues and parental contributions in relation to their remuneration. MT1 also mentioned part funding from a charity that supports her position and MT2 referred to active fund-raising by herself and another music therapist to maintain their employment. MT1 is funded solely by a charity and parental contributions. MT2 revealed that there is a combination of council and parental funding for her position. MT2 described it as 'fairly stressful from that perspective', referring to the funding situation that had previously been from school term to school term which meant there was no security. MT2 explained that the funding is now relatively stable due to the therapists themselves engaging in 'public relations' activities in their own time to secure this.

Question 6: Engagement with teaching or therapy

Responses to this question included self perceptions regarding a music therapist's role as teacher or therapist. MT1 described engaging in therapy rather than teaching. However, the other three therapists found their roles less exclusive: they considered that they did engage in teaching in conjunction with therapy and thought that these were not necessarily clearly distinct roles. MT1 was quite definite about the educational and therapeutic orientation of her practice. She answered:

> No, I'm not a teacher you see, so I think that's why – I think if I was a teacher, I probably would but because I'm not a teacher, I haven't got that educational model in my mind so – I'm much more interested in therapeutic outcomes so. I think it has got to do with my background and training.

MT1 was also confident in her therapeutic role, explaining that she is much more interested in therapeutic outcomes. She was also confident regarding perceptions of her by the school: 'They're totally comfortable, they just let me do my own thing – and they think it's fantastic'. Music therapists are clearly aware of the differentiation between therapist and educator roles.

MT2 explained that she was employed as a music therapist; however, her co-therapist was employed as a music teacher and they work together as therapists. MT3 also explained that they adapt activities from the early childhood music education programmes for use in therapy and therefore they use more directive approaches. MT2 explained that her practice with her co-therapist has progressed from relating the

therapy to the curriculum to being more strongly focused on the therapy. This has evolved as the co-therapist, who was originally employed as a teacher, progressed through music therapy training. MT2 also explained that teaching in their sessions does occur as she and her co-therapist focus on their work with humour in a research project.

MT3 realised that she has relied on the two disciplines of music therapy and music education to work with the students: 'So my teaching background and all that has definitely underpinned actually my therapy'.

She believes that an educational understanding is important for music therapists working with children:

> As music therapists I believe that – we need to have an understanding about what the teaching culture is about…we need to have an understanding or a training of it – because if we don't know how to behave in an educational environment – so it's really important – if music therapists are going to do that – go into an education setting they need the background – otherwise it's silly really – I feel you need to straddle both.

Therefore, MT3 presents the view that music therapists need more training or preparation for the practice of music therapy in education settings. Conversely, the other interviewed music therapists (MT1, MT2 and MT4) are unaware of a lack in their training and are quite clear on the differentiation of their therapeutic role within the education setting.

MT4 agreed that she engages in teaching, however without always identifying the distinctions between the therapy and teaching. She explained:

> The most important thing for me is that everyone is participating to their fullest rather than allowing a few children to lead the group all the time – that everyone has a turn and a lot of activities are graded – one child may be able to sing the closed words to each song – another child might be able to make up their own words.

She explained that her teaching and therapy practice changed according to the needs of the students. She has used 'music education practices' more with students who have higher skills, 'because they are cognitively able to cope with learning rhyme notation that sort of thing – and rapping and rhyme and things that are part of the syllabus'. The researcher wondered whether the therapist considered song writing as more of a music education strategy. MT4 explained that while she did, she has 'other things in mind as well – so the focus might be for that child to attend to divert them away from other behaviours that might be less appropriate in the classroom'. The focus explained by MT4 is about the engagement in the therapy process and not about the strategies or methods, whether therapeutic or educational, that the music therapist has employed to achieve that engagement.

Question 7: Effectiveness of music therapy in special education

All four music therapists believe that music therapy is effective and they provided slightly different comments for their support. MT1 explained the effectiveness through clinical examples and related a conversation that she had had with a teacher:

> One teacher said to me 'this is the only time in the week when someone comes in and sits down with her and actually communicates with her' – cause I'll vocalise to her and she'll vocalise back – we'll have these beautiful conversations that will go on for like 10 minutes – It's just wonderful…it shows the teachers other areas – other potentials for the child that aren't coming out in the classroom – and not only and these are huge areas that are showing up in the music therapy.

She also feels that the school appreciates what she does.

MT2 believes in the effectiveness of music therapy but explained that there were difficulties in others' perception of its worth. She explained:

> The difficulty still to get across is that we're addressing the non-musical goals through music – so it's more than just a music programme and I think that's when they don't see any value potentially in why should they have music…how is music going to help them – it's not just about the music, that's the other side and that's where the therapy is really useful in terms of justifying how it really helps in a whole bunch of different areas.

She refers here to music therapy outcomes that may include the generalisation of an improvement in communication skills to other areas of a student's life or about an increased ability to express their emotions in a positive way.

MT3 revealed that her current workplace, in which the music therapy is part of the treatment approach, is supported by other therapies: 'It's not just me – this is not about music therapy standing alone'. She also mentioned other work places where she considers music therapy to have been less effective due to the structure. She believes that there needs to be links to other therapies and to the team, which is vital for the effectiveness of music therapy over the long term.

MT4 is in an environment that requires her to work more closely within an educational framework, so not surprisingly her response was more educational. She explains the music therapist's purpose to parents this way: 'Music therapy supports the learning process and that's what people understand'. MT4 has articulated the benefits of music therapy in relation to education that she finds productive rather than trying to explain the more abstract concepts of music therapy. This approach supports the inclusion of BOS Education Outcomes in the Music Therapy Syllabus and Assessment; however, it also indicates the lack of knowledge regarding music therapy.

Question 8: Evidence for music therapy in special education

The responses to this question were varied, with two of the four therapists believing that there is enough evidence. MT1 considers that there is 'not really' enough literature and similarly, MT4 stated 'no – not enough research base there'. MT4 continued to explain that her school 'would like the music therapists to be clear and be able to articulate exactly what we are doing and why we are doing it – and to justify – we haven't had to fight for a place to stay or anything'. MT4 mentioned the 'cross overs' which refers to music therapy and music education and explained that an outcome such as 'child A will sing a song – that may be the music therapy goal too'.

MT2 and MT3 were confident that the evidence for the effectiveness of music therapy was available. MT2 works with a specific Autism Spectrum Disorder population and she responded positively: 'I think so – particularly with children with autism – I think that there is a lot of evidence – but people often say there's not'. She also said that there is 'an enormous amount of literature on music therapy'. MT2 referred to other people's perceptions of music therapy: 'I don't know if that's been communicated well enough to the principals'. MT3 considered that there was 'absolutely' enough evidence. However, she explained that there is much anecdotal material: 'there is a lot of literature but in qualifying that – I think that music therapists need to be a little more um…there needs to be more quantitative data'. However, she continued: '15 over 75 doesn't show me how it works – there's got to be somewhere in between the number thing…I think there's got to be better written stuff going out there'.

Question 9: Reception by special educators

In general, the music therapists' perceptions ranged from positive and respected, to requiring effort to maintain a position, with particular concern by one music therapist. MT4 was the most positive, MT2 and MT3 explained that they need to develop their relationship and communicate about their role with their schools. MT1 has concerns about staff perception of her role. MT4 considers that she and the other music therapists are well respected. She also mentioned that they are well established and supported by their school and that their positions are secure. MT1 has experienced a lack of respect for her position and also feels that the staff consider her expensive to employ. She also mentioned that the teaching staff at the school are mostly untrained and part-time due to difficulties with recruiting staff.

MT2 feels that she is generally well received and that the relationship she has with the school and staff has developed: ‘I think at the beginning there were difficulties about how much freedom and how much do they have to sit back and not interfere…at the moment it’s working really well’. MT2 referred to the interaction and involvement of staff in her therapy sessions: ‘In terms of the whole school dynamics it really does feel as if – that we have earned our respect’.

MT3 considered that her position at the school requires her to make communication efforts to support the music therapist’s role. She explained that ‘it’s all about communication – we have a big responsibility as music therapists to communicate’. She described the staff:

> Some are really good – at other schools I’ve been at, some are fantastic but others you have to work more with the teachers and carers that come into the session…I think a lot of it is lack of understanding…and they want to feel equal with you and they don’t want to feel minimised.

Question 10: Possible changes in the workplace

The music therapists gave a variety of responses to this question. MT1 and MT2 want to be more ‘connected’ to the educational aspects of their workplaces. They also both mentioned funding as problematic, with MT3 citing communication, which she had also mentioned in relation to question 9, as an area for change. MT4 was satisfied with her workplace. MT1 would like her role to be more gradually included and relate to the educational aspects of the school. She explained that information about the children was not shared with her and she was treated differently to the other staff.

MT1 would like ‘more connection with – to be part of the children’s educational programme’. She also wished that the position was better funded so that she could have more hours and be able to work with students individually. The school offered support by providing instruments but she mentioned that she would prefer to be included to a greater extent. MT1 wants more direction regarding the documentation for assessing her students.

Funding was also important for MT2; she said that the school was under-resourced. Similarly to MT1, she too would like to be ‘more directly involved with the school’ and felt that the music therapists were treated as something extra-curricular and not involved in the ‘internal running of the school’.

MT3 cited better communication as a potential area of change; all staff across different units in the workplace refer students to her. She explained that she uses only her own instruments at the facility. MT4 seemed fairly happy at her workplace and would really like ‘more hours in the day’.

Question 11: Amount of music therapy in special schools

All the therapists interviewed would like to have more music therapy practised with special needs students. MT2 said:

> I passionately believe there should be more music therapy in special schools and I don’t think there is a very clear understanding of why from the principal’s perspective…I think it is very much economically driven – they’d rather have someone volunteering their service who is a musician or a celebrity.

MT2 also mentioned the importance of communicating about music therapy:

> It’s all about communicating – what music therapy is even when they seem to acknowledge that there are huge gains made by the students they attribute it to music and ‘the kid loves music’ rather than ‘the kid loves music therapy’.

MT4 explained that music therapy for children with special needs is an ‘appropriate dimension’. She also added that as a short term intervention in mainstream schools, it is useful for those students who ‘are sort of slipping through the cracks’.

Question 12: Use of recording/notes/documentation

All four music therapists use their own personally developed form of documentation. MT1 writes notes and reports in her own time. The report is forwarded to the principal and not to the parents. MT2 tries to take notes every session. She has also developed her own graph system using the *Excel* programme to record progress. She explained that reporting is a problem, and that she and the other music therapist are ‘collecting all this data but we haven’t been able to present it to the school in the right time’. She describes the normal process as writing an overview of the class activities and including an individual case paragraph for each child. MT2 is also working on research that includes some data recording for the students.

MT3 completes an initial assessment and recommendations for individual students. For group sessions, she writes in the student’s progress notes and also keeps her own notes

on sessions. MT4 maintains her own notes on sessions and also completes formal reports that include Board of Studies Outcomes.

Question 13: Assessment use

The music therapists use a variety of methods for assessment, range in the level of formality. Each therapist uses an assessment that has been developed individually or by the workplace. MT1 relies on her own observation notes. She also includes some songs and lyrics that the students have created as a record of achievement. MT2 uses her own specifically developed scale and aims to present it twice per year. She has also related her assessment to the BOS Music Education Outcomes. MT2 spoke about the principal's response when they addressed the music education curriculum; the principal responded: 'Not so important – we can see what you are doing – you're doing great'. MT3 uses her own assessment document that she keeps in template format. She explained that she uses the assessment less often now. It focuses on communication, self-expression and motivation. MT4 uses a facility-based assessment that is a 'composite of the Boxhill and Shoemark', developed by music therapists at the workplace and takes several sessions to complete.

Question 14: Further comments

MT2 and MT4 added extra comments as follows. MT2 expressed her support for the interview, and described the research as 'fantastic'. She mentioned the importance of communication between therapist and facility, repeating a comment on the importance of funding. MT4 explained the collaborative approach at her workplace and gave an example of working with the speech and occupational therapists. She believes that collaborative work is important as it allows more professions to see the value of music therapy.

Summary of interviews

The interviews conducted with the four music therapists provided a rich, detailed resource. Firstly, the music therapists' responses confirmed the researcher's perceptions regarding concerns about the status of music therapists and the lack of a framework that

music therapists can use to support and integrate their work in special education. The funding concerns raised by the music therapists indicate that music therapy is viewed by the special education field as an additional extra rather than a core tool that has a valued place within the context. The ideas regarding the lack of clarity between music therapy and music education, noted in the educator questionnaire, and the overlaps with music education found in the survey of music therapists, are maintained in the interview data. This is most clearly evident in the response provided by the music therapist who engages with Board of Studies Outcomes and by the teaching role perceptions of the therapists in general.

Limitations of the interviews

The interview process covered a small sample of four music therapists, which may have narrowed the range of views provided by the responses. It is important to note that the views presented by the participants do not necessarily represent those of all music therapists and therefore cannot be generalised to the wider population. The fact that all four of the music therapists interviewed are female could have influenced the interview responses. However, this accurately reflects the predominantly female demographic of the profession. Figures derived from the Australian Music Therapy Association Member Directory (AMTA, 2009) indicate 279 registered music therapists nationally with 261 (94 %) of them female, and 97 registered music therapists in New South Wales with 91 (94 %) female members.

The fact that the researcher is known to the participating music therapists had an impact on the research which was positive and facilitated ease in the conversations. The interviewees were quite comfortable providing information for the purposes of the research and the discussions were consequently free flowing and detailed. The researcher also acknowledges that the fact that two of the interviewees had received training from the researcher as a music therapy educator (10 and 5 years prior to research) may have influenced the results. The researcher added comments during the interview process which may also have influenced the responses and this is acknowledged. In retrospect, the interview questions lacked depth; they sought factual information rather than developing in-depth questioning from the survey. However, the evidence of practice and researcher observations about the commitment of the music therapists, reflected a gap in practice and literature regarding music therapy assessment. It also indicated that music therapists carried out assessment in some form and that it

was required by their work places and/or their own accountability processes. The interviews also provided practical information relevant to the construction of the Assessment tool that relies on observation and checklist formats, as noted in the interview data.

Support for Music Therapy Syllabus and Assessment development

Funding insecurity and employment status which feature broadly in the responses, point to the need for a formal link to the education curriculum and improvement in accountability. This link could potentially be provided by the development of the Music Therapy Syllabus and Assessment.

MT4 expressed comments that directly supported the Music Therapy Syllabus and Assessment development. She explained that the school requires the music therapists to articulate exactly what they do and to justify their methods. She considers that a syllabus would articulate what music therapists do and an assessment would help to justify the methods and efficacy.

All four music therapists reported that they use their own methods of documentation that support their individual styles and ideologies but creates an extra work burden, as time is not generally allocated by workplaces. The therapists use either an individually or workplace developed assessment document, neither of which offers support to music therapists regarding standards across the profession or special education setting. Similarly, to the broader documentation issue, music therapists are required to complete another task over and above their sessional therapy work.

Support for inclusion of BOS Outcomes in the Music Therapy Syllabus and Assessment

Two of the four music therapists, MT2 and MT4, indicated that they currently engage with the BOS curriculum in their reporting and assessment processes. This supports the inclusion of BOS Outcomes in the development of the Music Therapy Syllabus and Assessment. It indicates that music therapists are comfortable relating to Educational Outcomes and are already aware of their role and relevance to Educational Outcomes in the special education context.

Teaching and music therapy

It seems that in music therapy practice in the special education context, three of the four music therapists interviewed consider that they use some teaching methods. Two of the four therapists mention that they use an educational curriculum in their work. MT3 feels quite strongly about incorporating teaching in the therapeutic role, to the extent that music therapists need training in teaching skills to work in the special education environment.

Another concept highlighted by the music therapists was the positive aspects of their work. They showed their passion; for example, the description given by MT1 about her vocalisation with a student that so pleased the student's teacher. The music therapist describes it as wonderful and really felt that the school appreciated her work.

Education influence

The education influence was strongest for the therapists who worked for longer hours in special education; namely, MT3 (32 hours) and MT4 (21 hours). There seems to be an apparent contradiction with MT1, who explained that the staff appreciate her clinical work when they are involved in the sessions. However, she noted in response to question 9 that there is a lack of respect for her position as music therapist, and she thinks that staff who lack training might also question her salary level. Therefore, she presented a variation in the recognition of her perception of her role as recognised by the school.

Chapter summary

This chapter presented the procedures and results of interviews conducted with four music therapists. The music therapists indicated some concerns regarding their professional status, job security and limits to the understanding of music therapy by educators in general. Funding and standardised reporting and assessment protocols were presented by the music therapists as issues of concern. The music therapists indicated their willingness to engage with existing education curriculum in order to adapt to the requirements of the special education context. The collation of responses realised areas of support for the development of the Music Therapy Syllabus and Assessment.

Chapter 8

Extended Music Therapy Intervention

By tuning in to the qualities of energy, intensity, shape, tempo, in all aspects of the moment – ourselves, the hospital, the day, the ward, the nurses, the children – we know how to play the music in the session. The music needs to reflect these qualities: the tempo and dynamic level of the ward (or classroom or ensemble), the quality of shifts from slow to fast or soft to loud.

(Pavlicevic, 2003, p. 84)

Introduction

This chapter describes the extended music therapy intervention in Part A, and the application of the Music Therapy Assessment in Part B. This research step comprised 20 music therapy sessions with a group of seven students who attend a special education school and presents the results of applying the Music Therapy Assessment to the intervention data. The intervention data includes video recordings of the 20 music therapy sessions. For the purposes of this chapter, the practitioner researcher is referred to as the music therapist. The special education students participating in the music therapy have been allocated pseudonyms to protect their identities. In Part A, the music therapy sessions, specifically the setting and music therapy methods, are described. The students' responses are presented individually as case studies; this material is used as a reflection to enhance the interpretation of the Assessment results. Part B presents the results of applying the Music Therapy Assessment to the video recordings of the 20 music therapy sessions.

Part A Extended Music Therapy Intervention

Introduction and purpose

The purpose of the extended music therapy intervention was to support the development of the Music Therapy Syllabus and Assessment. The intervention achieved this by placing the researcher as music therapist directly into the context. This ensured that the requirements of the three stakeholders, namely educators, music therapists and students, previously referred to in chapter 1, were included in the construction of the Music Therapy Syllabus and Assessment. The purpose of the intervention includes exploring the following research questions: What music therapy methods does a music therapist in a special education setting use and how do the students respond? Can the music therapy outcomes developed for the Music Therapy Assessment be used to describe the responses of the students? The description of the music therapy sessions, brief case studies and application of the Music Therapy Assessment results; focus on explaining the links between music therapy, education and the Assessment. This chapter does not aim to enhance the case for music therapy as a successful intervention in special education, which has been accomplished previously by other researchers. The chapter describes the music therapy that supported the development of the Music Therapy Syllabus and Assessment.

Setting influences on the music therapy

The project aimed to provide a naturalistic research approach in which the music therapy sessions progressed with minimal changes due to the research nature of the music therapy application. For the researcher to introduce music therapy into the classroom, an adjustment to classroom routines and structures was required. This included adopting a structured therapeutic style in order to follow some of the teaching and classroom rules. The consequence was that the therapeutic style in this setting was more directed than in other contexts and at times had an educational approach.

The setting influenced the therapeutic style and structure in much the same way as would occur in any school. The music therapist respected classroom rules and processes whilst at the school; she was a visitor who aimed for positive integration of the music

therapy intervention with minimal disruption to the normal routine. The routines and classroom environment were highly structured to facilitate management of students who could display disturbed and violent behaviour occasionally. This influenced the therapy in several ways; for example, a calming activity was consistently used towards the end of sessions. The volume and tempo of the *Bye Song* was subdued to assist students in their transition back to regular classroom activities.

Procedure

This research step consisted of selecting a special school, conducting 20 music therapy sessions, gathering data about the sessions through notes and video recording, feeding back to the school, and analysis of the data. A special school was selected from the Department of Education and Training website, and was chosen for several reasons. Firstly, students at the school had a range of special needs and no music therapist was employed. The school catered for students from K-12 with a variety of special needs, mostly in the mild to moderate range. The ability of the students facilitated the research as they were able to indicate their voluntary participation in the project. For the purposes of this research, the school is referred to as the *Maria School*. Secondly, the school was geographically close, which supported the implementation of the 20 music therapy sessions, preliminary and follow-up visits, as well as transportation of instruments and video recording equipment.

Invitation to participate

A letter was sent to the school principal inviting participation in a music therapy research project. The school was offered a music therapy in-service for staff and 20 music therapy sessions at no financial cost. The in-service was not accepted; however, the music therapy sessions were approved after discussion of the project with the music therapist. Subsequently, teachers within the school were invited to express an interest and one class was proposed for the music therapy intervention. Students in the class, their parents and carers were fully informed about the research, invited to participate and given copies of the *Information to Participants* and *Consent Forms*. All students within this class group volunteered to participate in the music therapy sessions.

The music therapist had anticipated conducting individual music therapy sessions; however, the school required group sessions to accommodate their routine. This was a

clear example of the application of music therapy adapting to the special school context, and in this case, the research also required some adaptation. All 20 sessions were video recorded for later analysis. An edited version of approximately nine minutes in length was produced, entitled the *Maria Movie*, and given to the seven participating students and the school (see Appendix F). An accompanying written description for the video, called the *Maria Movie* description is included in Appendix E.

The research setting

A description of the school appears on the Department of Education and Training website which outlines its students and curriculum. The site describes the school as catering

> for primary and secondary aged students with special needs…The curriculum is varied and appropriate to students' needs. Year 10 students are eligible to complete the Life Skills School Certificate, and Year 11 and 12 students follow a special programme for their Higher School Certificate (citation witheld due to confidentiality).

The 20 music therapy sessions occurred in the students' classroom, which was equipped with desks and chairs, bookshelves, displays, computers and beanbags. Music therapy sessions were conducted on one side of the classroom in a space where the students were accustomed to sitting on the floor and activities focused around the keyboard.

The space for the group of seven students was adequate, though it did not allow the group very much freedom to move. During sessions, the class teacher and teaching assistant remained in the classroom and supervised any students who were not involved. Staff engaged in classroom tasks and observed the sessions; they occasionally encouraged a student to participate or sat near a student who was unsettled. The environment was positive, with the class and assistant teachers warmly supportive of the intervention.

It was a busy school: there were often interruptions and distractions that the music therapy sessions needed to accommodate. An example was the public address system that was used to make announcements once or twice every session. The students were familiar with the system and mostly showed minimal awareness of the interruption. The phone in the classroom rang at times and was answered by a nominated student, supported by staff and only assisted if necessary. Staff sometimes left the room and a new staff member entered, which sometimes resulted in minor restlessness in the music

therapy group. On other occasions, a significant disruption occurred, such as a student being required in the office, or being withdrawn for dental or other health check-ups.

Sample

The music therapy group consisted of seven students from a class in the special school who volunteered to participate with parental consent. The students were 11, 12 or 13 years old, had a variety of special needs and a range of ability levels. All students used language and were mobile. The group was reasonably stable, with one student being substituted in week 2 and another student gradually becoming more consistent in his commitment to the sessions.

Session scheduling

Music therapy sessions occurred on the same day and time each week immediately after the recess break. This meant students had already settled into their school day and essential routines had been completed. It also allowed the music therapist to re-arrange furniture, organise instruments and the video camera while the students were in the playground. Another advantage for the music therapist was the opportunity to meet with staff during the break, explain the research, and provide ongoing feedback about the music therapy sessions. The 20 music therapy sessions ran over three terms with two sessions being re-scheduled due to changes in the school's routine. Session attendance by students was affected by absenteeism, discipline procedures at the school or other unavoidable school routines.

Video recording

The process of video recording sessions was an important part of this research step: it provided the data for later analysis and trialling of the Music Therapy Assessment. The video recording of sessions is a common form of information collection for music therapists for the purposes of assessment or evaluation; therefore, this element of the research process was within the normal practice. The aim was to minimise the impact of the video camera on the students and the music therapist ignored it during sessions. It was set up on a tripod to one side prior to the students entering the room. Apart from several early sessions in which the teacher did some tracking of the students with the camera, it remained fixed with a wide angled view and was soon accepted as an integral

part of the music therapy environment. After the students became familiar with the camera, they ceased to pay any attention to it. Simon and Kevin performed for the camera several times in early sessions. Simon demonstrated his awareness of it by exclaiming: *I'm a rock star!* whilst holding an air guitar and grinning directly at the lens. The recordings were collated and analysed after all sessions were completed; the findings are presented in Part B of this chapter.

Research feedback

The school received a range of feedback from the music therapist. The class teacher and assistant were in the classroom during the music therapy sessions and viewed the sessions first hand. Regular conversations took place with school staff about plans, session arrangements, and information was shared about the students. The music therapist also regularly visited the staff room at break time to engage with staff from other classes. The principal was kept informed about the project on a regular basis. A report was provided to the class teachers, after session 10, which included descriptions of sessions and information on each student's participation (see Appendix C, *Maria School Music Therapy Progress Report*). The class teacher also requested and received a copy of the *Maria Song* lyrics that students had contributed. The school and each participating student were given a copy of the edited video recording at the conclusion of the music therapy sessions (see Appendix F, *Maria Movie* and Appendix E, *Maria Movie* Description).

Instruments

The instruments used in the music therapy sessions included a range of hand-held percussion, a keyboard, snare drum and djembe from the school's music resources. The music therapist supplemented with a flute and additional hand-held percussion instruments to add interest and choice to the instrumental activities.

Staff expectations

The music therapist was not directly asked to follow behaviour strategies for students; however, staff made the music therapist aware of the expected behaviour standards. As the music therapy took place in the classroom with two permanent staff in the room, the music therapist needed to adapt to staff expectations to a greater extent than if a separate music therapy space had been allocated. When staff were concerned about a student,

they alerted the music therapist; for example, prior to a session, Jarred was anxious due to an upcoming respite visit and his behaviour was very unsettled. There was potential for a range of challenging behaviours from some students who exhibited violent or disturbed behaviours. The music therapist responded by taking staff advice regarding their usual behaviour management.

Music therapy session structure

The following section describes each of the most frequently used music therapy methods. Examples of each of these methods are included in the video, the *Maria Movie* (see Appendix F).

Greeting

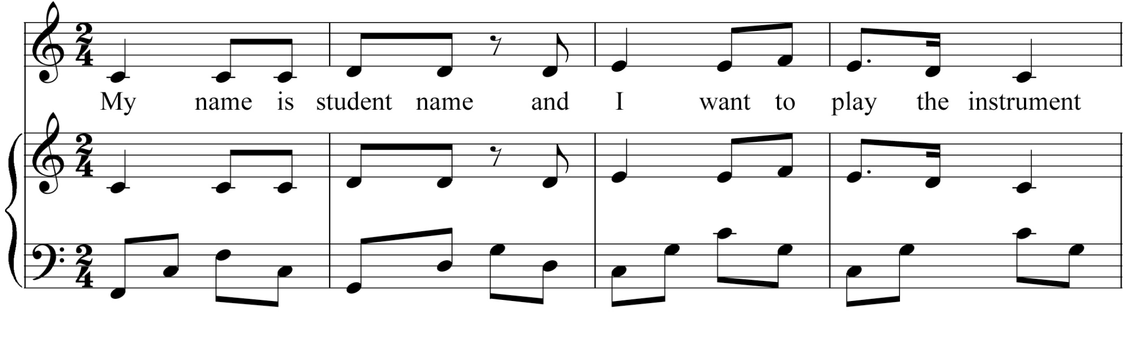
All sessions were framed with opening and closing songs. The Nordoff-Robbins *Hello Song* was used for the opening and the music therapist's *Bye Song* concluded sessions. The *Hello Song* was composed by the music therapists Clive and Carol Robbins and was also used in the pilot music therapy intervention (see Chapter 4, Figure 11). The same greeting and concluding songs were retained for each session as the students responded positively to familiarity.

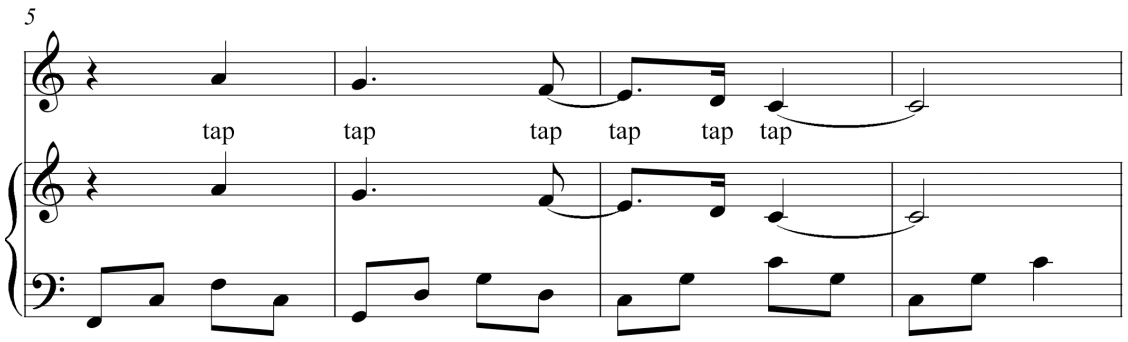
I Want Song

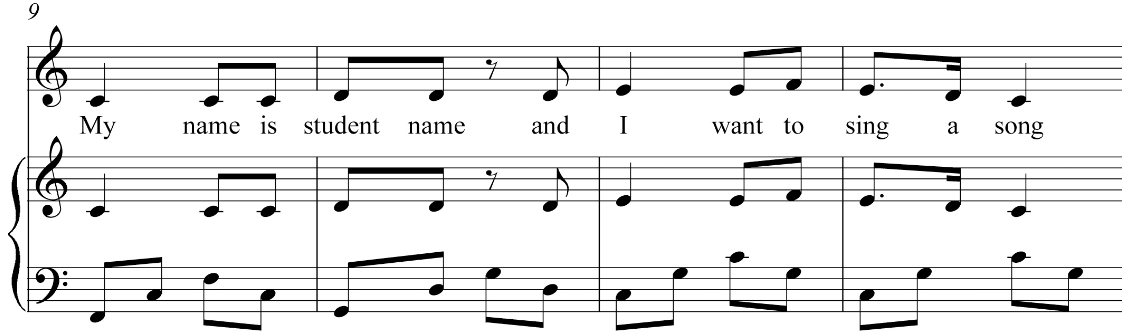
The *I Want Song* was used preceding the drum improvisations to lead into the instrumental activities. It is a simple ascending and descending phrase in which the students take turns to fill in the lyrics with their name and choice of instrument or song (see Figure 22). This was followed by a four-bar chorus-like phrase in which the group participated. The activity was designed specifically for this group as it offered a decision-making opportunity for each student to add a personally composed lyric. The group singing section or chorus provided an opportunity for shared singing. The lyric creation step was incremental to the composition of the *Maria Song* that followed in subsequent sessions. Common responses for the students' lyrics included: play the drum followed by *tap tap tap* or *sing sing sing* followed by *la la la*.

I Want Song

Dianne Langan







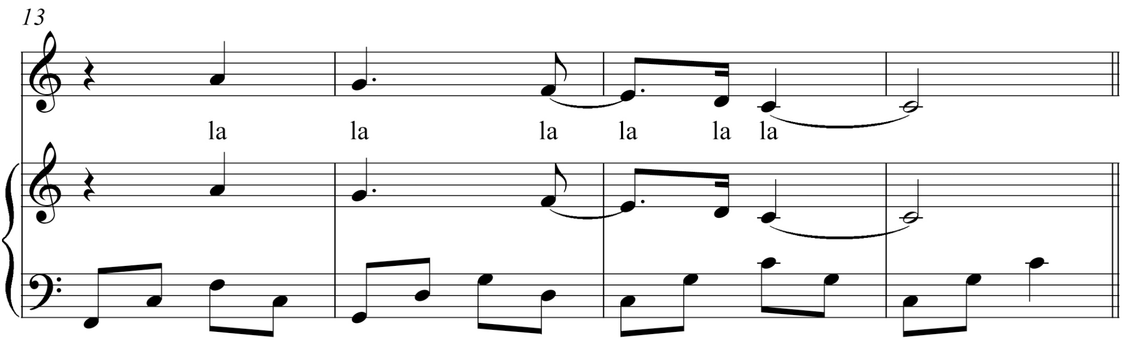


Figure 22 I Want Song

Drum improvisation

Students were invited to improvise on the snare drum whilst being accompanied on the keyboard played by the music therapist. The improvisation was student led until the music therapist musically indicated the ending, which the student was encouraged to match. It was necessary to bring improvisations to an end to enable all students to participate, whilst still retaining group involvement from the listening students.

Sing Song

This song began as an improvisation during session 12 and was included in several subsequent sessions. It was based on the common chord progression in popular music: I-VI-IV-V and was designed to encourage students to vocalise. It used sustained notes and only one lyric, the word *sing*. This provided encouragement and an opportunity for focus on vocal production. The *Sing Song* provided a simple repetitive lyric and pitch requirement and a more sophisticated rhythmic component was added for the finger cymbal or triangle played on the last beat of each phrase. Most students could manage the cymbal playing sometimes and used visual cues and the rhythm of the lyrics for support. This song was also helpful in achieving some balance of dynamic for the students' loud and enthusiastic percussion playing. The *Sing Song* was gently executed whereas the drum improvisations were often very loud and strong. The music therapist suggested gentler playing to protect the students and instruments from the vigorous swinging of drumsticks.

Conducting

This activity was a variation on a group percussion improvisation. It involved all students, with one conducting and the others playing. Students were given a choice of hand-held percussion instruments at the beginning of the activity and a volunteer for the conducting role was sought. This role had compositional elements, as the conductor chose the instrumental order and indicated which should play together. The group experimented with louder and softer sounds and with variations, but the simplest structure of turn-taking appeared most effective. This music therapy method provided opportunities for close social interaction, co-operative skills; it also assisted group cohesion and provided opportunities for fun. The music therapist joined in when invited, with whichever instrument the conductor chose.

Keyboard improvisation

A keyboard improvisation activity was included following a student request and proceeded in a turn-taking format. The turn-taking format gave each student an opportunity to play the instrument and they chose a role for the music therapist, which included: playing the keyboard with the student, remaining a listener, or supporting the student on the drum. This technique had previously been used in music education settings but was not included often in the music therapy sessions as it is highly structured with limited choice available for students.

Maria Song

This activity took the form of song writing. A simple melodic pattern was introduced to the students and became a chorus; the lyrics were about the students' school. Students were asked to compose a verse of their own lyrics; a new verse was added each week until all students had contributed. A drum fill was included, which the students eagerly took turns playing. The *Maria Song* provided a significant source of pleasure for the group. The students and staff enjoyed the song to the extent that they sang it outside the music therapy sessions. The student lyric contributions and score are presented in Table 23.

Maria Song	
Chorus	**Greg**
We go to Maria School *We go to music* *Yes we do*	*We go to gangster school* *We get lots of money* *We get rich*
Kevin	**Hannah**
We go to music school *We like the music school* *Yes we do*	*We go to school with Mrs Y* *And Mrs P K* *Yes we do*
Simon	**Jarred**
We sing choir music at our school *La La La* *Yes we do*	*My friends come with me-e* *To play with the bird* *In our classroom*
Ned	**Cathy**
Dianne comes to our school *Dianne sings a lot* *At our school*	*We do reading at our school* *Books books and books* *From the library*

Figure 23 Maria Song lyrics

Maria Song

Composed by Music Therapy Group

Figure 24 Maria Song p. 1

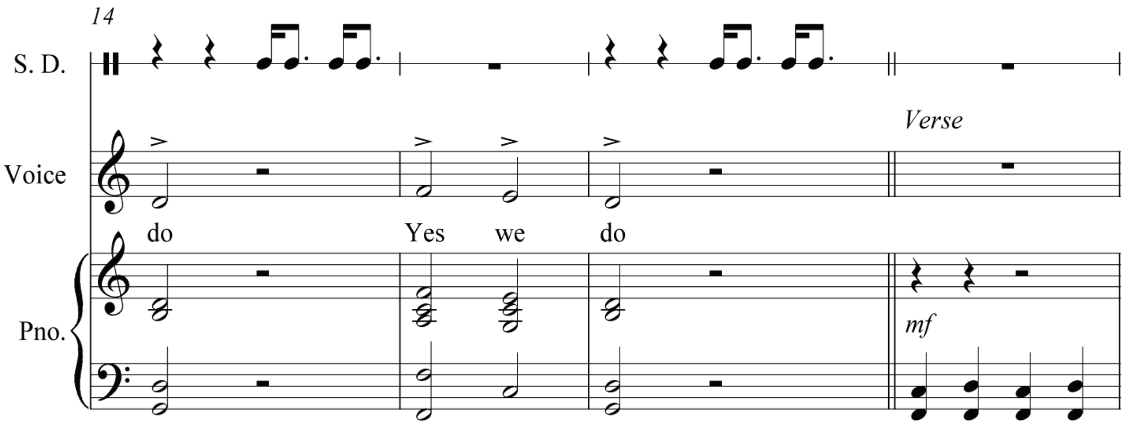


Figure 25 Maria Song p. 2

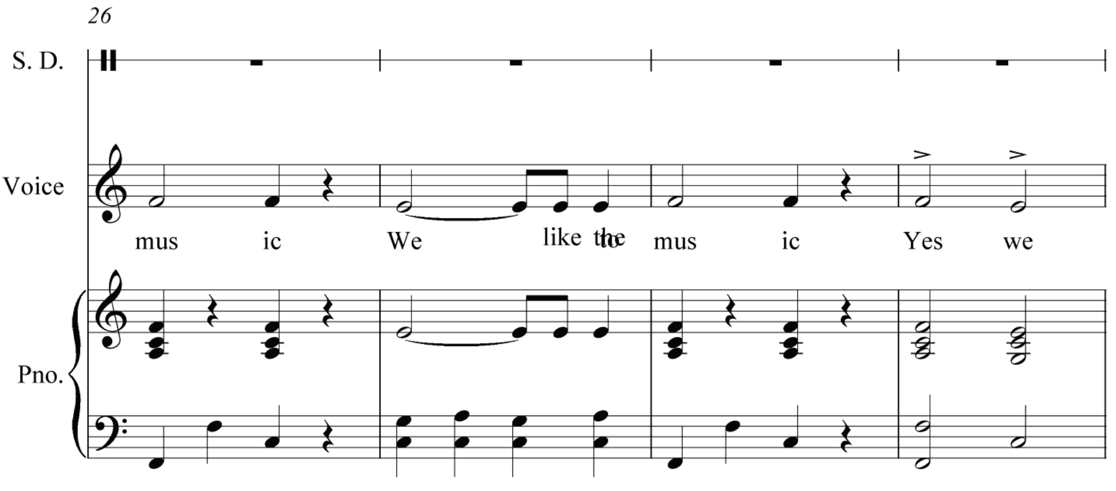


Figure 26 Maria Song p. 3

Flute relaxation

This activity was introduced in order to prepare students for the end of the session. The music therapist was conscious that students immediately followed the music therapy session with an academic class activity, such as reading or writing exercises. Preparing students for the transition to class was an important aspect of the music therapist's awareness of the special education environment. The flute relaxation comprised encouraging the students to lie or sit comfortably, close their eyes, or sway to the gentle flute improvisation.

Variations

Variations to the normal session structure were included to meet student needs, maintain their interest and build on their increasing confidence in musical participation. An example of a variation was singing the *Mummy Song* from the ABC *Sing Book* (Watson, 1995, p. 58) in recognition of the class topic 'Egypt'. The students enjoyed this and the class teacher requested a copy of the song. *Happy Birthday* was included when appropriate for students' birthdays. Short improvisations, such as *Come and play with us Jarred* to encourage participation or *Hannah is sad today* to support a student, were also included as necessary.

Observations from clinical sessions

Observational data from the clinical sessions was derived from the music therapy practitioner's documentation and the video data was used to trial the Music Therapy Assessment. The students were mostly very enthusiastic and willing to participate. The exceptions included: health issues or playground incidents, which affected the well-being of students. Another exception was Jarred, who took some time to join the group. He participated and sat or played with us for short periods of time, though never for a whole session. He typically spent session time at his desk or in other areas of the room, as he found it difficult to participate fully, but kept a close watch on what was happening in the session so that he could join in if he chose.

Rhythm

The students' needs seemed most obvious in the musical context when demonstrated through rhythmic awareness and production. Students ranged in their ability to recognise a beat and create or maintain a reliable pattern that had a regular metre. Their rhythmic abilities presented as different from students with normal functioning levels who are generally able to establish and maintain a regular beat.

Voice

Singing was an accessible activity for the students. They participated easily with an enthusiasm typical of those younger than their chronological ages. They were not inhibited by self-consciousness that commonly impacts on students' natural and enthusiastic singing at this age. The one exception was Kevin, who used a voice that was not his natural singing tone. Voice quality in terms of tonal production ranged from very soft and airy for Greg to strong and enthusiastic for Simon. Greg and Hannah often sang very quietly, in contrast to their speaking voices which were stronger and louder. It is possible that this was due to the particular vocal production required for singing.

Case studies

The participation of students in the music therapy sessions is presented using a case study approach. The 20 sessions are described through the responses of each participating student to form a brief case study. The data for the case studies was derived from the music therapist's clinical experience of sessions, session notes and the video recordings. The class teacher provided additional student information. The following case presentations include descriptions of the music therapy sessions using the music therapy outcomes as broad guidelines. *Music therapy outcome 1: communication*, is subdivided into *instrumental*, *vocal* and *language* categories. These are followed by *music therapy outcome 2: initiation*, *music therapy outcome 3: response*, *music therapy outcome 4: movement*, *music therapy outcome 5: social interaction*, *music therapy outcome 6: expresses emotion*, *music therapy outcome 7: listening* and *music therapy outcome 8: decision-making*. An additional comment is also provided under the heading *Attendance*. Names have been coded to protect confidentiality.

Maria Movie

Extracts were selected from the 20 video recordings of sessions to provide greater depth to the description of the extended music therapy intervention. The extracts were edited into a short video, entitled the *Maria Movie*; it provides a summary of the extended music therapy intervention by illustrating examples of music therapy methods as per the session structure previously outlined in Part A. This step of the analysis proved to be an extremely time-consuming process. First, the approximately 12 hours of video material (20 sessions of 30 to 35 minutes each) were viewed numerous times to select appropriate examples of students and music therapy methods. Appropriate examples included excerpts from the videos which clearly showed the music therapy taking place. Clips were chosen if the footage was unobscured and there were no images of ethical concern; for example, a student in view who was not participating or an interruption from the school Public Address System. Next, the selections were grouped into method categories that were considered a logical way to manage the material. This was followed by ordering the method examples to match the session structure. Further editing of the examples was completed to reduce the length of the video and facilitate moving from one clip to the next smoothly. Finally, titles were added to assist the viewer. The programme *Movie Maker*, was used to complete the editing process and produce a CD playable on computer. The *Maria Movie* is included in the appendix (F) with an accompanying written description (E). The participating school and each student was given a copy of the *Maria Movie* CD.

Case study: Cathy

Presentation

Cathy (12 years old) presented as a student with a childish sense of enthusiasm. She has full mobility although there is a little slowness at times in her movements and a somewhat lumbering gait. Cathy uses language in short sentences with a loud, immature and excited vocal tone. She loves to be involved and have fun and was kind towards other students. At times, Cathy appeared to lose focus and gaze around, apparently unaware of her immediate environment. Her teacher described her as having a moderate to profound learning disability.

The teacher noted that Cathy had blossomed in music therapy sessions and used longer sentences. She particularly mentioned her confidence in the conducting activity and how pleased she was that Cathy constructed longer sentences. This was significant as her language development was assessed at a 2 to 3 year age level. The following descriptions are based on the music therapy outcomes.

Music therapy outcome 1: Communication: instrumental

Cathy enjoyed choosing her own instruments during percussion playing. Her favourite activity was playing the drum. Cathy's sense of rhythm could be reliable at times although beat security was easily lost. She often played loudly reaching a level similar to her loud speaking voice. She found the drum improvisations very satisfying and enjoyed the experience of having her peers watch her performance.

Music therapy outcome 1: Communication: vocal

Cathy's singing voice used pitch that was mostly accurate. Her sense of rhythm seemed stronger than that of pitch. Cathy's vocal singing quality was loud and rather thick, similar to her speaking voice, but lacked clarity in some consonants which could make her difficult to understand. Her enjoyment through singing was obvious; she often smiled and made eye contact as she sang.

Music therapy outcome 1: Communication: language

Cathy commonly used short sentences and one word statements to indicate her intentions. She showed further language ability when she used language to support her musical activity; for example, she used clear full sentences when she gave directions in the conducting activity.

Music therapy outcome 2: Initiation

Cathy demonstrated creativity and the ability to initiate during drum improvisations by beating new rhythms and changing tempos. She could also slow down in a musical way for a shared ending. Her lyric invention showed understanding and included an important aspect of her school life, that of learning to read. Cathy's approach to the conducting activity was energetic; she took on the role with gusto, adding language instructions to large hand movements.

Music therapy outcome 3: Response

Cathy sometimes did not fully understand the requirements of the music therapy activity. She was a student who particularly needed familiarity in session activities to reach her potential and maintain full engagement. Cathy appeared unconcerned by changes to the order of activities but genuinely enjoyed repetition and familiarity. She was able to recognise some obvious elements in the music and respond, such as slowing and preparing for an ending. Cathy could also recognise sections in music; for example, knowing when to play the drum fill in the *Maria Song*.

Music therapy outcome 4: Movement

Sometimes Cathy would take a jump and move with excitement. She could move in ways that related to the music, for example, clapping with a drumbeat or nodding her head.

Music therapy outcome 5: Social interaction

Mostly Cathy was comfortable with her peers although she occasionally displayed some emotional immaturity. For example, an over reaction to a minor event in the playground caused her to sulk and show distress. Cathy used language with the music therapist and other students in a comfortable way. She shared easily and also used gentle touch in her interactions with others. Cathy smiled often and maintained eye contact when she was playing, singing or when she was excited and enjoyed an activity. Cathy also expressed empathy in her recognition of other students' moods and participation. She displayed this through facial expression, offers to assist or share with another student or a gentle touch.

Music therapy outcome 6: Expresses emotion

Cathy easily and spontaneously expressed joy during her involvement in the music making. Her emotions were quick to show in a childlike fashion. She also displayed unhappy and sulky behaviours with occasional tears. These less positive expressions were not directly related to her participation in the music therapy; rather, they were consequences of playground events or health concerns.

Music therapy outcome 7: Listening

Cathy often demonstrated keen listening skills and attended to other students' music and their contributions. At times, she showed genuine kindness and recognition of the needs of others by offering to share an instrument or helping another student in their task.

Music therapy outcome 8: Decision making

Decision making was enjoyable for Cathy; she was capable of insisting on her choices. An example occurred in session 3 when she became determined to help herself to the percussion instruments and could not be dissuaded by the music therapist's gentle distraction techniques. This obsessive behaviour did not return to this extent again; it seemed that the choices and small leadership opportunities within sessions pleased her and encouraged increasing confidence.

Attendance

Cathy attended 19 of the 20 sessions. There were minor interruptions to sessions that were unavoidable and part of the school routine.

Case study: Simon

Presentation

Simon (13 years old) presented as an energetic student and he was fully engaged with his immediate environment most of the time. Physically, he is of normal appearance and movement range. Sometimes his movements included repetitive excitable actions, such as waving hands and bouncing. At times, Simon looked as if he was working hard to control his energy and mostly his behaviours were appropriate. He understands language and instructions easily and can be helpful to the therapist and other students. Simon's language skills are strong but occasionally affected by repetition, which occurs when he is excited. He appeared consistently interested and has a broader knowledge and awareness of music than the other students. His 'air guitar' playing provides an example of Simon demonstrating his awareness. He rarely lost focus; however, when he did, he momentarily seemed to be in his own world. His teacher explained that Simon

had suffered a brain injury due to a car accident when he was young. He was described as having a mild intellect disability with excitable behaviour.

Music therapy outcome 1: Communication: instrumental

Simon was always very keen to play instruments and at times threatened to dominate the group or take extra turns due to his enthusiasm. He mostly chose the drum and could play with rhythmic understanding and creativity. Simon's playing indicated an awareness of others and his improvisations were quite musical. He showed rhythmic control in his playing and musical awareness by adapting to changes in tempo and rhythm. Simon generally controlled his dynamics when he was excited; however, his playing was overloud. He occasionally chose the keyboard for improvisation and would play a learned pattern or repetitive motif.

Music therapy outcome 1: Communication: vocal

Simon's musical strength was his singing. His pitch was mostly accurate and he could remember melodic lines and adjust to pitch. Simon used clear diction, his voice had clarity and his rhythmic sense was confident. He used a full tone and achieved accurate entries. He displayed an easy joy in his engagement with singing and also showed understanding of the performing role in his stance, hand movements and eye contact. The childlike enjoyment and excitement displayed by Simon reflected behaviours typical of a younger student.

Music therapy outcome 1: Communication: language

Simon was confident in his use of language. He found it easy to articulate and he understood instructions. Simon showed language abilities in the contribution of lyrics to songs. His reading ability was demonstrated by following the *Maria Song* lyrics and also by reading the labels on the flute case and video camera.

Music therapy outcome 2: Initiation

Simon's creativity showed in his musicality and enthusiastic engagement with the music in sessions. He easily invented different rhythms and changed the dynamic of his playing. Simon was musically aware and shifted his playing to accommodate another musical part.

Music therapy outcome 3: Response

Simon responded well to musical activities, participated easily and remembered material from previous sessions. He relied on the structure of the sessions and anticipated activities and songs. If the order of activities changed too much, he asked for material or activities from previous sessions, even to the extent of remembering the order. Familiarity was obviously important to his confidence and enjoyment of sessions. Simon became excited as we moved on to the next activity.

Music therapy outcome 4: Movement

Simon showed confidence as he moved to music and his movement displayed an understanding of musical rhythm. He seemed fully aware of his body in space and was well co-ordinated. When the group experimented with movement to improvisations, Simon was mostly uninhibited and creative.

Music therapy outcome 5: Social interaction

Social skills were another strength for Simon. He took pleasure in his leadership activities, for example, the conducting game or leading a rhythmic improvisation, and he appeared to be quite aware of his role. Simon showed impulsivity in his motivation to be first at any task. His self-awareness helped him to realise when he needed to change his behaviour. Containing his excitement was a challenge for Simon, though mostly he was able to adopt socially acceptable behaviours.

Music therapy outcome 6: Expresses emotion

Emotional expression was open and positive for Simon during his experience in the music therapy group. He showed enthusiasm and motivation to participate. Simon's joy in engagement with music was clear and he also expressed a sense of satisfaction from his involvement as a performer and musician.

Music therapy outcome 7: Listening

Simon took joy in other students' performances and listened acutely. His movement responses and his recognition of others' parts in improvisations showed musical ability and awareness.

Music therapy outcome 8: Decision making

Simon made choices easily in the music and took creative risks; for example, he invented and changed rhythmic patterns in improvisations and contributed lyrics. Choosing an activity or instrument was an enjoyable task for Simon. He also showed decision making ability in his choices and changes in behaviour.

Attendance

Simon attended sessions consistently with three absences and the expected minor interruptions to sessions that were part of the normal school routine. He therefore attended 17 of the 20 sessions.

Case study: Greg

Presentation

Greg (12 years old) is an engaging student who has an endearing smile and is physically small for his age. He mostly moves freely with occasional loss of co-ordination. Greg's visual attention is keen, partly explained by his hearing impairment for which he wears a hearing aid. His expressive language is a little unclear and lacks clarity in consonant pronunciation, the tonal quality being somewhat gruff. It sometimes appeared to be an effort for Greg to produce words; however, he always seemed happy to be engaged in the music sessions. The teacher described Greg as being 'easily distracted' with a limited attention span and indicated that he required constant prompts.

Music therapy outcome 1: Communication: instrumental

Greg's favourite activity was drum playing; he was always keen to take a turn and often played very loudly with a unique sense of rhythm. Greg repeated rhythmic motives (e.g. ♫ ♩); however, his pulse and tempo fluctuated constantly, which made cohesive accompaniment challenging. At times, the physical effort of the beating movement seemed to slow him down and affected the accuracy of his rhythm. Greg rarely used a constant beat or pulse and seemed unaware of other music during his playing. He appeared to be more linked to the visual and physical aspects of the playing than the sounds, perhaps a consequence of his impaired auditory ability.

Music therapy outcome 1: Communication: vocal

Greg took visibly large breaths when he sang and smiled often. His singing voice was quite soft and tentative and sometimes he managed the correct pitch. Greg's rhythmic understanding was more evident in his singing than in his drum playing; he could sing with some rhythmic awareness and was able to follow vocal lines easily. At times, he needed prompting to participate or continue singing. When Greg sang in a committed way, he placed his entire concentration on the task and maintained eye contact. The music therapist encouraged him by continuing visual cues in the form of singing softly or miming entries. Greg was eager to contribute lyrics for the *Maria Song* and developed them quickly.

Music therapy outcome 1: Communication: language

Greg's receptive language skills appeared strong. He was able to follow instructions, pick up lyrics and understand everything that was taking place around him. His speaking voice, like his singing, was not always clear, but rather muddy and lacking consonant clarity. His fellow group members understood him easily and interpreted occasionally if necessary. It seemed to take an effort to produce some words and his pitch was often low.

Music therapy outcome 2: Initiation

Creativity was obvious in Greg's sense of fun and his ability to take enjoyment and pleasure from rhythmic patterns on the snare drum. His invention of lyrics created entertainment for the other group members and encouraged Kevin to act out the 'gangster' mentioned in Greg's verse.

Music therapy outcome 3: Response

Greg engaged easily with musical activities and the majority of the time was happy to be part of the music making. He preferred instrumental playing to singing, although his musical skills were stronger vocally than instrumentally. Greg sometimes requested more drum improvisation opportunities.

Music therapy outcome 4: Movement

Movement was mostly a confident activity for Greg. His drum playing showed an over concentration on movement; it appeared to require much effort to play the loud beats with large arm movements. It is possible that the physical concentration may have delayed the rhythmic integrity of his sound production. When Greg sang, he took deep visible breaths that moved his entire torso yet he produced mostly whispery sounds. At times, his co-ordination seemed to lack smoothness and his gait could be uneven.

Music therapy outcome 5: Social interaction

Greg was quick to notice his peers' behaviour and was instantly concerned if another student exhibited distress or behaved inappropriately. He found it easy to share instruments and when turn-taking, he was aware of himself as part of a group. Greg's drum playing was a much more individualistic activity; however, he played loudly with obvious physical effort and energy. He showed limited awareness of musical accompaniment during his drum improvisations. Greg seemed less confident in the role of conductor than in his other solo or individual activities.

Music therapy outcome 6: Expresses emotion

Greg responded in a natural way to involvement and events that took place in the group. He showed a consistent positive motivation in his efforts to participate. Greg smiled spontaneously and often; it was an engaging and genuine smile that invited observers to join with his joy. Greg was occasionally slightly distracted in the group but did not express negative emotions during sessions.

Music therapy outcome 7: Listening

Greg was always interested in other students' musical contributions. He occasionally lost concentration and was distracted by other group members, for example, by Kevin attaching socks to his ears.

Music therapy outcome 8: Decision making

Greg displayed decision making in his choice of activities, playing style and lyric creation. He made decisions quickly and chose drum improvisation and some singing

activities with which he felt confident. Greg was unhesitant in the social context when he selected a peer to whom to pass an instrument.

Attendance

Greg attended sessions consistently (19/20) with one absence and minor interruptions to sessions that were occasionally part of the normal school routine.

Case study: Kevin

Presentation

Kevin (13 years old) is an energetic student with a normal physical presentation, although he tends to look tense and rarely smiles in a natural way. He lacks the normal ease of expression and spontaneity of students his age, and presents as serious with a rather intent gaze. Kevin's language skills are confident and he understands fellow group members. He is mostly comfortable as part of the group, but can appear self-conscious, displaying little natural affinity or ease with music making. Kevin can be a distracted group member; he amused himself and other students with a variety of behaviours that included using silly voices, tapping games with other students and attaching socks to his ears or playing with his hat. Kevin's willingness to be part of the music was demonstrated particularly in session 10 when he waited excitedly to assist with setting up the instruments, saying, 'We liked music school last week'. These words were similar to the lyrics that he created in session 9: 'We like the music school'. On some occasions Kevin did not feel able to join the group. He was described in the school notes as having an emotional disturbance and at times he appeared overwhelmed. Kevin used his headset or had quiet time at his desk when he did not join the group. The teacher described Kevin as having a Moderate Intellectual Disability, Emotional Disturbance and Attention Deficit Hyperactive Disorder and explained that he had behaviour issues and required time out from group activities.

Music therapy outcome 1: Communication: instrumental

Kevin played the drum in improvisations with focused attention. He played quite loudly with an inconsistent pulse. Kevin willingly chose and played a variety of percussion instruments and enjoyed playing the drum fill in the *Maria Song*. He was not fully

aware of the music around him when playing with others, although he recognised musical endings and responded appropriately. Kevin used focused concentration when he engaged with instruments.

Music therapy outcome 1: Communication: vocal

Kevin's approach to singing was intriguing: he used a natural tone quality on only one occasion during a rendition of the *Sing Song*. His singing quality was high and playful and masked his true voice, almost a cartoon character sound. When Kevin sang using a more natural voice, it revealed that he had some pitch understanding and a sweet tentative vocal quality. Singing for Kevin did not display his natural childlike joy that was common for the other group members. He habitually approached his tasks with a very serious attitude and only participated in the singing if encouraged.

Music therapy outcome 1: Communication: language

Kevin had confident language skills and his speaking voice was usually quite clear. He displayed a habit of using different voice colours when speaking, similar to his cartoon character imitations when singing. His language tone and dynamic changed dramatically when he was disturbed or distressed. Kevin found it an easy task to create lyrics for the *Maria Song* and he was confident remembering them.

Music therapy outcome 2: Initiation

Kevin was not free in his expression but somewhat self-conscious about his contributions. He attempted self-expression in the drum improvisations; however, they were not very musically creative. He played on the sides of the drum or changed drumsticks from hand to hand, focusing visually rather than on the sound.

Music therapy outcome 3: Response

When Kevin was part of the group, he was generally comfortable to take turns and try new activities. He responded easily to instructions and participated in most activities when he joined the group. During the conducting activity, Kevin responded quickly to other students' directions.

Music therapy outcome 4: Movement

Kevin was competent in his motor skills although he appeared to be physically tense occasionally; his movements were sometimes controlled and lacked spontaneity. His movements were not freely responsive in relation to the music; his attempts were self-conscious and halting.

Music therapy outcome 5: Social interaction

Kevin used his language skills to show kindness in group situations, for example, by repeating students' comments or lyrics if they were unclear. At times, he could be very interested in the response of his peers to his own behaviour which distracted his focus from the music. Kevin was always polite and respectful towards his teachers and the music therapist.

Music therapy outcome 6: Expresses emotion

Kevin presented as less relaxed about expressing himself than the other students. He seemed less open and somewhat guarded in his responses and participation in the group and this resulted in less freedom of emotional expression. Kevin rarely smiled: he concentrated and considered, and appeared to be dealing with his own thoughts and feelings rather than fully engaging with the group activities. His inability to use an authentic singing voice except on one occasion during sessions, indicated a restrictive capacity to be openly expressive. Kevin could express worry, concern and agitation through facial expression, as well as indicate his need to leave the group at times.

Music therapy outcome 7: Listening

Kevin listened to other students' contributions although he was easily distracted and often lost focus. His listening skills were not always obvious when playing with others; for example, he had limited ability in relation to sharing pulse.

Music therapy outcome 8: Decision making

Kevin was clear about choices and could decide on an activity or instrument spontaneously. His lyric contribution for the *Maria Song* was made quickly. He was mostly in control of his behaviour; if he felt distressed, he was able to remove himself

from the group or sit at his desk. His teachers observed his behaviour vigilantly and if he showed signs of agitation, they would gently remove him to a quiet space.

Attendance

Kevin attended 12 of the 20 sessions. His absences were often due to behaviour issues, and as a consequence he was either in the office with other staff or sitting at his desk in the classroom, working alone or with the teacher.

Case study: Ned

Presentation

Ned (11 years old) presents with normal appearance and some uncertain and shy movements. He was distracted from the group process by Kevin and chose to follow rather than to lead. Ned seems to lack confidence, however, he approached most music activities with energy and was usually comfortable in the group. He was interested and attentive when not concentrating on other students. The teacher described Ned as having an intellectual delay and emotional disturbance. He was described as having violent and aggressive behaviours, labelled a conduct disorder, and he takes medication for his condition. The teacher explained that although he wanted to please, he could also intimidate other students.

Music therapy outcome 1: Communication: instrumental

Ned approached playing the drums with confidence; he played other instruments but not with as much direction. Ned explained that he had previous drumming experience and he seemed keen to show his skills to his peers. He was able to maintain a constant rhythm for brief periods. Ned's tempos and pulse lost consistency but he maintained an internal rhythm that was reliable. He played quite loudly, with energy and large arm movements, sometimes remembered or previously learned patterns. Ned recognised a musical ending if prompted and was able to share the slowing rhythm briefly. At times, his playing focused on the physical effort of his arm movements and visual concentration for positioning the sticks.

Music therapy outcome 1: Communication: vocal

Ned was hesitant in his vocal expression. He appeared tentative and unsure and produced small sounds. When he was audible, which happened occasionally, he appeared self-conscious about singing. He was rhythmically aware in his singing and managed accurate entries, but was most comfortable vocally when he sang the *Maria Song*.

Music therapy outcome 1: Communication: language

Ned was comfortable and fluent in his language usage. He occasionally stumbled over his words or repeated them when he spoke quickly, though this appeared more a matter of confidence than language ability. Ned interpreted instructions accurately.

Music therapy outcome 2: Initiation

Ned showed creativity in his drum improvisations. He added different rhythms and changed tempo or dynamic. Although Ned easily lost rhythmic security, he also regained it and was able to add lyrics to the *Maria Song*. He engaged in the conducting activity and led the percussion playing with quite a directed manner, insisting that the chosen student play as required.

Music therapy outcome 3: Response

Ned responded to improvised music inconsistently. He worked co-operatively with another student's direction in the conducting game and also contributed rhythmic musical material.

Music therapy outcome 4: Movement

Ned's mobility presented normally yet he was unable to express movement to music easily. His rhythmic awareness showed in his response to other students' drumming and he used his whole body rhythmically in his playing. He displayed occasional nervous movements when he sat with the group.

Music therapy outcome 5: Social interaction

Socially, Ned presented as a little shy and insecure. He seemed to need reassurance in his social interactions and followed Kevin's example. Ned's behaviour was mostly appropriate with some minor excitable instances, during which he easily lost concentration on the musical activities and was distracted by Kevin. He was sympathetic and supportive of other students' efforts; for example, he reminded them or assisted them to play.

Music therapy outcome 6: Expresses emotion

Ned expressed enthusiasm for drum playing but presented as lacking in confidence. He smiled at times and did not present any extremes of emotion. His drum playing was overly strong but not aggressive. The loud dynamic appeared to be a measure of the effort that he made to engage with the drum. Ned seemed a little insecure and less assured about how to involve himself in the group activities, which may have been caused by his recent move to this class and his slightly younger age.

Music therapy outcome 7: Listening

Ned showed listening ability when he shared musical endings in improvisation. He easily lost concentration when other students were playing, focusing instead on the behaviour of other students.

Music therapy outcome 8: Decision making

Ned was hesitant in his music making and he sometimes lacked confidence, which consequently affected his decision making. His drum playing was more assured and he appeared comfortable and in control. Ned looked for reassurance from his peers before proceeding or for an indication about how to approach an activity, rather than making choices for himself.

Attendance

Ned began sessions in week three due to a change in class structure at the school. He attended 12 of the 20 sessions. There were minor interruptions to sessions as inevitable changes to the school routine occurred.

Case study: Jarred

Presentation

Jarred (13 years old) is a large student with a gruff voice and lumbering gait. His head often leans forward. He does not smile easily and can be violent and literally bang around the classroom. Jarred moved quite quickly with determined movements. It was common to see a staff member 'shadowing' him and shepherding him into position or encouraging appropriate behaviours. He typically spent session time at his desk or in other areas of the room, as he found it difficult to participate fully, but he kept a close watch on what was happening in the session. Jarred took time to join in the sessions; he was obviously aware of our activities and began his integration by sitting near the group for a short time in session 4. Jarred participated to a greater extent as he became more familiar with the music therapy activities. The teacher explained that Jarred was moderately intellectually disabled and had Smith-Magenis syndrome[10]. She explained that he could be very loud and his violent and aggressive outbursts were typical of his behaviour.

Music therapy outcome 1: Communication: instrumental

Instrumental playing motivated Jarred into joining the music sessions. The music therapist consistently offered gentle encouragement for him to participate and respected his decisions. Jarred was offered different instruments; however, playing the drum for the *Maria Song* excited him and helped to integrate him into the group. He consistently accepted the offer to join the group when asked to play the fill in the *Maria Song*. When Jarred heard and recognised the song, he bounded over and positioned himself in front of the snare drum. He concentrated completely on the song and usually recognised the entry correctly. He occasionally played other hand-held percussion and several times engaged in a drum improvisation.

Music therapy outcome 1: Communication: vocal

Jarred did not sing very often and when he did, his pitch awareness was limited. His singing voice was similar to his speaking voice being rather thick and gruff. It seemed to take an effort for Jarred to shape his words and he was habitually loud.

[10] Smith-Magenis syndrome is a multiple congenital anomalies and mental retardation disorder (Truong, Solaymani-Kohal, Baker, Girirajan, Williams & Vlangos, 2008).

Music therapy outcome 1: Communication: language

Jarred showed understanding of language, however, he was difficult to understand. His speaking voice has a thick tone that affects its clarity. Jarred was able to add lyrics to the *Maria Song* and also responded to language cues verbally or vocally.

Music therapy outcome 2: Initiation

Jarred showed creativity in his lyric invention for the *Maria Song* by choosing words that were significant to him. He created lyrics that included the budgies and his friends; he often engaged with the class budgies, as they were his particular responsibility. Jarred was enthusiastic in his fill playing on the drum and showed initiative by creating different rhythmic patterns.

Music therapy outcome 3: Response

Jarred was reluctant to respond in musical and other ways in the sessions. His response playing the drum fill in the *Maria Song* was confident and assured. He recognised the entry point for the fill, and also contributed a *hello* or *bye* at appropriate times in the greeting and ending songs. He usually responded to questions with appropriate language.

Music therapy outcome 4: Movement

Jarred was heavy in his movements and moved uneasily, although his pacing had energy and purpose. His drum playing was usually overly strong and he needed to be reminded not to damage instruments. He was uncomfortable in his expressive movement to music, though he nodded his head at the end of the flute relaxation in the *Maria Movie*, seemingly aware of the ending. Jarred had a great deal of restless energy and often paced quickly and heavily around the room. If he seemed aggressive in his movements, a staff member quickly opened the classroom door to allow him to leave.

Music therapy outcome 5: Social interaction

Jarred recognised the importance of social skills and showed how important his friends were by including them in his lyrics. He seemed a little uncomfortable to be part of the group.

Music therapy outcome 6: Expresses emotion

Jarred clearly expressed his enjoyment and enthusiasm for playing the drum in the fills for the *Maria Song* and also in his drum improvisations. He was also able to display a calmer side of his character when he participated in the flute relaxation activity. Generally, he did not overtly express his emotions; he expressed himself through his actions and choices.

Music therapy outcome 7: Listening

Despite his inconsistent participation, Jarred was an attentive listener. He might have been busy in another corner of the classroom but answered immediately to his name in the *Hello* or *Bye Songs*. He was always aware of our musical activities and when he enjoyed any activity, he immediately joined the group.

Music therapy outcome 8: Decision making

Jarred was very definite in his decision making. If he determined on a particular behaviour, it was difficult to dissuade him. Jarred was pedantic; for example, the *s* at the end of his lyric 'friends' was missed and he constantly repeated it and reminded the music therapist. He was clear in his participation decisions and when he wanted to leave the group, he did.

Attendance

Jarred attended 13 of the 20 sessions. His attendance during these sessions varied in participation level, from quite limited but observant of the group to almost complete participation on one occasion. There were minor interruptions to sessions that were unavoidable and part of the school routine.

Case study: Hannah

Presentation

Hannah (13 years old) presents as a student with Downs Syndrome who smiles easily and is generally motivated to participate. She was a little shy or reticent about being involved sometimes and lingered at the back of the group. Hannah's strength was in her

rhythmic understanding and creativity and her motor control was quite reliable. The teacher described Hannah as being 'intellectual other', which means students for alternative curriculum; she explained that Hannah has behaviour issues in the playground and sometimes takes things from other students. Hannah also experiences frustration in her expressive language.

Music therapy outcome 1: Communication: instrumental

Hannah was enthusiastic in her instrumental playing. She appeared proud of her drum improvisations and grinned as she approached her task. Hannah seemed to have awareness of the performer's role as she created flourishing endings that attracted applause from her peers. She was also happy with hand-held percussion instruments and displayed rhythmic consistency.

Music therapy outcome 1: Communication: vocal

Hannah was capable of singing with other students although her sense of pitch sometimes faltered. The clarity of her voice was similar to that of her language, which produced a rather gruff and deep quality. Hannah attempted to sing along although she needed reminders to continue singing.

Music therapy outcome 1: Communication: language

Hannah had competent language skills and understood instructions. Her expressive language was sometimes unclear with the consonants muffled. She had a thick tonal colour and her production seemed to come from low down in her throat.

Music therapy outcome 2: Initiation

Hannah was capable of being quite creative musically. She displayed a strong rhythmic sense and her pulse was often quite consistent, being able to add different rhythmic patterns and quite elaborate endings with ritenutos and accents. Her ability to share pulse and work musically with others contributed to the musical nature of her playing. Hannah approached her conducting activity with relish and some skill. She was clear with her directions bordering on the theatrical.

Music therapy outcome 3: Response

Hannah was mostly quite responsive when encouraged to participate in the music. Occasionally, she exhibited some distress and was reticent about joining in if something had agitated her, for example an incident in the playground. Hannah's mood usually recovered quickly and she would participate again with motivation.

Music therapy outcome 4: Movement

Hannah showed confidence in her movements and fine motor skills that were reliable when playing and holding instruments. She displayed some forward looking, round shouldered motion when moving or sitting. Her physical competence showed in her drum playing, which was ordered and controlled.

Music therapy outcome 5: Social interaction

Hannah was socially comfortable with her peers most of the time. She shared easily, was able to take her turn and remain aware of other students. Hannah demonstrated the ability to work musically with other students, was co-operative and enjoyed their response to her achievements.

Music therapy outcome 6: Expresses emotion

Hannah smiled and showed satisfaction when she played the drum. She recognised and enjoyed the acclaim shown through the applause of her peers. At times, Hannah appeared unhappy, teary and occasionally reticent to involve herself fully in the group activities. These occasions were rare and followed a playground incident or a disciplinary experience delivered by the school. Mostly, Hannah was well motivated and presented as a positive group member.

Music therapy outcome 7: Listening

Hannah was mostly an active listener to her peers and musically aware when others played with her. She displayed listening acuity when she adjusted her tempo to that of the accompanying music therapist and when she recognised and subsequently responded to endings.

Music therapy outcome 8: Decision making

Hannah made decisions and choices regarding her playing, such as choosing instruments and planning her conducting. She made musical decisions during her playing, for example by adding different rhythms or choosing different dynamics.

Attendance

Hannah's attendance was mostly consistent with 17 of the 20 sessions completed. There were minor interruptions to sessions that were unavoidable and part of the school routine.

Part B Application of the Music Therapy Assessment

This section describes the application of the Music Therapy Assessment to the video recordings of the extended music therapy intervention, which provided an analysis method and facilitated the presentation of the findings. The process was twofold: it achieved analysis of the extended music therapy intervention and was a trial application for the Music Therapy Assessment. This answers the previously presented research question: Is the Music Therapy Assessment an effective tool for assessing music therapy? This step contributed to some minor formatting changes and refinement to align the outcomes horizontally within the Music Therapy Assessment document. The analysis process through the Music Therapy Assessment trial provided a rich array of data with quantitative and qualitative results. The analysis method included a focus on change across sessions for individual students and interpretation of the Assessment results using qualitative information from the students' case studies.

Procedure

The Assessment was trialled by using it to analyse the video recordings from the extended music therapy intervention. This included viewing the video recordings and completing the Assessment for each student at every session. Analysis of music therapy sessions using video recordings is a common research method applied to music therapy with students (DeBedout & Worden, 2006; Walworth, Register & Nguyen Engel, 2009). The Music Therapy Assessment was completed for each of the seven students by viewing video recordings of each session numerous times. This comprised a total of 110 viewings of video recordings to complete the Assessment application. The 110 viewings resulted from seven (students) x 20 (sessions) = 140 (viewings) – 30 (absentees) = 110 viewings. The Music Therapy Assessment was completed for every student for every session that they attended. For example, Jarred who attended 13 of the 20 sessions, had his 13 sessions viewed with the resultant 13 different sets of Assessment data collected.

Results presentation

The data derived from the application of the Music Therapy Assessment is presented in an education format, according to music therapy outcomes, with a comparison of students which is a more qualitative approach. Current reporting practice in education

provides feedback on outcome achievement and comparison to other students who complete the same learning experiences. Therefore, the presentation format chosen here follows current educational practice and the music therapy outcomes.

Assessment results

The completed Assessment data for each student was collated after multiple viewings and is presented using each of the music therapy outcomes with comparison across students. Average scores were used to compare students because this value takes absences into account and was a more accurate way of comparing students' achievement for each outcome. Concise comments are included to facilitate understanding of the frequency patterns of the students by reflecting frequencies against music therapist notes and case study material. The Educational Outcome results follow the music therapy outcome results; they are presented in an educational format with the number of indicators completed indicating whether the outcome has been achieved or is still being developed.

Music therapy outcome 1: Communicates with others

The table and figure below (see Table 25 & Figure 27) indicate that Simon followed by Cathy, Kevin and Hannah were the strongest communicators. This information derived from the Assessment is reassuring and confirms the observational and descriptive music therapy information, which indicated that these four students participated to a greater extent than the other three students. The descriptive and observational music therapy information is included in the previously presented case studies, the *Maria Movie* description and the *Maria Movie* (see Appendices E and F). The average communication frequency for the group was 12. Greg, Ned and Jarred follow with scores below the group average for communication. This may be explained partly by: Greg's hearing impairment, Ned's younger age (by one year) and Jarred's behaviour issues, which contributed to less ease and frequency of communication.

Outcome MT1 communicates with others	Simon	Hannah	Cathy	Kevin	Greg	Ned	Jarred
Indicator							
through vocalisation	44	40	47	31	35	21	5
plays/sings with pitch awareness	40	19	24	8	16	7	4
through musical sounds	37	37	45	27	35	23	18
participates in musical dialogue e.g. turn-taking	24	13	19	12	16	12	6
imitates/reflects non-musically	8	4	2	3	4	11	1
plays tuned/untuned percussion instrument	39	35	46	32	34	22	20
plays/sings rhythmically	49	33	32	15	21	14	7
plays/sings with little awareness of music	9	13	27	20	25	17	13
creates or composes	26	28	31	12	24	8	9
uses visual & notational teaching assistants	0	1	0	0	1	0	0
records/performs	0	0	0	0	0	0	0
Total	276	223	273	160	211	135	83
Sessions attended	17	17	20	12	19	12	13
Average communication/session	**16**	**13**	**14**	**13**	**11**	**11**	**6**

Table 25 Music therapy outcome 1: Communicates with others frequency

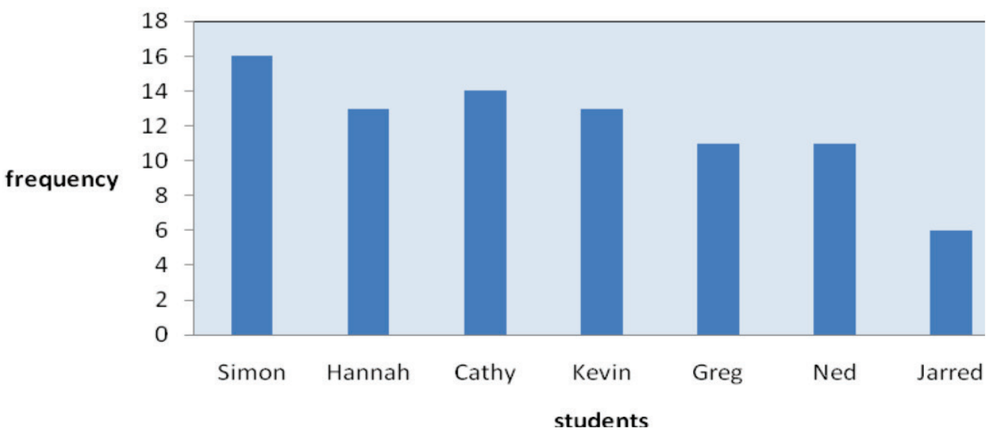


Figure 27 MT1: Communicates with others: average frequency/session for each student

Music therapy outcome 2: Initiates musically

The results for initiation have some similarity to the frequencies for communication; the most actively communicative students were: Simon, Kevin, Cathy and Hannah. The data places Simon, Hannah and Cathy as the most frequent initiators (see Table 26 & Figure 28). The group frequency average for initiation was 8. Kevin's reduced frequency, a value of 6 for initiation, may be explained by his less confident participation in sessions, which was observable through self-conscious singing and engaging in distracting games during sessions.

Outcome **MT2 initiates musically**	***Simon***	***Hannah***	***Cathy***	***Kevin***	***Greg***	***Ned***	***Jarred***
Indicator							
experiments & improvises	46	35	39	20	41	25	19
initiates instrumentally	52	36	45	17	13	24	20
explores an instrument	43	31	38	18	36	23	19
initiates vocally	27	7	13	5	10	4	1
initiates sharing music with others	17	14	15	4	10	9	3
initiates lyrics	13	11	9	7	9	4	3
initiates movement	6	3	4	0	13	0	0
Total	204	137	163	71	132	89	65
Sessions attended	17	17	20	12	19	12	13
Average initiation/session	**12**	**8**	**8**	**6**	**7**	**7**	**5**

Table 26 Music therapy outcome 2: Initiates musically frequency

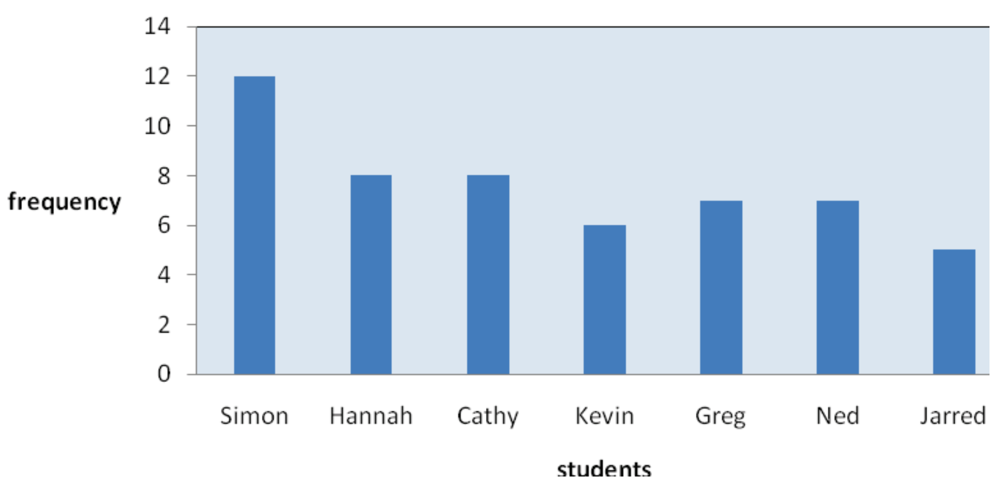


Figure 28 MT2: Initiates musically: average frequency/session for each student

Music therapy outcome 3: Responds musically to stimulus

The pattern of results for responses shows Simon on 11, consistently on the highest frequency, similar to the communication and initiation outcomes (see Table 27 & Figure 29). This result produced by the Assessment is consistent with the observable and descriptive information (see previous case studies and Appendices E & F). Simon presented as the student with the highest level of ability in the group and was well motivated. Hannah and Ned both scored 6, which indicates that they are below the group average of 8 for response frequencies, with Jarred further below scoring 5. Although Hannah is closer to the lowest score than to the stronger students, which is where she was placed for other outcomes, her lack of motivation at times may explain this drop compared to her higher scores for communication and initiation.

Outcome **MT3 responds musically to stimulus**	***Simon***	***Hannah***	***Cathy***	***Kevin***	***Greg***	***Ned***	***Jarred***
Indicator							
vocalises to known/unknown melody	54	27	50	26	40	23	8
attends to a sound (e.g. head movement/ eye tracking)	81	53	88	54	89	37	48
imitates musically	24	16	11	8	27	5	4
reflects musically	23	7	9	3	14	1	3
Total	182	103	158	91	170	66	63
Sessions attended	17	17	20	12	19	12	13
Average/session	**11**	**6**	**8**	**8**	**9**	**6**	**5**

Table 27 Music therapy outcome 3: Responds musically to stimulus frequency

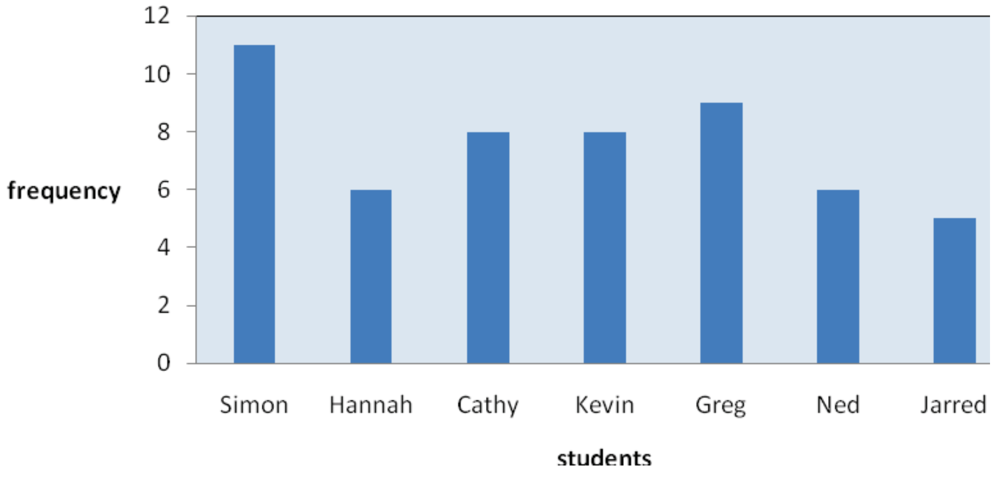


Figure 29 MT3: Responds musically: average frequency/session for each student

Music therapy outcome 4: Moves in response to music

Simon and Hannah both scored 2, being the two most frequent movers to music and also high in communication (see Table 28 & Figure 30). This is the first outcome frequency for which Simon has had another group member score as highly as him. Kevin, Ned and Jarred all scored 0 for this measure, which was below the group average score of 1. Greg and Cathy scored the average frequency of 1 each. Perhaps, as for communication, Greg and Cathy's needs affected their movement response to music participation.

Outcome **MT4 moves in response to music**	***Simon***	***Hannah***	***Cathy***	***Kevin***	***Greg***	***Ned***	***Jarred***
Indicator							
movement response to music	13	33	8	0	10	2	0
moves in relation to pitch	0	0	0	0	0	0	0
communicates through movement	8	1	9	2	2	1	1
moves rhythmically	13	2	1	0	4	1	0
Total	34	36	18	2	16	4	1
Sessions attended	17	17	20	12	19	12	13
Average/session	**2**	**2**	**1**	**0**	**1**	**0**	**0**

Table 28 Music therapy outcome 4: Moves in response to music frequency

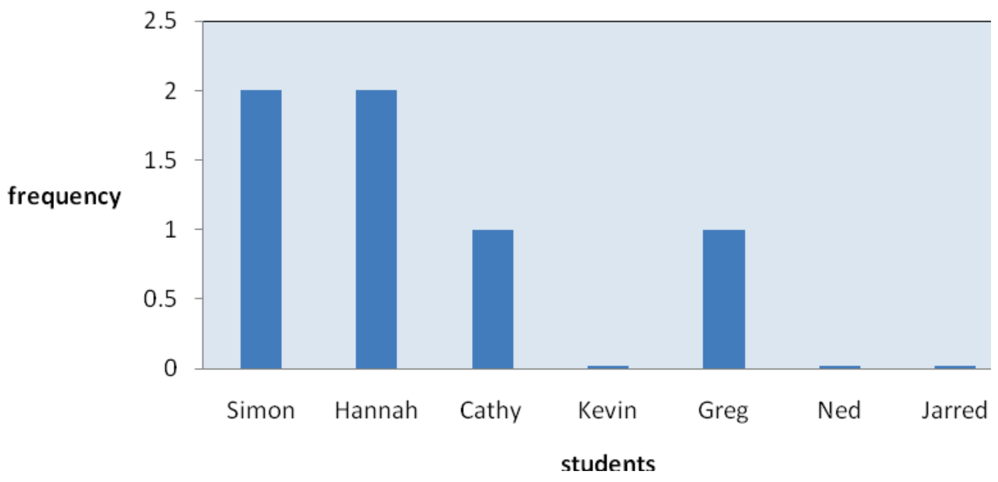


Figure 30 MT4: Movement: average frequency/session for each student

Music therapy outcome 5: Interacts socially

Simon again achieved the highest for social interactions, with a frequency score of 20 (see Table 29 & Figure 31). He was followed by Hannah on 15 and Greg on 14. This is the first time that Ned, on 13, scored in the top four frequencies, and it could be explained by his close relationship with Kevin who scored 11. Cathy (12), Kevin (11) and Jarred (10) scored below the group average of 14, with Jarred on the lowest score. Jarred's score is not unexpected as he clearly engaged less with students, staff and the music therapist. Cathy's score could be explained by her language skills that are not as strong as the highest scoring students. Kevin's result could be attributed to his emotional and behavioural challenges that mean he is less at ease in his relationships and needs time away from others.

Outcome **MT5 interacts socially**	***Simon***	***Hannah***	***Cathy***	***Kevin***	***Greg***	***Ned***	***Jarred***
Indicator							
through language	70	40	43	27	51	35	31
makes music with others	61	67	51	28	50	31	23
shares sound co-operatively	52	41	50	20	48	28	20
makes music in socially appropriate ways	53	34	37	20	43	26	17
through sound	39	34	37	19	38	28	21
takes turns while playing with another	57	30	28	20	33	8	11
Total	332	246	246	134	263	156	123
Sessions attended	17	17	20	12	19	12	13
Average/session	**20**	**15**	**12**	**11**	**14**	**13**	**10**

Table 29 Music therapy outcome 5: Interacts socially frequency

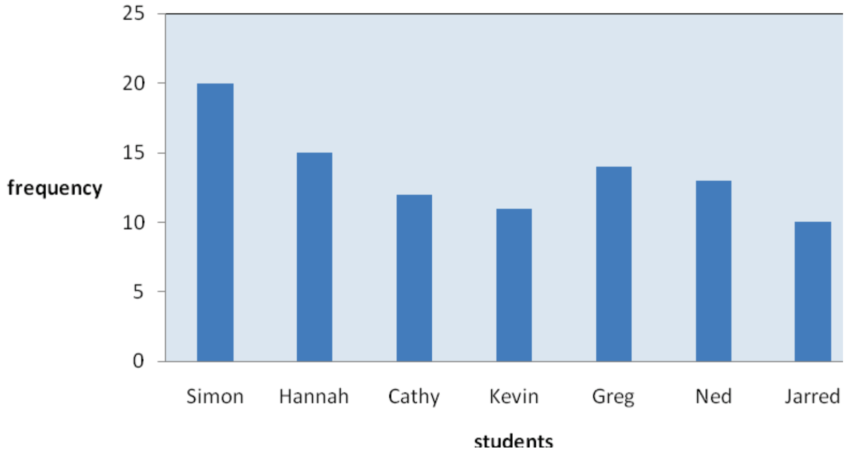


Figure 31 MT5: Social interactions: average frequency/session for each student

Music therapy outcome 6: Expresses emotion

The results for emotional expression place Simon on 9, Cathy and Greg on 6, and Hannah on 5 achieving the highest frequencies (see Table 30 & Figure 32). Ned scored below the group average of 5, with an average frequency of 4. A probable explanation for Ned's score may again be his younger age (11 years). Kevin and Jarred both scored 3 and are the lowest scoring students. Kevin's score may be explained by his diagnosis of emotional disturbance and Jarred due to his behaviour challenges. Simon again consistently scored higher than all the other students.

Outcome **MT6 expresses emotion**	***Simon***	***Hannah***	***Cathy***	***Kevin***	***Greg***	***Ned***	***Jarred***
Indicator							
engages with enjoyment	44	37	42	19	39	23	16
responds with appropriate emotion	57	32	54	16	49	19	9
musically expresses a feeling e.g. loud/soft dynamic	21	12	13	0	5	3	4
uses language for feeling and expression	24	10	19	5	12	6	6
Total	146	91	128	40	105	51	35
Sessions attended	17	17	20	12	19	12	13
Average/session	**9**	**5**	**6**	**3**	**6**	**4**	**3**

Table 30 Music therapy outcome 6: Expresses emotion frequency

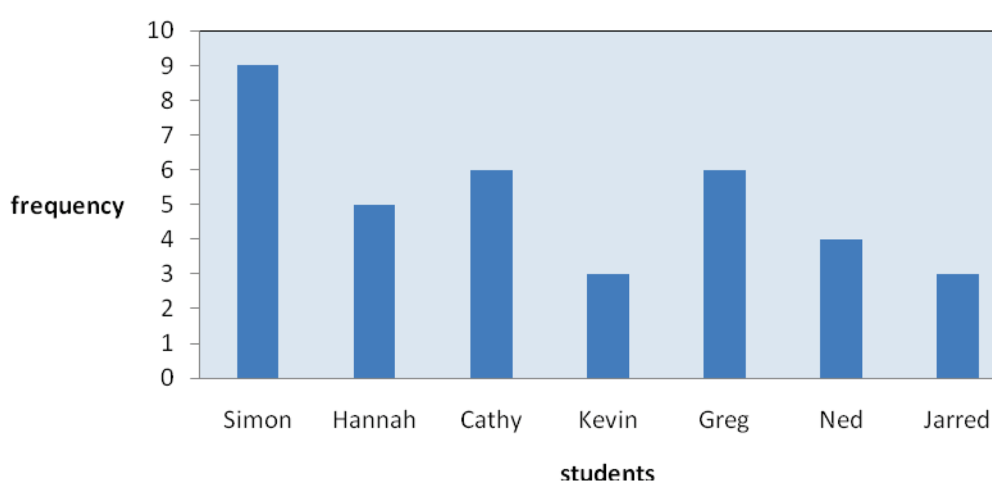


Figure 32 MT6: Expresses emotion: average frequency/session for each student

Music therapy outcome 7: Listens to a range of music

Table 31 and figure 33 below show Simon achieving the highest score of 16, Hannah on 15, and Kevin and Greg close behind on 14. Jarred scored 7, a result consistent with his lowest frequency scores for the group. Cathy and Ned both achieved a score of 13, which was also the group average. Although Cathy and Ned were capable of high scores, they were easily distracted, which perhaps affected their listening results.

Outcome **MT7 listens to a range of music**	***Simon***	***Hannah***	***Cathy***	***Kevin***	***Greg***	***Ned***	***Jarred***
Indicator							
experiences new music	45	51	51	27	54	37	19
uses musical cue e.g. hello/goodbye songs	70	63	70	40	70	34	25
listens to improvisations or compositions	149	131	130	93	140	79	48
experiences familiar music	1	4	7	3	7	4	4
Total	265	249	258	163	271	154	96
Sessions attended	17	17	20	12	19	12	13
Average/session	**16**	**15**	**13**	**14**	**14**	**13**	**7**

Table 31 Music therapy outcome 7: Listens to a range of music frequency

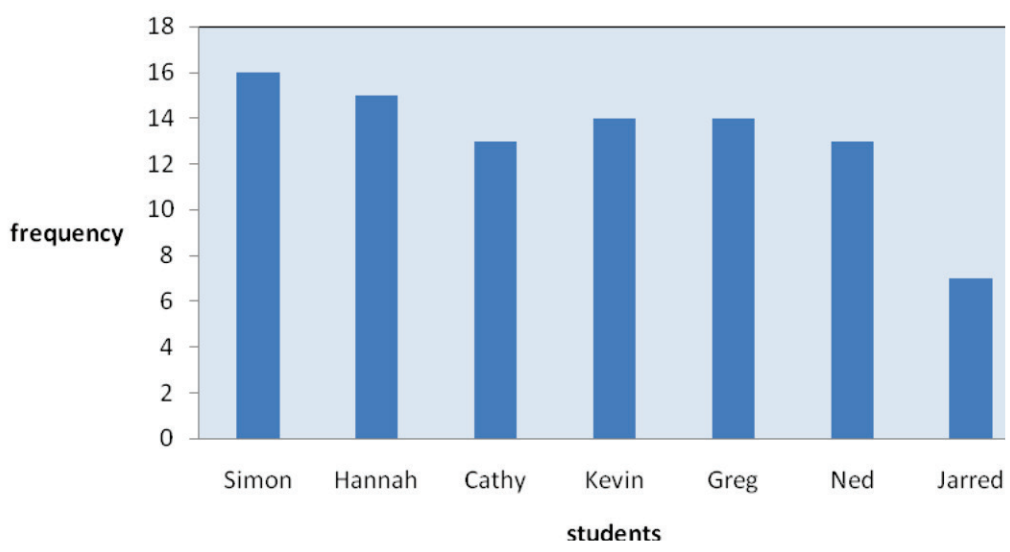


Figure 33 MT7: Listening: average frequency/session for each student

Music therapy outcome 8: Makes decisions

Decision making frequencies present a different pattern of results for the students who generally scored around the average (see Table 32 & Figure 34). Simon scored 10, again consistently achieving the highest frequency, and Jarred the lowest. Between this continuum, Greg on 9 achieved the second highest, with Hannah, Cathy, Kevin and Ned all on the same group average score of 8, which is slightly lower.

Outcome **MT8 makes decisions**	***Simon***	***Hannah***	***Cathy***	***Kevin***	***Greg***	***Ned***	***Jarred***
Indicator							
chooses an instrument	46	35	40	24	47	28	16
makes musical choices within an improvisation	50	41	43	27	52	27	13
chooses a musical activity	37	29	29	17	29	22	11
chooses how to interact with others	42	33	45	26	36	21	12
Total	175	138	157	94	164	98	52
Sessions attended	17	17	20	12	19	12	13
Average/session	**10**	**8**	**8**	**8**	**9**	**8**	**4**

Table 32 Music therapy outcome 8: Makes decisions frequency

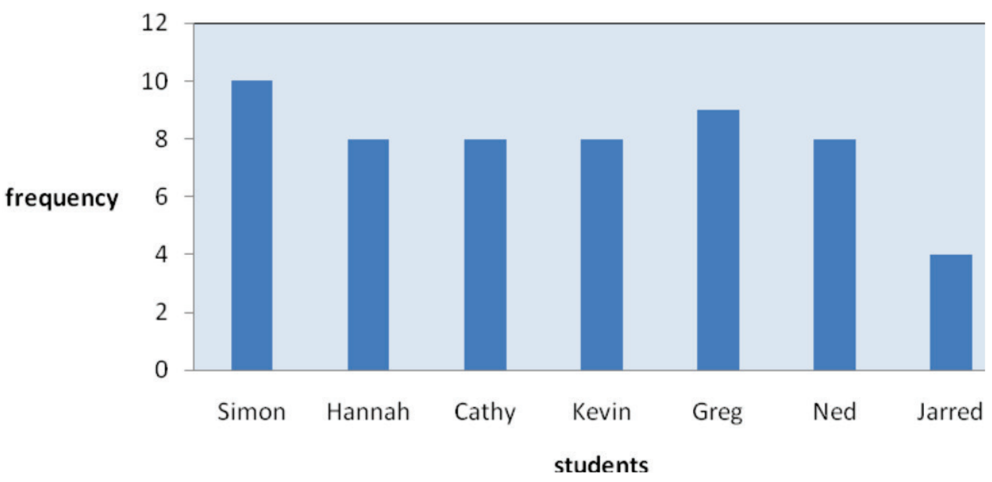


Figure 34 MT8: Decisions: average frequency/session for each student

Education outcomes results

Education outcome results are reported on as either developing or achieved. The use of the terms 'developing' or 'achieved', is standard educational reporting procedure; qualitative descriptive material has been included in relation to the music therapy outcome results. The use of grades for assessment purposes has limitations; however, placing it alongside the rich descriptive data facilitates a more holistic assessment process for the special education context. If a student was presented with opportunities to engage with the indicator and has not currently achieved this, they are described as developing. A student is considered to have achieved an education outcome if they have completed the indicator or indicators for that outcome. If the opportunity to engage in an outcome is not offered, it is marked as not applicable (N/A). The results of the achievement of Education Outcomes are presented below in Table 33 and 34.

The Education Outcome results show that students achieved all of the Education Outcomes where opportunities were provided. Students achieved all of the Life Skills Music Education Outcomes except for Life Skills Outcome 6: *experiments in representing and recording musical sounds*. The Communication Outcomes from the PDHPE Syllabus that were achieved include: COES1.1 *expresses feeling, needs and wants in appropriate ways*; COS1.1 *communicates appropriately in a variety of ways*; COS2.1 *uses a variety of ways to communicate with and within groups*; COS3.1 *communicates confidently in a variety of situations*; INS1.3 *develops positive relationships with peers and other people*; DAES1.7 *moves in response to various stimuli*; and DMS2.2 *makes decisions as an individual and as a group member*. The Dance Outcome from the Creative and Performing Arts Syllabus was not achieved as opportunities had not been provided in sessions: DAS2.1 *performs dances from a range of contexts demonstrating movement skills, expressive qualities and an understanding of the elements of dance*. This is a pleasing result, achieved through music therapy that focused on music therapy outcomes only. The achievement of the Education Outcomes was due to the overlap between music therapy and Educational Outcomes.

BOS ***LIFE SKILLS & PDHPE***	*Child name and outcome results* *Developing= D* *Achieved = A* *Not Applicable = N/A*						
Outcome	***Simon***	***Hannah***	***Cathy***	***Greg***	***Kevin***	***Ned***	***Jarred***
LS.1 uses movement, vocalisation or instruments to respond to a range of music	A	A	A	A	A	A	A
LS.2 vocalises, sings or plays an instrument	A	A	A	A	A	A	A
LS.3 vocalises, sings or plays an instrument as part of a group	A	A	A	A	A	A	A
LS.4 experiments in making musical sounds	A	A	A	A	A	A	A
LS.5 experiments in organising musical sounds	A	A	A	A	A	A	A
LS.6 experiments in representing and recording musical sounds	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LS.7 experiences music from a variety of social, cultural and historical contexts	A	A	A	A	A	A	A
LS.8 communicates responses to a variety of music	A	A	A	A	A	A	A
LS.9 appreciates a variety of music	A	A	A	A	A	A	A
LS.10 engages in performing, composing and listening	A	A	A	A	A	A	A
COES1.1 expresses feeling, needs and wants in appropriate ways	A	A	A	A	A	A	A
COS1.1 communicates appropriately in a variety of ways	A	A	A	A	A	A	A
COS2.1 uses a variety of ways to communicate with and within groups	A	A	A	A	A	A	A
COS3.1 communicates confidently in a variety of situations	A	A	A	A	A	A	A
INS1.3 develops positive relationships with peers and other people	A	A	A	A	A	A	A
INES1.3 relates well to others in work and play situations	A	A	A	A	A	A	A
INS2.3 makes positive contributions in group activities	A	A	A	A	A	A	A
DMS2.2 makes decisions as an individual and as a group member	A	A	A	A	A	A	A
DAES1.7 moves in response to various stimuli	A	A	A	A	A	A	A

Table 33 Educational Outcomes achieved through music therapy

BOS ***CREATIVE ARTS***	*Child name and outcome results* *Developing= D* *Achieved = A* *Not Applicable = N/A*						
Outcome	***Simon***	***Hannah***	***Cathy***	***Greg***	***Kevin***	***Ned***	***Jarred***
DAS2.1 performs dances from a range of contexts demonstrating movement skills, expressive qualities and an understanding of the elements of dance	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Table 34 Creative Arts Outcomes achieved through music therapy

Chapter summary

This chapter presented descriptions of the extended music therapy intervention, which included music therapy method and details of the participation of the seven students presented in brief case studies in Part A. This section addressed the music therapy methods used and provided detailed descriptions of their application, which answered the previously posed research question: What music therapy methods does a music therapist in a special education setting use and how do the students respond? Part B presented the results of applying the Music Therapy Assessment to the video recordings of the 20 music therapy sessions conducted for the extended music therapy intervention. The results of the Music Therapy Assessment trial indicate that the Assessment contributes to and also reflects case and observed information from the music therapy process. It can produce a range of detail, which includes achieving or developing an Educational Indicator or Outcome, and a frequency score. The frequency score can potentially be compared across sessions to provide process or evaluation feedback. Frequency scores can also be used to compare students and potentially rank students if required.

The strength of the link between the Assessment trial results and the qualitative descriptive data from the music therapist knowledge and notes, *Maria School Music Therapy Progress Report* (see Appendix C), *Maria Movie* Description (see Appendix E), *Maria Movie* (see Appendix F) and case studies, clearly indicate that the Music Therapy Assessment is capable of producing information that represents the music therapy process and the results of its application. Therefore, the research question, can the music therapy outcomes developed for the music therapy assessment be used to describe the responses of the students? has been positively answered.

Chapter 9
Music Therapy Syllabus and Assessment development

Above all, the tangible, visible and audible musicality of our behaviour communicates. It is as if we are caught in a social web of sound, made to sympathise and synchronise by the vibrations of threads that tug between us.

(Trevarthen, 1997, p. ix)

Introduction

This chapter describes the development of the Music Therapy Syllabus and Assessment in two parts; namely, Part A Development through research steps, and Part B Peer Review. Part A includes the influence of the research steps on the Music Therapy Syllabus and Assessment development. Part B comprises a description of the peer review process and its findings, including music therapy professionals, music therapy student trial and publication review. The peer review is presented following the Syllabus and Assessment development to reflect the chronology of the reseach process. Part A begins by describing the design of the music therapy outcomes and explains the selection of linked Board of Studies Syllabus Outcomes. It outlines the influence that each of the research steps, which include pilot and extended music therapy interventions, educator questionnaire, music therapist survey and interviews, trial of the Assessment, publication and peer review, have had on the development process. Part B presents the peer review that includes input from educators, music therapists, a music therapy student trial and review via publication.

This chapter distils the research process that supported the design of the Music Therapy Syllabus and Assessment. It highlights and amalgamates the findings of the research steps. The research steps link together by explaining the development towards the final version of the Music Therapy Syllabus and Assessment. The chapter emphasises the original and key foundation of the Music Therapy Syllabus and Assessment which is the link to existing Board of Studies curriculum documents to ensure independence, validity and accessibility in the special education context. An outline follows of the Music Therapy Syllabus and Assessment development through its four key steps of music therapy outcome design, Education Outcome selection, influences from research steps and finally peer review which is presented in detail in Part B.

Part A Development through research steps

The development of the Music Therapy Syllabus and Assessment included several steps:

- designing music therapy outcomes
- selecting BOS Educational Outcomes
- influences from research steps
- peer review

The first steps relate to outcomes and are presented below: they include explanations of how the relevant research step and its results were integrated and influenced the development. The peer review, presented in Part B of this chapter, included a range of informal to more systematic steps. These steps ranged from consultations with colleagues, a student trial, music therapists' feedback and publication. The clinical application comprised testing the Music Therapy Assessment in the 20 sessions of the extended music therapy intervention. It was presented in the previous chapter (8).

Music therapy outcome design

The aim was to develop a broad list of behaviours that recognised different therapeutic styles, ages and abilities. The development of outcomes was informed by the research data but directed by existing BOS Education curriculum documents. The language and structure of the outcomes was modelled on the Music Education Life Skills and Music Education Years 7-10 Syllabus Outcomes. Eight music therapy outcomes were developed and provided with a list of indicators below each outcome, similar in structure to the BOS (see Table 35). Results from the pilot music therapy intervention, educator questionnaire and music therapist survey, assisted in the choice of outcomes. For example, as noted in chapter 6, *drawing/painting/collage* was not a frequent choice by therapists and therefore not included in the outcomes. Indicators are presented as activities or behaviours that indicate the outcome has been achieved. For example, the BOS Life Skills Outcome is: *vocalises, sings or plays an instrument* and an indicator is: *sings new songs*.

The music therapy outcomes nominated are not intended as discrete categories, rather they provide a 'best fit' to cover the most frequent content within music therapy sessions. Practical requirements for music therapy sessions were a priority during the development process. The music therapy outcomes were organised in a logical progression for music therapists, beginning with *communication*, *initiation* and *response* which comprise the most frequently observed behaviours. These were followed by *movement*, *social interaction*, *emotional expression*, *listening* and *decision making* outcomes. These outcomes encompass different therapeutic methods; for example, whether a session is either instrumentally or vocally oriented, these outcomes are still applicable. Covering a broad range of potential music therapy methods also managed to reflect a relationship with the existing BOS Outcomes, which is detailed in the following section. The design of clear outcomes facilitated the next step of selecting linked BOS Outcomes.

Music Therapy Outcomes	
MT1	communicates with others
MT2	initiates musically
MT3	responds musically to stimulus
MT4	moves in response to music
MT5	interacts socially
MT6	expresses emotion
MT7	listens to a range of music
MT8	makes decisions

Table 35 Music therapy outcomes in the Music Therapy Syllabus and Assessment

Included below each of the outcomes are lists of between four and 11 indicators which are presented in full in the Music Therapy Syllabus and Assessment (follows Chapter 10). The indicators are specific behaviours that occur in music therapy sessions. They are common behaviours in sessions and were also partly influenced by two previous studies by the researcher which analysed the music therapy process post-session using specifically developed scales (Langan, 1999; Langan, Williams, & Athanasou, 1999).

Key for Table 37 Music therapy outcome links to BOS Outcomes	
LS	Life Skills Outcome
PDHPE	Personal Development Health and Physical Education Outcome
DAS	Dance Outcome from Creative and Performing Arts Syllabus

Table 36 Key for Table 37 Music therapy outcome links to BOS Outcomes

Music therapy outcome links to BOS Outcomes

Music Therapy Outcome	Links to	Board of Studies Outcome
MT1 communicates with others	→	LS.1 uses movement, vocalisation or instruments to respond to a range of music LS.6 experiments in representing and recording musical sounds
MT2 initiates musically	→	LS.4 experiments in making musical sounds
MT3 responds musically to stimulus	→	LS.2 vocalises, sings or plays an instrument PDHPE COES1.1 expresses feeling, needs and wants in appropriate ways
MT4 moves in response to music	→	LS.1 uses movement, vocalisation or instruments to respond to a range of music PDHPE COS1.1 communicates appropriately in a variety of ways PDHPE COS3.1 communicates confidently in a variety of situations PDHPE DAES1.7 moves in response to various stimuli
MT5 interacts socially	→	LS.3 vocalises, sings or plays an instrument as part of a group LS.5 experiments in organising musical sounds PDHPE INS2.3 makes positive contributions in group activities PDHPE INS1.3 develops positive relationships with peers and other people PDHPE INES1.3 relates well to others in work and play situations PDHPE COS2.1 uses a variety of ways to communicate with and within groups
MT6 expresses emotion	→	LS.2 vocalises, sings or plays an instrument LS.10 engages in performing, composing and listening experiences for enjoyment CPA DAS2.1 performs dances from a range of contexts demonstrating movement skills, expressive qualities and an understanding of the elements of dance PDHPE COS1.1 communicates appropriately in a variety of ways
MT7 listens to a range of music	→	LS.7 experiences music from a variety of social, cultural and historical contexts LS.9 appreciates a variety of music
MT8 makes decisions	→	LS.8 communicates responses to a variety of music PDHPE DMS2.2 makes decisions as an individual and as a group member

Table 37 Music therapy outcome links to BOS Outcomes

The next paragraphs expand and provide further justification for the music therapy outcomes listed above. It should be noted that the researcher's experience as a music therapist and music educator have influenced the design of the music therapy outcomes and indicators, in conjunction with the data provided by the research steps.

Music therapy outcome 1: communicates with others

Music therapy can target specific aspects of communication which may be restricted or challenging for students in the special education setting. For example, a student may not use formal language but may be capable of a range of vocalisations that the music therapist can utilise. Communication is the essence of music therapy; it is also the observable measure of the music therapy process. The communication outcome provides a broad heading to encompass the main purpose of music therapy. It was also chosen as it is capable of being inclusive regarding a range of communication challenges, different abilities and music therapy methods. The communication outcome can accommodate a student who has no spoken language with forms of communication such as vocalisation, instrumental playing, eye contact, body language or movement. This outcome links to Life Skills Music Education Outcome LS.1: *uses movement, vocalisation or instruments to respond to a range of music*.

Music therapy outcome 2: initiates musically

Initiating is of particular importance to the music therapist as it provides an indication of students' abilities and choices. It is a freer aspect of communication than a response, as the student chooses content that is meaningful to them. Initiating musically is similar to beginning a new conversation with different content. The musical initiation is also significant to the music therapist as it indicates that a student has made a choice regarding their communication possibilities. The MT2 *initiating musically* outcome links to Life Skills Music Education Outcome LS.4: *experiments in making musical sounds*.

Music therapy outcome 3: responds musically to stimulus

Responding musically by a student indicates that the student has received some previous communication from a stimulus. Stimulus examples may include: a musical phrase, a musical question or invitation to play, or an opportunity to choose an instrument. The response provides the music therapist with information regarding whether the student has

understood the stimulus and their capacity to respond to it. Responding in any form is an essential step of the communication and sharing process, the foundation of music therapy. The response outcome is again very broad and encompasses all ability levels and response types. This outcome links with Life Skills Music Education Outcome LS.2: *vocalises, sings or plays an instrument*, and also the Personal Development, Health and Physical Education Outcome COES1.1: *expresses feelings, needs and wants in appropriate ways*.

Music therapy outcome 4: moves in response to music

This outcome takes into consideration the innate response of movement to music and also the natural motivation of students to move if they are capable. It encompasses all movement from dance to the movement required, however slight, to create a sound on a small instrument. It also includes movement communication contributions in the music therapy session, such as to turn and visually track. The movement outcome links to a BOS LS Outcome and 3 PDHPE Outcomes. These include BOS Education Outcomes: LS.1: *uses movement, vocalisation or instruments to respond to a range of music*; PDHPE COS1.1: *communicates appropriately in a variety of ways*; PDHPE COS3.1: *communicates confidently in a variety of situations*; and directly to PDHPE DAES1.7: *moves in response to various stimuli*.

Music therapy outcome 5: interacts socially

Interacting with others is a specific form of communication in music therapy and is often a goal within sessions. The learning environment requires constant social interaction and these skills are also vital to students' achievement of living skills. Living skills are a continual strand of special education learning environments. Social interaction within sessions can take many forms, from eye contact, touch, sharing instruments, creating music together, and making choices within a group setting. Functional social interactions are significant to the shared music making experience and these skills can be generalised to other communication mediums that can enhance a student's overall communication ability. The *interacts socially* outcome is another music therapy outcome that matches easily with existing BOS Education Outcomes. This outcome links with the Life Skills Music Education Outcome LS.3: *vocalises, sings or plays an instrument as part of group*, and Life Skills Music Education Outcome LS.5: *experiments in organising sound*. The social interaction outcome also links to the following Personal Development, Health and

Physical Education Outcomes: PDHPE INS2.3: *makes positive contributions in group activities*; PDHPE INS1.3: *develops positive relationships with peers and other people*; PDHPE INES1.3: *relates well to others in work and play situations*; and PDHPE COS2.1: *uses a variety of ways to communicate with and within groups*.

Music therapy outcome 6: expresses emotion

Emotional expression is essential for health and well-being and is particularly important for students who may have restrictions in their lives and/or communication potential. The music therapist is in a particularly privileged position regarding emotional expression due to the unique nature of the medium of music. Music is capable of creating and expressing human emotions in an abstract form. The emotions perceived by others, recognised or interpreted through music, may vary; however, music's capacity to be a vehicle for emotions is unique. It is this expressive capacity that can bring relief and engagement for students in the therapy session. A student is encouraged and assisted to be expressive through the music medium in socially acceptable ways. The *expresses emotion* music therapy outcome links to the following Life Skills Music Education Outcomes: LS.2: *vocalises, sings or plays an instrument*, and LS.10: *engages in performing, composing and listening experiences for enjoyment*. It also links to the Dance Outcome: DAS2.1: *performs dances from a range of contexts demonstrating movement skills*, which includes expressive qualities and an understanding of the elements of dance, and to the Personal Development, Health and Physical Education Outcome: PDHPE COS1.1: *communicates appropriately in a variety of ways*.

Music therapy outcome 7: listens to a range of music

This outcome extends to the range of student abilities by including the ability to receive musical information. It also emphasises the listening role as significant, particularly for those students who are not able to directly initiate or contribute to sessions in other ways. It indicates that 'listening' is a verb and the reaction plays an active and vital role in the communication process. Similarly to all music therapy outcomes, this outcome is inclusive of all ability levels and can accommodate any form of listening such as: other students' contributions, the music therapist's music, familiar music, and attending whilst participating in music making. The listening music therapy outcome is linked to the following Life Skills Music Education Outcomes: LS.7: *experiences music from a variety of social, cultural and historical contexts*, and LS.9: *appreciates a variety of music*.

Music therapy outcome 8: makes decisions

Decision-making and choice are vital ingredients in the music therapy session. Making musical decisions is safe and can give students an opportunity to practise and experience decision-making. This is important for the communication process and the development of a sense of self, personal autonomy and identity. Decision-making encompasses a range of activities, from making musical decisions such as playing loudly or softly, to choosing the notes, instrument or style to work within. It also includes communication styles and the intensity of the relationship with the music therapist and other group members. This outcome links to Life Skills Music Education Outcome LS.8: *communicates responses to a variety of music*, and Personal Development, Health and Physical Education Outcome: PDHPE DMS2.2: *makes decisions as an individual and as a group member*.

Selection of Board of Studies Educational Outcomes

The Music Therapy Syllabus and Assessment development included examination of existing BOS Outcomes for their potential application to music therapy. The selection of outcomes was influenced by the research steps which included: the educator questionnaire, the music therapist survey and interviews, and the pilot and extended music therapy interventions. These influences are summarised following the developmental description. The details were provided in previous chapters which described each of the research steps (see chapters 4-8).

Board of Studies Music Education Outcomes

By consulting the Music Education Syllabus, Years 7-10, the Life Skills Outcomes were selected (BOS, 2003, 2007). The outcomes were specifically designed by the Board of Studies for application with children who have a variety of special needs. The BOS Life Skills Syllabus is provided for Years 7-10 and the most common Year 11 and 12 subjects. A separate syllabus is not provided for special education students K-6: 'students with special needs in primary school work towards the outcomes and content in the Board's K-6 Syllabuses' (BOS, 2010). In the questionnaire, educators reported that they included music therapy ideas in their classrooms. It should be noted that in selecting BOS Outcomes for the purposes of the Music Therapy Syllabus and Assessment, the research process was reinforced by advice supplied by the BOS. The BOS advises that: 'teachers should select and use Syllabus outcomes and content that best suits the learning needs of

each student' (BOS, 2010). The researcher followed a similar process by looking for and selecting BOS Outcomes that suited students with special education needs who engage in music therapy. Music therapists who were interviewed were aware of the overlap between the two professions of music therapy and music education and one therapist (MT2) explained that she engaged directly with BOS Education Outcomes regularly. The results of the music therapist survey indicated that music therapists overlapped in method with music education through their use of the Life Skills Outcomes. Consequently, all 10 Life Skills Music Education Outcomes were considered relevant to the Music Therapy Syllabus and Assessment. They are listed in Table 38.

BOS Music Education Life Skills Outcomes	
LS.1	uses movement, vocalisation or instrument to respond to a range of music
LS.2	vocalises, sings or plays an instrument
LS.3	vocalises, sings or plays an instrument as part of a group
LS.4	experiments in making musical sounds
LS.5	experiments in organising musical sounds
LS.6	experiments in representing and recording musical sounds
LS.7	experiences music of different cultures
LS.8	communicates responses to a variety of music
LS.9	appreciates a variety of music
LS.10	engages in performing, composing and listening

Table 38 BOS Music Education Life Skills Outcomes

Board of Studies Education Communication Outcomes

An important influence on the Music Therapy Syllabus and Assessment development regarding choice of outcomes was the researcher's experience of the extended music therapy intervention. Time was allocated during the intervention to being in the special education environment; consequently, informal discussions about music therapy and the research project were included. An observable emphasis was given to social skills within the classroom and the broader school environment. Discussions with the class teachers about their educational programmes led to the BOS Education Outcomes in the PDHPE Syllabus that relate to social and relational skills. This precipitated sourcing communication outcomes from the Personal Development Health and Physical Education Syllabus for the Music Therapy Syllabus and Assessment.

The selected outcomes corresponded with the communication and interactional music therapy outcomes in the Music Therapy Syllabus and Assessment. The BOS Education Outcomes selected from the PDHPE Syllabus Outcomes are listed in Table 39.

Personal Development, Health and Physical Education Outcomes	
COES1.1	expresses feeling, needs and wants in appropriate ways
COS1.1	communicates appropriately in a variety of ways
COS2.1	uses a variety of ways to communicate with and within groups
COS3.1	communicates confidently in a variety of situations
DMS2.2	makes decisions as an individual and as a group member
INES1.3	relates well to others in work and play situations
INS1.3	develops positive relationships with peers and other people
INS2.3	makes positive contributions in group activities
DAES1.7	moves in response to various stimuli

Table 39 Personal Development, Health and Physical Education Outcomes

Board of Studies Movement Outcome

An outcome was identified from Dance in the Creative Arts K-6 Syllabus that links to movement in music therapy. The Dance Outcome is presented in Table 40.

Dance Outcome	
DAS2.1	performs dances from a range of contexts demonstrating movement skills, expressive qualities and an understanding of the elements of dance

Table 40 Dance Outcome

Summary of influences from research steps

Influence of educator questionnaire

The most frequent theme derived from the educator questionnaire was the use of music as a tool or agent of change. The educators recognised music's potential to calm, to address individual needs, for communication and emotional expression. Educators were aware of BOS Music Education Outcomes in the Life Skills Syllabus and the K-6 Creative Arts Syllabus. They were also positive about the impact of music. A lack of clarity was evident in their differentiation between educational and therapeutic musical interventions. The educators' recognition of music as a tool supported the development of the documents, as it indicated a willingness by educators to accept a Music Therapy Syllabus and Assessment. The confusion between music therapy and music education reinforced

the design of the full version of the Assessment format, using a divided presentation between the BOS Education and music therapy outcomes.

Influence of pilot music therapy intervention

The important influences from the pilot music therapy intervention step included:

- the provision of current music therapy experience as a resource for developing music therapy outcomes
- the music therapy methods used in the pilot music therapy intervention and the subsequent responses of the students were used as a resource for developing the music therapy outcomes. The pilot relied on a range of communication including sound, language, music, touch, visual and movement information. The pilot also produced information about the music therapy methods and responses that included documentation of initiations, responses and movements of the students. The written descriptions of the pilot highlighted these areas and they were utilised for developing the music therapy outcomes; for example, listening was included in the pilot and was positively responded to by the students, therefore it was included as music therapy outcome 7
- the intervention highlighted the requirements of an educational setting, including the importance of curriculum in the special education setting
- it provided insight into the complexities of the special education classroom and the requirement for a music therapist to integrate into the environment.

Influence of survey results on music therapy outcome development

The music therapist survey results informed the development of the music therapy outcomes in several ways. Information about the types of students music therapists worked with was important in shaping the range of outcomes. For example, passive engagement such as listening and attending were included, plus more active and developed behaviours such as pitch awareness and invention, in order to cover the range of ability levels within music therapy practice. Music therapy method choices reported by music therapists influenced decisions regarding indicators. For example, there are five separate indicators that refer to singing or vocalisation to reflect the most frequently used method by music therapists. Choosing BOS Life Skills Music Education Outcomes was

supported by the results, with most music therapists (90 %) reporting that they used six or more of the BOS Life Skills Music Education Outcomes in their practice.

The decision to design outcomes upon which to build a Music Therapy Syllabus and Assessment is in line with continuing educational process. The BOS Life Skills Advice Document states that their 'Years 7-10 syllabuses encourage a model of programming that begins with outcomes' (BOS, 2007, p. 17). The music therapy outcomes designed for this research not only underpin the Music Therapy Syllabus and Assessment, but provide a broad range of potential music therapy methods to suit individual needs.

Influence of music therapist interviews

The music therapist interviews (see Chapter 7) influenced the development of the Music Therapy Syllabus and Assessment by directing the selection of BOS Education Outcomes, and also by confirming a need for documentation to support music therapy practice in the special education context. The interviews impacted on the outcome development and selection of BOS Education Outcomes in several ways. The adaptive techniques developed by music therapists for the setting include using Educational Outcomes in music therapy programming and education reporting techniques. This indicated that music therapists were not adverse to consideration of BOS Education Outcomes and orienting their therapeutic approach to satisfy educational requirements. This lent support to the inclusion of BOS Education Outcomes into the Music Therapy Syllabus and Assessment.

Music Therapist 1 (MT1) explained that she uses the BOS Life Skills Syllabus and relates music therapy work across all strands of BOS Syllabi, including the Creative Arts Syllabus. Music Therapist 2 (MT2) refers to and uses her educational and teacher training experience to support her practice as a music therapist, particularly in relation to her management of students and the skills that she encourages them to learn. Music Therapist 4 (MT4) acknowledges and uses assessment and reporting techniques similar to educational requirements that she and her colleague have developed themselves. This viewpoint supported the inclusion of a separate Music Therapy Assessment that included the music therapy outcomes only and developed into the Brief Music Therapy Assessment.

Influence of extended music therapy intervention

The intervention provided further understanding of the significant emphasis assigned to communication and social skills in the special education classroom. Behaviour and appropriate social interactions, as well as the skills of daily living and self-care, are given a high priority in the special education environment. This understanding prompted the inclusion of Education Communication Outcomes from the Personal Development, Health and Physical Education Syllabus.

The demands of conducting music therapy in the special education context required a succinct assessment method in order to be practical for this setting. Therefore, a brief list of eight music therapy outcomes was designed that was also broad enough to link with BOS Education Outcomes. To promote understanding and ease of completion for the Music Therapy Syllabus and Assessment, the most frequently used outcomes were placed first to provide a logical flow. The outcomes were also arranged under method or activity headings for ease and speed of completion. The requirement for brevity resulted in a two-page A4 checklist that can be practically integrated into a music therapist's busy schedule. This format was named the Brief Music Therapy Assessment.

The design process of the Brief Music Therapy Assessment also prompted tightening and checking for overlap in the Syllabus and Assessment outcomes; for example, singing is also considered communication, and this influenced which outcomes could be linked to the BOS Educational Outcomes.

During music therapy sessions, the researcher was aware that therapeutic methods and approaches needed to adapt to the education setting. In practice, this translated to the need to provide students with a structure and interactive style that was similar to their normal educational experience to facilitate their adjustment to something new in their school day. It became apparent that the Music Therapy Syllabus and Assessment would need to cover student abilities and choices; even within the same music therapy group or class, the range of students can be very broad.

The development of the Music Therapy Syllabus and Assessment took into consideration the need to address the range of therapeutic styles used by music therapists. Therefore, the outcomes encompass the wide range of therapeutic styles that are used in practice.

This step also comprised the trialling of the Music Therapy Assessment by application of the document to the video recordings of the extended music therapy intervention. This

step showed that the music therapy outcomes and indicators were applicable as they occurred in music therapy sessions and were easily observed. The information derived from the Assessment application supported the observations made by the music therapist in sessions and could be understood in terms of the case information for each student. Comparing student outcome achievement in the Assessment results showed that the Assessment correlated consistently with each student's case information.

Influence of peer review

The music therapy profession influenced the development of the Music Therapy Syllabus and Assessment not only through survey results and music therapist interviews, but additionally via peer review and direct contact with the Assessment and the publication review process. The Assessment was also trialled by postgraduate music therapy students. The review included colleagues' comments and editing advice, feedback from interviewed music therapists, and the publication review process. The music therapists interviewed as part of the research also provided encouraging feedback regarding its practical application. The peer review process is presented in detail in Part B which follows.

Part B Peer Review

Part B describes the peer review step of the research. It provides details of the response of the music therapy profession to the Music Therapy Syllabus and Assessment. The Music Therapy Assessment was disseminated via email to music therapists who practise in special education and other contexts for feedback (n=approximately[11] 69). Music therapy students also trialled it by viewing clinical material provided on video. The decision was made that the Syllabus was too lengthy and detailed to be part of the emailed peer review procedure. Colleagues were consulted regarding the Syllabus and the systematic peer review focused on the Assessment. By reviewing and trialling the Assessment, the Syllabus was by implication also reviewed. The Music Therapy Syllabus and Assessment are based on the same music therapy outcomes; therefore, peer review of the Assessment can also be applied to the Syllabus.

Feedback was also noted from a variety of educators. This included educators at the special schools that participated in the research steps, colleagues of the researcher, and those consulted by the music therapist interviewees.

Peer review by music therapists

A selection of peer feedback is presented in the following paragraphs; it represents the responses from music therapists working in special education and music therapists who were interviewed for the research process (see Chapter 7). Sixty-nine music therapists practising in special education or other contexts were emailed a copy of the Assessment and invited to comment. The four music therapists who were interviewed for the research also contributed feedback. Music therapists reported that they found the document accessible, easy to use and understandable, with the outcomes and indicators requiring no explanation. Their feedback included comments about grammatical changes and potential application regarding other client populations. No negative comments were received regarding the Assessment. The concept of combining music therapy and education together in the Music Therapy Assessment was widely accepted. The design of the Music Therapy Assessment which used Educational Outcomes was also accepted by music therapists.

[11] The sample number (n) is approximate due to music therapists who forwarded the Assessment on to colleagues.

Feedback from the general distribution of the Music Therapy Assessment was positive but small in number. The researcher interpreted this to indicate that music therapists were in general supportive of the concepts and outcomes within the Music Therapy Assessment. One music therapist provided feedback regarding special education students with limited abilities. This music therapist was concerned that students who were capable of only small movements with limited or no vocal production could be included in the Music Therapy Assessment. This was noted by the researcher and indicators such as *communicates through vocalisation*, *explores an instrument*, *initiates movement*, and *interacts socially through sound* were included; also, the listening outcome indicators were considered adequate to address this comment.

One of the interviewed music therapists, MT2, suggested some minor language changes to the indicator list. These were adopted and assisted in the clarification and explanation of indicators that are included in the Syllabus document. Music Therapist MT2 also praised the Assessment in an email, explaining that she loved the connection to the BOS Outcomes because it showed how music therapy fits into education.

Music Therapist MT4 suggested that the Brief Music Therapy Assessment could be abbreviated for practicality. This was considered and the formatting developed to cover two A4 pages in one view. It could not be reduced any further if it was still to link to Education Outcomes, include all special education students, and allow for a diversity of therapeutic styles. MT4 was also comfortable with the links to the BOS Education Outcomes. She suggested that even though the Full Version of the Assessment seemed a large document, she could use sections or just one section that related to her work and it would be a 'workable document' (personal communication). MT4 thought that it could be used for planning sessions by inserting activities for students into the Assessment. She highlighted the outcome *moves in response to music*; this was refined to *movement response to music*. Similarly to MT2's comments, MT4's points regarding the wording of indicators were considered and assisted the review of indicators.

Music Therapist MT1 responded very positively to the Assessment; she showed the Music Therapy Assessment to a teacher and principal at her Special School. The teacher explained that it was brilliant and the principal considered it worthy of making music therapy a Higher School Certificate subject (personal communication, November, 13, 2008). The review is ongoing and the Music Therapy Syllabus and Assessment are

working documents, adaptable to individual requirements of therapists and clinical settings.

Peer review: music therapy student trial of the Assessment

A group of postgraduate music therapy students (n=14) were invited to trial the Brief Music Therapy Assessment by applying it to a 10-minute video excerpt of a music therapy session. The researcher has previous experience of utilising music therapy video to elicit responses from participants (Langan & Athanasou, 2002). The music therapy excerpt was selected from the video material produced in the extended music therapy intervention. It was a segment from session 4 and chosen as it showed several different music therapy methods and included only four participating special education students. This session with only four (rather than the possible seven) students provided a simpler process for the music therapy students in the trial. The Brief Music Therapy Assessment is a two page A4 presentation of the Assessment and it includes the eight music therapy outcomes and indicators without the BOS Education Outcomes (see Brief Music Therapy Assessment following Chapter 10). The Brief Music Therapy Assessment was distributed to the students and they were given several minutes for familiarisation and the opportunity to ask questions. They were given preliminary information about the video excerpt, which included an explanation about it being an example of group music therapy in a special education setting with four participating students. The students were asked to select one of the participating special education students in the video excerpt and observe and complete the Music Therapy Assessment for their chosen student by noting their behaviours and responses. The video excerpt was viewed only once. The music therapy students understood the Assessment layout and were able to use the tick system for observed behaviours. They appeared to be interested in the Assessment and its potential application.

Results of the music therapy student trial

Several factors influenced the way these results were analysed. They include:

- the brevity of the excerpt (four minutes) which was viewed only once
- the participants were postgraduate music therapy students engaged in music therapy training

- the Assessment had been introduced only briefly and immediately before the participants were invited to complete it.

These factors influenced the researcher in the interpretation of results. An overview is provided prior to presenting the analysis of the Assessments completed by the music therapy students. The results are presented as descriptive feedback and part of the peer review process.

One of the lecturers who attended the trialling of the Music Therapy Assessment with the music therapy students wrote a comment on her Assessment: 'I think this is fantastic! Great research (and hopefully) you get results and support from educationists'. One of the participating students requested a copy of the Full Version of the Assessment to be used in his current workplace as a trial; this request supported the interpretation that the music therapy students found the Music Therapy Assessment accessible and relevant to their clinical practice.

The Music Therapy Assessment trial indicated that music therapy students found the Assessment presentation easy to understand. In all 14 completed Assessments, students filled in the first available column. This indicated that the 10-column structure provided for weekly sessions across a standard 10 week educational term was understood. Twelve students used ticks and two chose single marks. One student wrote a question on the Music Therapy Assessment: 'Is the evaluation section for observed outcomes?' Perhaps 'evaluation' is not the most appropriate term to use for music therapists; however, it is a standard term used in educational programme and outcome recording processes. However, another student interpreted the researcher's use of the term by including an observational comment referring to a special education student in the evaluation box: 'Spends some time not engaged with what is happening, seems uninvolved part of the time – category for this?' The decision had previously been made to maintain the Music Therapy Assessment as a measure of achievement and engagement for students rather than what they were unable to do. Therefore, 'not being engaged' was being measured by the Music Therapy Assessment by default and could be reflected by a smaller number of achieved outcomes.

The responses showed patterns of outcome achievement through the indicators selected by the participating music therapy students. These patterns reflect ability and engagement levels of the special education students in the video excerpt. The completed Music Therapy Assessments (n=14) were examined by collating them for each special education

student. That is, all of the six completed Music Therapy Assessments for Student 1 (S1) were added together, all of the three completed Assessments for Student 2 (S2) were added together and the same process was followed for Student 3 (S3) and Student 4 (S4). This provided a summary of the Music Therapy Assessment information produced by the trial.

The emerging patterns reflected the researcher's observations of each of the special education students in the video excerpt and thus provide an element of comparative analysis. The observations were that S1 was the most engaged and also the most musically able student within the group. The music therapy students supported this with a higher measure of 2 for S1, compared to S2, S3 and S4, who all scored 1 for the outcome *responds musically to stimuli*. Figure 35 presents a comparison of special education students' results on the music therapy outcome 3 *responds musically.*

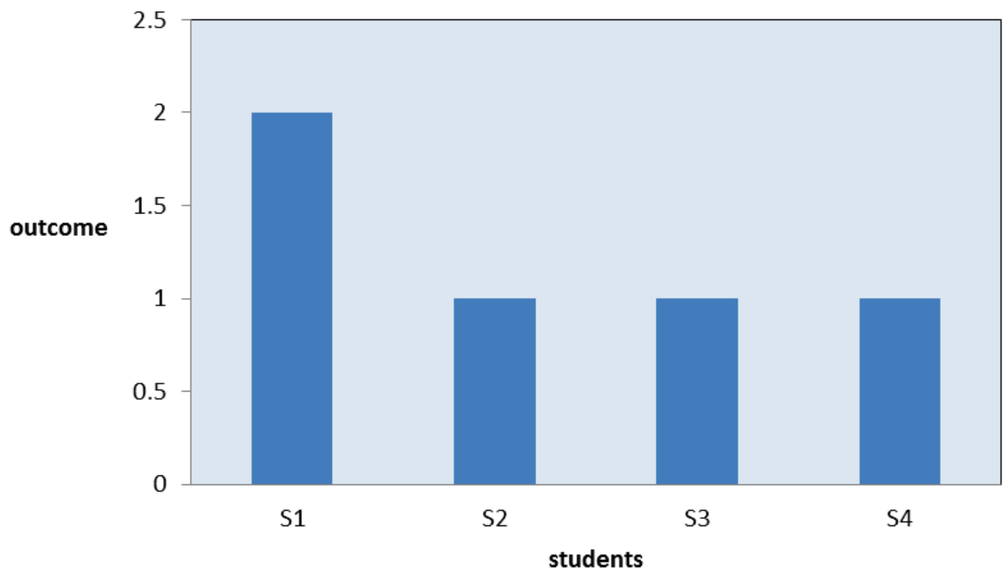


Figure 35 Comparison of special education students on music therapy outcome 3: responds musically

Students S1, S2 and S3 were considered mostly consistent with their engagement levels by the researcher during the music therapy session, whilst S4 participated less. This was reflected in the music therapy students' responses through comparison of special education students to each other via a sum of completed indicators. Students S1 and S3 scored 24, S2 scored 22, with S4 significantly less at 15 (see Figure 36). These measures were derived by taking the sum of all outcome indicators selected by the music therapy students for students 1-4, then dividing these sums by the number of music therapy

students who completed the Assessment for that particular special education student. For example, S1 achieved a total sum of 143 indicators noted by six music therapy students, therefore 143 was divided by six, giving a value of 24. This was compared to the sum of indicators achieved by S4 (30) noted by two music therapy students, giving a value of 15.

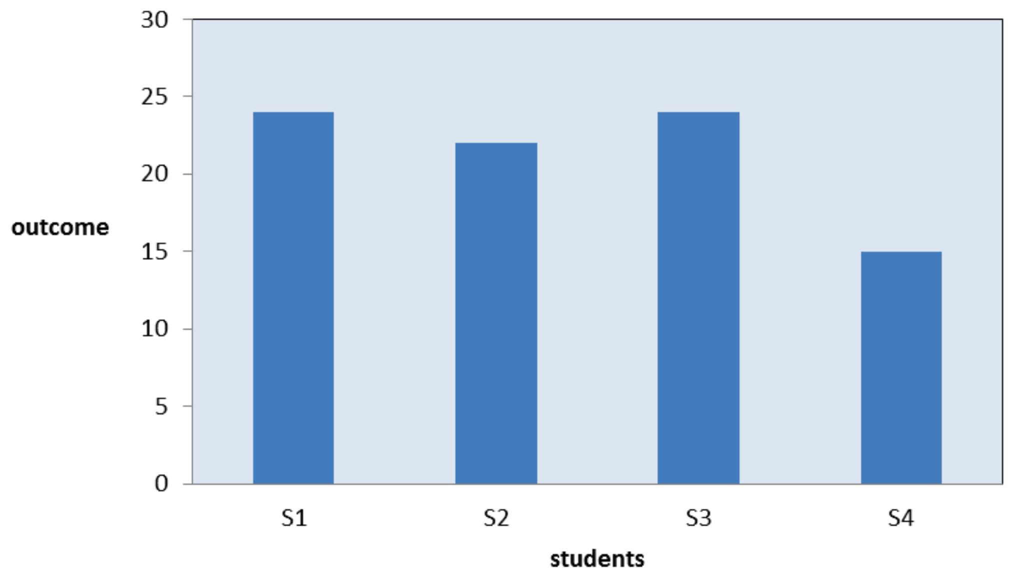


Figure 36 Outcomes achieved by special education students measured by the Assessment

The music therapy student trial of the Music Therapy Assessment was useful in several significant ways. It demonstrated that the Music Therapy Assessment was sufficiently simple and accessible for music therapy students to use following a brief introduction. This implied that practising music therapists would also find it accessible. The practical design was functional with the result that all 14 music therapy students completed it. It provided information useful to a music therapist in practice; for example, the patterns of outcome completion reflected the ability and engagement levels of the special education students. It was encouraging to note that the music therapy students considered the Music Therapy Assessment relevant to the range of special education student activity in the video excerpt.

Review via publication

The process of review via publication in the *Australian Music Therapy Journal*, provided feedback for the Music Therapy Assessment and indirectly for the Syllabus, by refining and clarifying the explanation and justifications for the Music Therapy Syllabus and

Assessment design. The significant impact of the publication review was that the concept behind the Music Therapy Syllabus and Assessment of designing an educationally applicable Music Therapy Assessment with links to existing Education Outcomes was acceptable to the profession. This feedback provided positive encouragement for the Music Therapy Syllabus and Assessment design and its supporting research.

The interest from practising music therapists following publication was indicated by ten requests for the Full Version of the Music Therapy Assessment. The published article included the Brief Version of the Assessment only, due to editorial decisions regarding length. The number of requests may seem small; however, if the number of registered music therapists nationally (417, AMTA, 2010-2011) is taken into account, along with the small circulation (526, AMTA, 2010-2011) of the *Australian Music Therapy Journal*, the number does indicate a level of interest. The requests included national and international enquiries from individual music therapists (New Zealand and Hong Kong), music therapists working in special education, and those working on particular projects. One request came from a professional therapy association in New Zealand, which explained that they wished to test its applicability in their country.

Chapter summary

The research steps from music therapy in special education settings and from educators and music therapists in the field have influenced the development of both the Music Therapy Syllabus and the Assessment. Educators recognise music as a beneficial area of the curriculum; they report that students are motivated and positive in sessions. A limitation of the peer review is that the Assessment was trialled with music therapy students and not practising music therapists. Music therapists contributed via publication, informal feedback and in response to publication. It is being used and trialled internationally; even though in a small way (n=10), there is evidence of the application of the tool in the clinical context. Future recommendations include trials of the Assessment by music therapy professionals. Music therapists are open to the concept of engaging with Education Outcomes and positive about the Music Therapy Syllabus and Assessment. Allowing the Music Therapy Syllabus and Assessment to develop in parallel to the research steps has enriched and guided the process and maintained authenticity and relevance to the clinical needs of music therapists. The next chapter (10) outlines the

conclusions of the research process, highlighting significant findings, noting limitations of the research, and making recommendations.

Chapter 10
Conclusion

In a school where you're teaching a whole person curriculum and you're teaching creativity, learning outside the square, emotional development – music is one of those skills that does the lot.

(Carey, 2011)

Introduction

This thesis has outlined the rationale, methodology, development and testing of a Music Therapy Syllabus and Assessment which has been specifically designed for the special education context. It was developed using a research methodology, which included a range of research steps that maintained a dialogue with professional stakeholders and confirmed authenticity through music therapy interventions. It was based on the researcher's conviction regarding the value of music therapy in special education. Music therapy provides a 'voice' to those who are challenged by life circumstance or disability; it addresses developmental and emotional needs in a unique way. The Music Therapy Syllabus and Assessment are presented following this chapter.

The purpose of this research was also to strengthen the integrity of music therapy in the education context by providing a connection to education and consequently increase access for students. This connection was achieved through the design of the Music Therapy Syllabus and Assessment which links existing BOS Education Outcomes to music therapy outcomes. The Music Therapy Syllabus and Assessment provides essential documentation for assessment, accountability and reporting purposes in education. Furthermore, it facilitates the understanding of music therapy by educators; it enhances the integrity of music therapy in education by highlighting its place alongside and linked to BOS Educational Outcomes. This understanding was subsequently used to provide clarity for both professions with particular reference to BOS Life Skills Outcomes. They were chosen to represent both professions and were subsequently included in the Music Therapy Syllabus and Assessment. The integrity of music therapy is maintained by including specific and separate music therapy outcomes, which are not affected by educational goals. The Assessment design includes observation by the practitioner; counting the number of responses by students is a procedure relied upon by music therapists, as noted by Walworth (2007).

The development of the Music Therapy Assessment was an attempt to adapt to the context of the special education setting. Pavlicevic describes this challenge, which 'is to negotiate a practice with our particular social contexts' (Pavlicevic, 2006, p. 96). The Music Therapy Assessment also aimed to address the confusion that emerged between music therapy and music education (Booth, 2004; Daveson & Edwards, 1998) by including both BOS Education and music therapy outcomes.

The research began with the acknowledgement and exploration of the shared ground of music therapy and music education, as foreshadowed in chapter 1. A background in both professions provided the basis for the exploration. The intersection of music therapy and music education was explored using the research methodology of questionnaire, survey, interview and music therapy interventions. Shared BOS Education Outcomes presented themselves as a means of defining the relationship between music therapy and music education, as well as providing a tangible link between the two disciplines. BOS Education Outcomes provided the foundation for the Music Therapy Syllabus and Assessment. The research remained relevant and authentic to music therapy and education data from professionals in both fields, and music therapy interventions in special education settings.

Relevance and currency to the music therapy profession was established and maintained through continual dialogue. This included the research steps of the music therapist survey and interviews and the composite steps of the peer review process, which included: dissemination, call for comment, publication, testing and consequent current professional application of the Music Therapy Syllabus and Assessment. Education data were provided through the educator questionnaire and peer review.

Analysis of the data derived from the research steps indicated support for the development of the Music Therapy Syllabus and Assessment. Trialling of the Music Therapy Assessment by graduate students and its application to video recordings from the extended music therapy intervention produced relevant music therapy data. The music therapy profession responded to the Syllabus and Assessment positively; these documents have been a welcome addition to the limited resources available for music therapists who practise in special education.

The following sections present the essential conclusions from the research methodology that were outlined in chapter 1, subsequently expanded in their specific chapters, and

summarised in chapter 9. The important findings of the research steps that resulted in the development of the Music Therapy Syllabus and Assessment are highlighted below.

Pilot music therapy intervention

The pilot music therapy intervention presented in chapter 4, provided current insight into the practice of music therapy in a special education setting. It furnished the material to formulate the music therapy methods later applied in the extended intervention. Additionally, it produced case study vignettes that provided a window into understanding music therapy, particularly for those who were unfamiliar with it. The intervention also supplied relevant contextualisation for the development process of music therapy outcomes. For example, the pilot intervention included students with a range of disabilities, profound to high functioning; consequently, the music therapy outcomes were designed to address the full range of special education students.

Educator perceptions derived from questionnaire

Educators indicated that they were aware of music as a tool for engaging, motivating and calming students in their questionnaire responses (see Chapter 5). Their recognition of music as a tool provided support for the development of the Music Therapy Syllabus and Assessment. They mentioned that they had minimal knowledge of music therapy; however, they reported favourable opinions regarding the application of music in their classrooms. Educators indicated positive attitudes towards music therapy and music education yet did not delineate between the two professions clearly, which confirmed the confusion between the disciplines noted previously.

Music therapist perceptions derived from survey and interview

The survey results clearly reported the use of BOS Music Life Skills Outcomes by music therapists which indicated that the intersection between music therapy and music education in terms of content was significant (see Chapter 6). Survey results identified the shared activities of music therapists and music educators which included: singing, moving, playing and creating in musical ways. This established guidelines for shared activity areas between music therapists and music educators. It also offered resolution to the confusion by educators between therapy and education, a dilemma that is present in the literature and the current research. Music therapists reported that they practise with a range of special needs conditions and abilities; the music therapy outcomes subsequently

developed were therefore broad and inclusive in order to respond to this range. The finding of 30 % of therapists holding teaching qualifications further supported the inclusion of therapy and education outcomes in the Assessment tool. The concern expressed by some therapists in the survey about requiring teaching qualifications reinforced the need for music therapists to address outcome and curriculum issues. The need for documentation to assist music therapists in the context of special education was reinforced by both the survey and interview results.

The research literature and the results from the music therapist interviews indicated clearly that there was a need for further documentation to support music therapists in the context of special education. Music therapists reported their willingness to engage with BOS Educational Outcomes, and raised concerns regarding the lack of standardised reporting and assessment protocols and funding insecurity (see Chapter 7). Music therapists reported relying on their own, individually-developed assessment tools. By their very nature, individual tools reduce the capacity of music therapists to ensure that their findings and reporting procedures are relevant and integrated into the educational context. Therefore, the Music Therapy Assessment provides a tool that assists accountability and adds a music therapy resource where there currently is none. The funding issues reported by therapists in interviews indicated that financial support is not always directly applied to music therapy services. This lends further support to the aim of ensuring that music therapy is accessible to educators in special education settings by providing it with documentation in educationally acceptable language and format.

Extended music therapy intervention

The extended music therapy intervention was described in detail in chapter 8. It included full descriptions of music therapy methods and processes. It documented the students' responses and presented brief case presentations of the seven students as they engaged in the therapy process. The experience over three school terms of delivering music therapy sessions in a special education context facilitated the concurrent design process of the Music Therapy Syllabus and Assessment. It provided weekly reminders of realistic expectations for practising in the special education context. It contributed to the methodology by providing data through video recordings for the application of the Music Therapy Assessment in an authentic format. The extended music therapy intervention also culminated in the production of the *Maria Movie*, an edited version of the video recordings from the 20 music therapy sessions (see Appendix F).

Music therapy assessment application

This step of the methodology was significant as it trialled the Music Therapy Syllabus and Assessment developed by this research (see Chapter 8). The Music Therapy Syllabus was tightly linked to the Music Therapy Assessment; therefore, by implication, it was also trialled. The application process was an extremely time consuming one; however, it resulted in the Music Therapy Assessment application being found to be supportive of the music therapy process. This was indicated by data that supported the case material and the perceptions of the music therapist. Therefore, the Music Therapy Assessment proved capable of accurately representing the music therapy process as an evaluative tool.

Music therapy outcome development

This step of the process was built upon the researcher's knowledge of music therapy practice and the range of special needs students that may attend sessions, and was reinforced by the experience of the pilot music therapy intervention (see Chapter 9). It was also influenced by the researcher's background as a registered music therapist in Australia and the United Kingdom. Practising across two continents and publishing in three, was influential, as it broadened the scope for understanding a range of music therapy styles and ideologies. The music therapy outcomes were designed to include the majority of music therapy methods rather than to be appropriate to one particular style. Therefore, the resultant music therapy outcomes were inclusive and eclectic in nature.

Peer review through publication, trial and feedback

The peer review was a critical yet positive one for the research process; it was detailed in chapter 9. The researcher had anticipated that the Music Therapy Syllabus and Assessment might be questioned due to their inclusion of educational goals in the form of BOS Education Outcomes alongside music therapy outcomes. However, this did not eventuate; on the contrary, the peer review process assisted the refinement of the Music Therapy Assessment and directed the presentation of content within the Music Therapy Syllabus. The publication supported the project, most importantly through clarifying the description of the Music Therapy Assessment and the influence of the music therapist survey on its development. The music therapy trial with postgraduate music therapy students demonstrated that music therapists were able to understand the music therapy outcomes and apply them to a video excerpt of a music therapy session. Feedback from professionals was supportive and they offered minor suggestions and adjustments to the

Music Therapy Assessment. Requests for copies of the Full Version of the Music Therapy Assessment for use in the field were small in number (10) but encouraging; dialogue with the profession is ongoing.

Limitations

A limitation that needs to be re-stated is that the Music Therapy Assessment tool is not statistically validated. The alignment of music therapy outcomes to existing BOS Education Outcomes provides educational validation to the Music Therapy Assessment tool. The issue of replication in the use of assessment tools, as noted previously by Wilson and Smith (2000), is addressed by the Music Therapy Assessment as it can easily be replicated; it will continue to be available for professional use. The Assessment was designed for therapists practising in different settings with a diverse range of students, and applying a variety of therapeutic perspectives. The small number but significant feedback from the profession is evidence that the document is applicable in the practice of music therapy. This evidence indicates that the research has already impacted significantly on the music therapy profession.

The researcher in this project was the researcher practitioner and could have influenced the music therapy interventions and this is acknowledged. Researcher bias was potentially strongest within the music therapy interventions, in which the researcher's philosophy and style as a music therapist was demonstrated by her chosen music therapy methods. The fact that the researcher has a background in both professions, music therapy and music education, limited the bias that may have otherwise existed in a project which relied on the intersection of methods from both professions. The case vignettes reveal the influence of the music therapist's philosophy on the approach to students, the design of a music therapy intervention, and the implementation and subsequent interpretation and descriptions. The impact of the researcher's bias on the development and presentation of the case vignettes could be considered less important than the impact of the music therapist, because the tasks of the researcher are not outside the normal music therapist role.

Research aim achieved

The research process has achieved its aim, that is, to address the evidence-based practices in health and outcome-driven educational practice, by designing a Music Syllabus and Assessment that provides direction and measurement for the abstract, artistic and

relationship-driven practice of music therapy. This research developed curriculum documents for music therapy that have been reviewed and are accepted by the music therapy profession and are currently used in practice. In addition, the Music Therapy Syllabus and Assessment, are accessible to special educators and presented in a format using terminology that is education based. Evidence of the accessibility to educators is summarised by an interviewed music therapist (MT1), who communicated with a teacher at her school: the teacher thought that the Music Therapy Assessment was 'brilliant' (see Appendix B).

Future directions and recommendations

The potential for further development of the Syllabus and Assessment is recognised, particularly in terms of the specific New South Wales curriculum content that may not be appropriate for all music therapists. It may be that the next step in its evolution is its adaptation to curricula used in other states or countries in order to support special education in context specific ways.

The design of the Music Therapy Syllabus and Assessment is timely in relation to the current development of a national curriculum in Australia. Its significance will increase with the introduction of the national curriculum, as music attains a standardised position without state variations (ACARA, 2010). The application of the Syllabus and Assessment is not restricted by the curriculum of the setting or age, as demonstrated by the New Zealand example, where it is being utilised in an adolescent unit and also in Hong Kong in a special education setting (see Chapter 9). When the national curriculum is produced, it will offer an opportunity for the Music Therapy Syllabus and Assessment to adapt to the new national curriculum documents.

This research has provided a platform and opportunity for future music therapy research. Subsequent researchers may utilise the Music Therapy Syllabus and Assessment, which was designed to support the profession of music therapy to integrate into special education. Future research reliant on the Syllabus and Assessment could potentially contribute evidence that supports music therapy in other contexts. This is particularly relevant in the evidence-based context of current music therapy practice, as noted in chapter 1.

The Syllabus and Assessment were designed to be consistent with data gathering requirements and application of appropriate research methods. They provide a resource

for music therapists in the educational context for evaluation, create benchmarks and compliance data. They contribute tools for music therapy that reinforce the status of the profession in the context of special education. The Music Therapy Assessment facilitates the process for completion of BOS Music Education Outcomes through a simple check box procedure that links Education and music therapy outcomes. The potential for further development of the Music Therapy Syllabus and Assessment is recognised, and the ongoing peer review process has ensured that this is currently occurring.

This Syllabus and Assessment will continue to be refined and developed through professional use. The peer review was supportive and indicated that it was a welcome addition to practice. Wigram (Wigram, Nygaard Pedersen & Bonde, 2002), who discusses the challenge of evidence-based practice, describes the purpose of Music Therapy Assessment as being 'to obtain some evidence that music therapy will be helpful to a client' (p. 14). The Music Therapy Assessment described in this study aligns with Wigram's statement through its process of providing evidence via a record of session activity.

The recommendation for further testing is essential in order to maintain relevance to current music therapy practice. Further clinical trials, including a survey of the response of educators to the Music Therapy Syllabus and Assessment, would be beneficial. The perception of music therapists that there is insufficient evidence in the literature supporting music therapy in the special education setting (see Chapter 7), indicates the need for further research. A nationally acceptable format that addresses state curriculum variations is a potential development direction and has further significance in the light of the national curriculum development. The exploration of the intersection between music therapy and music education has had limited exposure in this thesis and is another potential area for future research. It is hoped that the Music Therapy Syllabus and Assessment will increase the application of music therapy and bring greater recognition for its relevance to the field of special education.

Summary

The application potential of the Music Therapy Assessment in the special education context is best summarised by the principal of a special school who contributed to the peer review: he thought that he would be able to turn music therapy into a Higher School Certificate subject for some of his students by relying on the Music Therapy Syllabus and

Assessment (personal communication, November, 13, 2008). A significant example of the positive attitude of music therapists towards the Assessment was provided by one of the interviewed music therapists (MT2), who praised the Assessment in an email:

> I love how your assessment uses the Creative Arts Syllabus and the Personal Development, Health and Physical Education Outcomes. It serves to show how music therapy fits into the system and is not an 'other…I've been amazed how directly the syllabus outcomes [BOS Educational Outcomes] match the music therapy outcomes (personal communication, June 8, 2008).

This research has provided music therapists and special educators with specifically designed documents for the unique special education setting. The link between the Music Therapy Syllabus and Assessment and existing BOS Education Outcomes ensures that the documents are accessible and recognised by educators. All the music therapists interviewed for this research agreed that they would like to see more music therapy in special education settings. It is the vision of this researcher that the Music Therapy Syllabus and Assessment will support the inclusion and increased application of music therapy in special education contexts. The unique potential of music to communicate, to be accessible, to educate and to provide a powerful therapeutic medium, is further advanced by the design of the Music Therapy Syllabus and Assessment.

The epigraph placed at the beginning of this final chapter is from a music educator, which is distinct from the previous music therapy and music references of previous chapters. It symbolises the impact of this research which places music therapy beside music education as an oucome linked and integrated component of the special education curriculum. To conclude, a comment follows from one of the music therapists interviewed for this research. Her statement is in reply to the interviewer's question about what music therapy needs in special education. Although the Assessment provided by this research is not at this point standardised, her response nonetheless articulates the value of the Syllabus and Assessment produced by this research:

> A standardised assessment tool…standardised music therapy outcomes – and literature and research results (2006, Interview Transcripts, MT4, p. 336).

Music Therapy Special Education Syllabus

Years K-12

2012

This Music Therapy Syllabus is designed to facilitate music therapy in the special education context, and is supported by an accompanying Assessment. It incorporates selected Outcomes from the Board of Studies New South Wales Music Years 7–10 Syllabus (BOS, 2003), the K-6 Personal Development, Health and Physical Education (BOS, 2001) and Creative Arts Early Stage 1, Stage 1, 2 and 3 documents (BOS, 2006). The music therapy outcomes include actions or indicators that provide a checklist for occurrence per session.

Music Therapy Syllabus and Assessment Preamble

The Music Therapy Syllabus and Assessment developed by this research are presented here. These documents are the culmination of the investigation and provide practical tools for both music therapists and special educators. The Music Therapy Syllabus is presented first and is modelled on a Board of Studies' syllabus format. The modelling relied on the BOS Life Skills Advice Document (Board of Studies, 2007) and Music Syllabus Years 7-10 (Board of Studies, 2003) as source documents for structure. The Music Therapy Assessment is presented in Full and Brief Versions and follows the Syllabus. Each document is based on the eight music therapy outcomes that were developed by the research. The development of the documents incorporated results from the educator questionnaire, music therapist survey and interviews, pilot and extended music therapy interventions and peer review. The following section introduces the Music Therapy Syllabus and describes its structure. The Music Therapy Assessment is then introduced and includes descriptions of its structure and completion process.

Music Therapy Syllabus

The structure of the Music Therapy Syllabus is modelled on the BOS Life Skills Advice Document (BOS, 2007) and the Music Education Years 7-10 Syllabus (2003). The modelling includes formatting and structural similarities. It is the eight core music therapy outcomes that ensure application to music therapy. The Syllabus begins with an introduction and rationale, explaining how it is situated alongside other BOS Education Syllabi including reference to educational stages. It includes music therapy, BOS Life Skills, PDHPE and CPA Outcomes and indicators. The links between music therapy and BOS Education Outcomes are explained. Objectives for music therapy are provided and related to each music therapy outcome. Music therapy methods are included through descriptions of student experiences.

Syllabus Structure

The Syllabus includes eight music therapy outcomes, 10 Life Skills Outcomes, nine PDHPE communication outcomes and a CPA Dance Outcome. The music therapy outcomes are linked to BOS Education Outcomes in the Syllabus and the Assessment.

These documents provide music therapists with a way of working towards their own outcomes whilst concurrently achieving education outcomes. Music therapy method and experiences are linked to Education Outcomes.

Similarly to the existing BOS documents, the Music Therapy Syllabus does not include specific music therapy content. It defines content through music therapy methods, student outcomes and their indicators. The Music Therapy Syllabus is presented as one document for the requirements of K-12 students. It has been designed with a broad scope to encompass the range of needs and abilities of special education students who may not correlate with age or educational stage of mainstream students completing other syllabi.

Music Therapy Assessment

The Music Therapy Assessment provides music therapists with an evaluation tool that links to BOS Outcomes. The Assessment is contextualised to the music therapy and education environment. Completion of the Assessment (Full or Brief Version) provides a measure of achievement for music therapy and BOS Education Outcomes. The Assessment has a strong educational connection owing to the inclusion of the BOS Life Skills Outcomes, selected PDHPE and CPA Outcomes.

Assessment Structure

The Assessment is presented in two versions: a Full Version which includes BOS Education Outcomes, linked to music therapy outcomes; and a Brief Version that does not include the BOS Education Outcomes. The Full Version of the Assessment integrates music therapy into the educational context by presenting music therapy in relation to education and provides data for report writing, assessment and evaluation. The Brief Music Therapy Assessment format is designed for ease of application and does not include the BOS Education Outcomes. It comprises music therapy outcomes only and is presented across two pages for ease of completion. The Assessment includes a brief explanation and lists of included BOS Education and Music Therapy Outcomes. The Full Version contains the linked BOS Education Outcomes and is a longer document. The completion of the Full Version may take slightly longer but is accomplished by simply ticking off the music therapy outcomes, similar to the Brief Music Therapy Assessment.

Assessment application

The completion of the Assessment takes several minutes post music therapy session. It is simply a procedure of adding the date at the top of the column and marking activities as observed in the session. The Assessment has a section for student details that requires completion only once. Ten columns have been provided to correspond with 10-week school terms, appropriate for weekly frequency of music therapy sessions as favoured by most therapists (see Chapter 6). The formatting allows for information to be obtained at a glance; for example, if a student was responding only slightly, it would be apparent from fewer markings in the section, or if a student was singing and vocalising yet avoiding instrumental engagement, it would be clearly evident. Frequency information could be obtained if required by using video recording or an observer to gather data for Assessment completion. Refining or acknowledging information not covered in the checklist is addressed by including the evaluative comment box following the outcome lists.

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1 Introduction

1.1 The K-12 music therapy scope

This syllabus has been developed for the requirements of music therapists practising in Special Education Schools and/or with special education students. The framework of the syllabus links to existing Board of Studies syllabus documents which place it within the scope of the K-12 Curriculum. It is designed to provide music therapy and educational opportunities that:

- engage and offer opportunities for participation to all students to maximise their potential
- enable all students to develop positive self-concepts and their capacity to establish and maintain safe, healthy and rewarding lives
- prepare all students for effective and responsible participation in their society, taking account of moral, ethical and spiritual considerations
- encourage and enable all students to enjoy therapeutic and educational opportunities
- promote continuity and coherence of learning, and facilitate the transitions throughout their special education experience
- promote a fair and just society that values diversity.

The framework also provides a set of broad outcomes that summarise the knowledge, understanding, skills, values and attitudes for all students. These broad outcomes indicate that students will:

- understand, develop and communicate ideas and information
- access, evaluate and use information from a variety of musical sources
- work collaboratively with others to achieve individual and collective goals
- possess the knowledge and skills necessary to maintain a safe and healthy lifestyle.

1.2 Introduction

This syllabus document has been designed to support music therapists working in special education. It has been developed in conjunction with existing Board of Studies Syllabus documents with a specific relationship to the Life Skills Outcomes from the Music Education Syllabus Years 7-10 document; selected Personal Development, Health and Physical Education Outcomes; and also a Dance Outcome from the Creative and Performing Arts K-6 Syllabus. The syllabus has been designed with an accompanying Assessment (see following document) which links existing Education Outcomes to the music therapy outcomes.

The Music Therapy Syllabus has been designed to be accessible to both educators and music therapists. It has been modelled on the formatting and structure of two existing educational documents: the Life Skills Years 7-10 Advice on Planning and Assessment (BOS, 2007) and the 7-10 Music Years 7-10 Syllabus (BOS, 2003). The Life Skills Document was chosen as representative of special education documentation. The Music Education Syllabus Years 7-10 document was chosen as it gives broad coverage of music education and is placed to cover stages 4 and 5 educationally, which reflects a range of abilities and ages. It also has the advantage of being in the middle of the ability and age ranges of the music curriculum documents, between the beginning (Creative Arts Syllabus K-6) and the end (Stage 6 Music Education Syllabus) of formal school education. This allows flexibility for the music therapy document to extend a broad range of abilities.

1.3 Rationale

All students have the right to access opportunities that develop their communicative, creative and social skills to their full potential. The *National Review of School Music Education* (2005) lists its first priority requiring action as being to 'Improve the equity of access, participation and engagement in school music for all students' (Pascoe *et al.*, 2005, p. v). Students within the special education context need extra experiences to develop their communication and social skills.

Music holds a significant place in daily life, is used for celebration and is representative of world cultures. It is a particular form of communication that extends beyond the capabilities of language. Its uniqueness is particularly important to music therapy in several ways. Music can represent, access and express emotions for special students who

may often have expressive and/or receptive communication challenges. It is also an art form and capable of being moulded to suit the immediate needs of those responding or creating. Music can convey meaning and information, and facilitates communication in contexts that may otherwise not foster communication; for example, a child who has no spoken language may create musical dialogue in a variety of ways. Engagement in music therapy offers students opportunities for emotional, cognitive and psychomotor development. It facilitates expression, imagination and exploration. Music therapy provides opportunities for students to develop language in a variety of forms by sharing and communicating with others. It also provides easy access to a large range of collaborative skill development opportunities.

By designing a syllabus for music therapy that links to the Life Skills and other syllabus documents, music therapy is integrated into the individual education programme for each student. The syllabus structure is adaptable enough to meet the requirements and needs of the broad range of students participating in special education. It is applicable to both individual and group music therapy. The syllabus structure is adaptable to the needs of students across a range of abilities, ages and interests.

2 Support for School Certificate attainment

Choosing the 7-10 Music Education Syllabus supports the achievement of attaining the School Certificate which is within the scope of some special education students. The requirements include 100 mandatory hours in music (BOS, 2003, p. 14) and 300 integrated hours in Personal Development, Health and Physical Education (BOS, 2004, p. 20) across Years 7-10.

3 Indicative hours of study

The term indicative hours refers to the hours that a student is required to spend on that course to achieve completion.

Indicative Hours		
Student in Stage 4–5	Completing Music Life Skills	100 indicative hours
Student in Stage 6	Completing Music Life Skills	120 indicative hours

Table 41 Indicative hours

4 Music therapy for students with special education needs

Music therapy is the use of sound and music to achieve therapeutic aims. The Australian Music Therapy Association describes music therapy in special education as 'the functional use of music to achieve and enhance special education goals, while offering an alternative to traditional teaching methods' (Leung & Flood, 2003). Whilst it has established its presence in schools, music therapy remains a limited field in special education.

5 The music therapy and music education relationship

The development of the Music Therapy Syllabus adds clarity regarding the two professions of music therapy and music education. The relationship between them is more profound than the simple fact that they share common activities; it also relates to the unique qualities of music itself and the potential for creativity that each discipline offers. Both music therapy and music education define themselves as contributing to change in areas of socialisation, emotional and cognitive development, motor skills, and expressive and emotional development. Comparing definitions highlights the intersection of the two professions. The *National Music Education Review* attributes to music education the responsibility for contributing to 'emotional, physical, and social and cognitive growth of all students' (Pascoe *et al*., 2005, p. ii). Similarly, the Australian Music Therapy Association brochure definition for music with young children includes 'socialisation, communication, self-expression, and sensory-motor skills' (Leung & Flood, 2003). Most music therapy definitions include the same areas of development; for example, Bunt's definition encourages 'physical, mental, social and emotional well-being' (Bunt, 1994, p. 8). A repercussion of this close relationship is the task required of music therapists to differentiate between the two disciplines. The premise of this Music Therapy Syllabus is to define music therapy and music education through articulating outcomes specific to both professions.

6 The pathway of participating in music therapy in the K-12 curriculum

The Music Therapy Syllabus contains objectives and outcomes that encompass a wide range of developmental abilities and ages. It is designed to adapt to all students with special needs through the range of outcomes and indicators. Due to its broad scope, the

syllabus is applicable at each of the six stages of curriculum areas. For example, the Music Therapy Syllabus can be utilised for a student with a chronological age of 18 and a developmental age of 5 years. Alternatively, an intellectually normal 10 year old with a behavioural diagnosis can concentrate on interpersonal and behavioural skills at Stage 1 level.

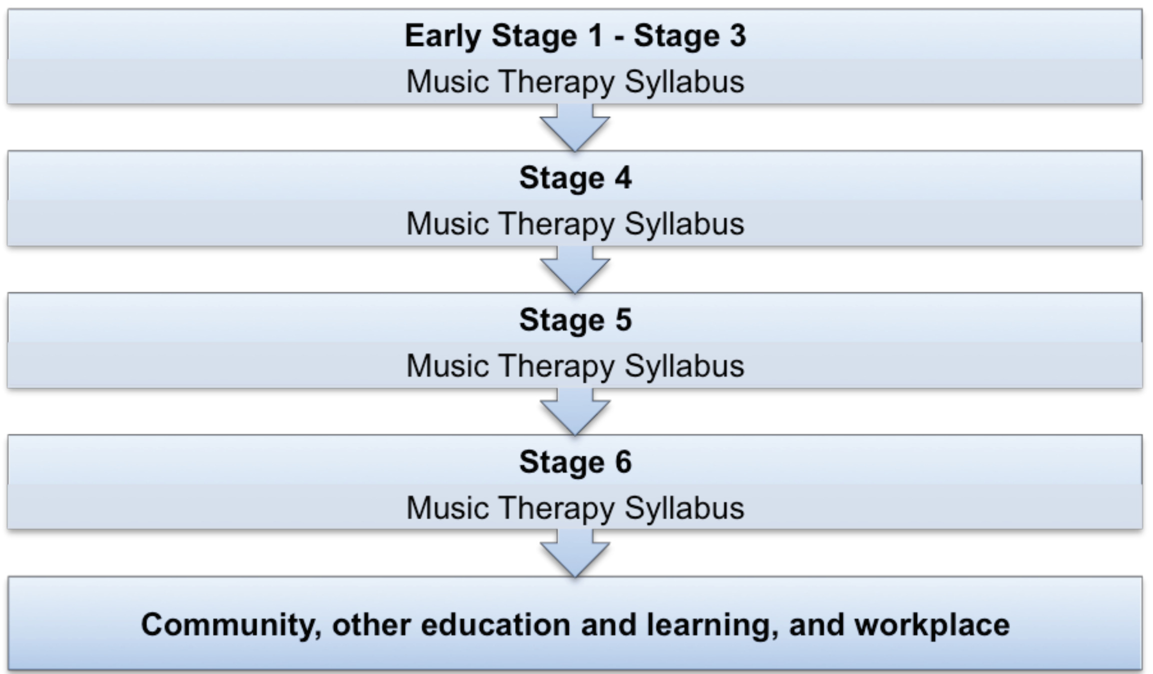


Figure 37 The pathway to participation in music therapy in the K-12 Curriculum

7 Decision to access music therapy

The decision to engage in music therapy should be made as part of a treatment or educational plan. The individual student's needs should be considered foremost. The Music Therapy Syllabus addresses communication, educational, emotional and social needs for students. Music therapy should be implemented to meet the music education requirements for the student and address behavioural needs. Music therapy may be considered as an additional support for the student in order to reach his/her goal for achievement potential.

8 Assessment

Assessment of the Music Therapy Syllabus should be addressed by music therapists by utilising the most appropriate method. A Music Therapy Assessment linked to the music

therapy outcomes is provided following the syllabus document. Music therapists write detailed descriptive reports that address the process of music therapy. Scores of music created during sessions, audio and video recordings can also assist the assessment process. Music therapists commonly adapt and design their own assessment tools to suit the specific needs of the facility and the students.

After selecting the appropriate music therapy outcomes, music therapists should:

- determine the needs of the student and gather evidence in relation to the outcomes for the individual student
- consider which music therapy methods are most appropriate to achieve the music therapy outcome
- plan music therapy session activities that address the needs of the student
- provide appropriate recognition of students in relation to their participation
- reflect on the student's participation in relation to the selected music therapy outcomes
- adjust therapeutic strategies/methods accordingly.

9 Aim

The aim of the Music Therapy Syllabus is to provide students with the opportunity to develop expressive and receptive communication, social and creative skills through musical experiences in participation, creation and listening.

10 Objectives

10.1 Communication, social and creative skills

Students will develop communication, social and creative skills by participation in music therapy through:

- **Communication** through vocal and instrumental participation as a means of self-expression and the sharing of musical performance
- **Social** opportunities to develop communication skills within the musical context

- **Creative** experiences in music-making.

10.2 Communication objective

- Develop understanding and experience of self-expression and communication through musical engagement

10.3 Social objective

- Develop understanding and experience of interpersonal and social opportunities

10.4 Creative objective

- Develop creative expression through musical invention and play

10.5 Values and attitudes

Students will value and appreciate:

- The communicative possibilities of music, the enjoyment and rewards of engagement with others, the expressive and emotional possibilities available through music

11 Music therapy outcomes

Music therapy with students who have special education needs requires recognition of age, ability range and educational needs. The music therapy outcomes address age range and varying ability through outcomes that facilitate differing achievement levels and alternative methods for achieving the outcome. For example, musical initiating may take a variety of forms, from vocal or instrumental to movement. Educational needs are addressed directly through the demonstrated links to existing Education Outcomes. The music therapy outcomes are inclusive of the different methods and approaches used by music therapists. Individual music therapists make different choices regarding instruments, repertoire and improvisation. The syllabus outcomes and indicators are comprehensive enough to cater for individual differences of students and therapists in a variety of settings.

12 Outcomes

In order to assist educators and music therapists to identify clearly how music therapy may be integrated into the overall curriculum, the Syllabus is structured around eight music therapy outcomes and linked to 10 Life Skills Music Education Outcomes, selected PDHPE Outcomes and a CPA Dance Outcome from existing BOS Syllabi. The included outcomes are listed in Table 42.

Objectives	Outcomes
Students will:	**A student:**
Develop understanding and experience of self-expression and communication through musical engagement	**MT1 communicates with others** MT1.1 through vocalisations MT1.2 through musical sounds MT1.3 participates in musical dialogue e.g. turn-taking MT1.4 imitates/reflects non-musically MT1.5 plays tuned/untuned percussion instrument MT1.6 plays/sings rhythmically MT1.7 plays/sings with pitch awareness MT1.8 plays/sings with little awareness of music MT1.9 creates or composes MT1.10 uses visual and/or notational aids MT1.11 records/performs
Develop creative expression through musical invention and play	**MT2 initiates musically** MT2.1 experiments and improvises MT2.2 initiates instrumentally MT2.3 explores an instrument MT2.4 initiates vocally MT2.5 initiates sharing music with others MT2.6 initiates lyrics MT2.7 initiates movement
Develop understanding and experience of self-expression and communication through musical engagement	**MT3 responds musically to stimulus** MT3.1 vocalises to known/unknown melody MT3.2 attends to a sound e.g. head movement/eye tracking MT3.3 imit ates musically MT3.4 reflects musically MT3.5 initiates lyrics MT3.6 initiates movement
Develop creative expression through musical invention and play	**MT4 moves in response to music** MT4.1 movement response to music MT4.2 moves in relation to pitch MT4.3 communicates through movement MT4.4 moves rhythmically
Develop understanding and experience of interpersonal and social opportunities	**MT5 interacts socially** MT5.1 through language MT5.2 makes music with others MT5.3 shares sound co-operatively MT5.4 makes music in socially appropriate ways MT5.5 through sound MT5.6 takes turns while playing with another

Objectives	Outcomes
Students will:	**A student:**
Develop understanding and experience of self-expression and communication through musical engagement	**MT6 expresses emotion** MT6.1 engages with enjoyment MT6.2 responds with appropriate emotion MT6.3 musically expresses a feeling e.g. loud/soft/gradations MT6.4 uses language for feeling and expression
Develop understanding and experience of self-expression and communication through musical engagement	**MT7 listens to a range of music** MT7.1 experiences new music MT7.2 uses musical cue e.g. hello/goodbye songs MT7.3 listens to improvisations or compositions MT7.4 experiences familiar music
Develop understanding and experience of interpersonal and social opportunities	**MT8 makes decisions** MT8.1 chooses an instrument MT8.2 makes musical choices within an improvisation MT8.3 chooses a musical activity MT8.4 chooses how to interact with others

Table 42 Objectives, outcomes and indicators

13 Application

The Syllabus is intended for application by music therapists working with students with special needs. It can provide the basis for the development of music therapy programmes that are tailored to individual needs and which can relate to and be integrated into the students' overall educational programme.

14 Music therapy content

The content provides the range of methods for music therapy opportunities. The content and methods will be chosen by the music therapist in order to meet the needs, goals and programme of each student. It is not necessary that students complete all content in order to demonstrate or achieve an outcome. The content ideas in Table 43 relate to the indicators for each outcome and are to be used as a resource rather than a prescriptive plan.

Music Therapy Outcomes		Music Therapy Content
	Student experiences and learns to:	**Student participates in communication and musical opportunities through:**
MT1	• communicate with others	• vocalisation experiences • playing and/or singing with a range of pitch possibilities • making a variety of musical sounds • engaging in music dialogue vocally or instrumentally • imitating a sound and/or reflecting the sound non-musically • playing tuned and untuned percussion instruments • experiencing rhythmic playing and singing • creating and/or compositional activities • using visual and notational aids to support music making • recording and performing music • experimenting and improvising musically
MT2	• initiate musically	• initiating instrumentally • exploring an instrument • initiating vocally • initiating musical sharing with others • initiating lyrics through language • initiating movement to music
MT3	• respond musically to stimulus	• vocalising or singing to a known or unknown melody • attending to sounds or music through movement or facial interest and attention • imitating a musical response to a musical experience • reflecting an experience or musical sound musically
MT4	• move in response to music	• moving in response to music • moving in relation to pitch range or direction • communicating through movement to music • moving rhythmically in relation to music

Music Therapy Outcomes		Music Therapy Content
	Student experiences and learns to:	**Student participates in communication and musical opportunities through:**
MT5	• interact socially	• using language • making music with others • sharing sound co-operatively • making music in socially appropriate ways • sound creation and participation • taking turns while playing with another
MT6	• express emotion	• engaging in activity with enjoyment • responding with appropriate emotion • musically expressing a feeling using dynamics or other expressive music techniques • using language for feeling and expressive description
MT7	• listen to a range of music	• experiencing new music • using musical cues for participation • listening to improvisations or compositions • experiencing familiar music
MT8	• make musical decisions	• choosing their own instrument • making musical choices within improvisation • choosing a music activity • choosing how to interact with others

Table 43 Music therapy content

Outcome

MT1 communicates with others

Students have opportunities to communicate:

- through vocalisations with pitch and/or rhythmic focus accompanied or solo
- through musical sounds
- participates in musical dialogue e.g. turn-taking
- imitates/reflects non-musically in words or movement or affects expression
- plays tuned/untuned percussion instrument
- plays/sings rhythmically
- plays/sings with pitch awareness
- plays/sings with little awareness of music
- creates or composes
- uses visual and/or notational aids
- records/performs

Students develop understanding about the communication capabilities of music and its concepts through:

- singing and vocalising to given music
- producing sound via given opportunities
- producing sound in any way possible for the student e.g. sound beam or banana keyboard
- playing with another when offered an instrument
- singing or vocalising with accompaniment
- with group, accompanied or solo to familiar music or as an improvisation
- maintaining a sense of pulse with an accompaniment to a familiar song
- sharing a rhythm, copying a rhythm or maintaining a given beat
- singing or playing a melodic phrase with accuracy
- singing or playing the same pitch or in harmony with another part

MT2 initiates musically

Students have opportunities to communicate:

- experiments and improvises
- initiates instrumentally
- explores an instrument
- initiates vocally
- initiates sharing music with others
- initiates lyrics
- initiates movement

Students develop understanding about the communication capabilities of music and its concepts through:

- making a variety of sounds
- exploring instrumentally and vocally
- creating movement
- composing

Outcome	
MT3 responds musically to stimulus	
Students have opportunities to communicate: • vocalises to known/unknown melody • attends to a sound e.g. head movement/eye tracking • imitates musically • reflects musically	**Students develop understanding about the communication capabilities of music and its concepts through:** • engaging in singing/playing and movement to music • using pitch and/or rhythm in responding
MT4 moves in response to movement	
Students have opportunities to communicate: • movement response to music • moves in relation to pitch • communicates through movement • moves rhythmically	**Students develop understanding about the communication capabilities of music and its concepts through:** • moving to reflect musical features and their changes including pitch, tempo or dynamics
MT5 interacts socially	
Students have opportunities to communicate: • through language • makes music with others • shares sound co-operatively • makes music in socially appropriate ways • through sound • takes turns while playing with another	**Students develop understanding about the communication capabilities of music and its concepts through:** • participating in music creation with another or in a group • contributing and waiting in a musical interaction

Outcome	
MT6 expresses emotion	
Students have opportunities to communicate: • engages with enjoyment • responds with appropriate emotion • musically expresses a feeling e.g. loud/soft/gradations • uses language for feeling and expression	**Students develop understanding about the communication capabilities of music and its concepts through:** • showing affect in language, facial expression or sound • reflecting an emotional response in a musical way
MT7 listens to a range of music	
Students have opportunities to communicate: • experiences new music • uses musical cue e.g. hello/goodbye songs • listens to improvisations or compositions • experiences familiar music	**Students develop understanding about the communication capabilities of music and its concepts through:** • play/sing/listen to new songs and music • utilising songs as cues for responses e.g. waving in goodbye song • recognising familiar music with participation
MT8 makes decisions	
Students have opportunities to communicate: • chooses an instrument • makes musical choices within an improvisation • chooses a musical activity • chooses how to interact with others	**Students develop understanding about the communication capabilities of music and its concepts through:** • recognition of tone colour through instrument selection • making pitch and rhythmic choices in music making • engaging in social interactions with others

Table 44 Music therapy outcomes by indicators

15 Organisation of content

The Music Therapy Syllabus builds on the artistic potential and communicative possibilities of music. The Syllabus utilises the concepts of music (BOS, 2009) to support music therapy methods and analysis of musical content within sessions.

16 Concepts of music

- duration
- pitch
- dynamics and expressive techniques
- tone colour
- texture
- structure

Duration: This refers to the lengths of sounds and silences in music and includes the aspects of beat, rhythm, metre, and tempo, pulse rates and absence of pulse.

Pitch: This refers to the relative highness or lowness of sounds. Important aspects include high, low, higher and lower pitches, direction of pitch movement, melody, harmony, definite and indefinite pitch.

Dynamics and expressive techniques: Dynamics refers to the volume of sound. Important aspects include the relative loudness and softness of sounds, changes in loudness (contrast) and the emphasis on individual sounds (accent).

Tone colour: This refers to that aspect of sound that allows the listener to identify the sound source or combinations of sound sources.

Texture: This refers to the layers of sound that make a composition and the function of each of those layers.

Structure: This refers to the design or form in music. (BOS, 2009, p. 30-31).

17 Participatory therapeutic experiences

Music therapy programme design should include each of the therapeutic experiences. Therapeutic participation relies on the therapist making professional decisions based on the individual needs of each student and adapting to any changes over time or within sessions. The music therapist employs therapeutic experiences that utilise communicative, social, interpersonal and creative abilities.

Participatory therapeutic experiences are:

- communicating using music
- social interactions in and around musical content
- creative musical opportunities.

18 Communication in music therapy

Communication is a primary aim of music therapy sessions. The development of communication skills should be fostered by providing a range of opportunities for engagement in sound, music and language.

19 Music therapy experiences

19.1 Communication

The design of a music therapy programme should include balance across different musical and interactive experiences. Music therapy is facilitated when participation occurs within a therapeutic relationship. In selecting repertoire for music therapy activities for creating, playing vocalising or singing and listening, therapists should provide a balance where possible, to address the individual needs of students. They should also explore new opportunities for students to participate in communication through music.

19.2 Initiation

Initiation refers to students participating in something new or contributing something of themselves into the music therapy session. This may take the form of vocalising or

singing, playing, speaking or using movement to communicate. A variety of media should be offered to encourage initiating by students. It is also important for the structure of the session to include spaces and opportunities that encourage initiation from students.

19.3 Response

Response refers to students' reactions and musical, movement or verbal behaviours/actions that are made in response to an interaction or musical event in the session. Responses can include vocal, verbal, instrumental, movement, facial expressions, attending and emotional expression. Responses can range from a moment of eye contact or hand wave, a breathing rate change to creating a song.

19.4 Movement

Movement can be organised by responding to music, which can support physical challenges at times by using the rhythmic impetus of the music to encourage movement. It supports students' understanding and range of abilities for interaction and communicating and also provides response opportunities to understand the concepts of music. Movement in relation to the concepts of music relates most significantly to pitch direction and changes, rhythmic and tempo changes and also students' demonstration of dynamic identification.

19.5 Social interaction

Music therapy provides many opportunities for social interaction at a range of levels. The music therapist should aim to include a range of opportunities to suit differing individual needs; for example, sharing an instrument, simply sharing one beat or creating together, which provide opportunities for social interaction. Establishing eye contact or experiencing a musical exchange or conversation are all possible activities within the music therapy session.

19.6 Emotional expression

The potential for expression, both passive and active, within the music therapy session is extensive. Music can potentially communicate emotions that are otherwise

unexpressed for reasons of limited communication skills or lack of opportunities. Music has the potential to change within the moment and adapt to the needs of a student.

19.7 Listening

Listening and attending skills are important in the music therapy session. These skills are also important in daily life and functioning. Listening in a variety of forms with constant possibilities for change is easy within the music therapy session. Listening to others is an essential step in communication and interaction, which can enhance the quality of life and support a student's needs.

19.8 Decision making

Practising the skills around making decisions is vital in supporting the development of students with special needs.

20 Links

The development of this syllabus has been strongly influenced by two other syllabus documents which are closely related to music therapy. These two Syllabi are the Music Years 7-10 Syllabus (BOS, 2003) and the Life Skills Years 7-10 (BOS, 2007) documents of the Board of Studies. The Music and Life Skills Syllabi have provided examples of the structure of an educational syllabus and a framework for the Music Therapy Syllabus and Assessment development. Other significant documents include the Creative Arts K-6 (BOS, 2006) and the Personal Development, Health and Physical Education Syllabus (BOS, 2001) documents. The syllabus construction is familiar in structure and style for educators; this was essential to provide a strong connection between the new Music Therapy Syllabus and existing documents. In the special education classroom, there is significant emphasis on social and interactional skills, which is reflected in the choice of the PDHPE Syllabus. The selected Education Outcomes which were used as links to music therapy are listed in Figure 38.

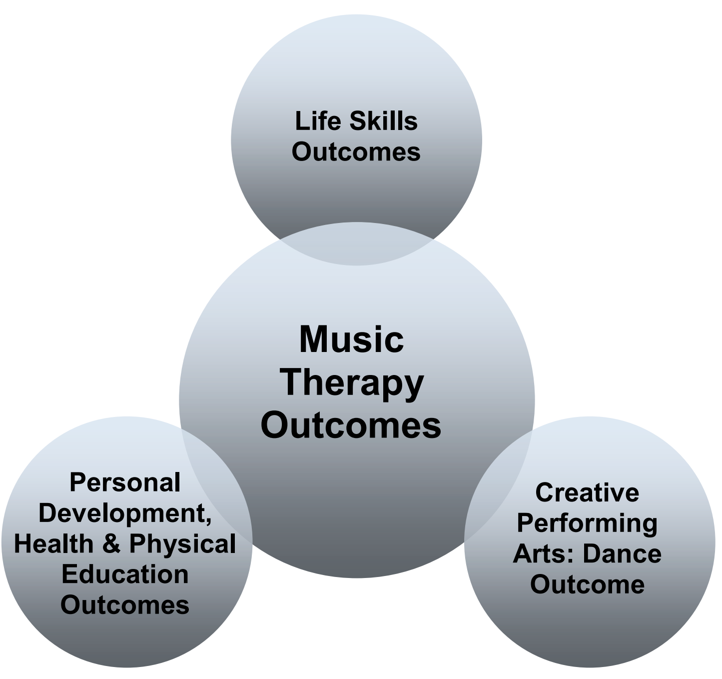


Figure 38 Education Outcomes which relate to music therapy outcomes

21 Music therapy outcome links to other syllabi

The relationship of music therapy outcomes to existing Education Outcomes is represented in Table 45. The strongest relationship is with Music Education Life Skills Outcomes.

Music Therapy Outcome Links to Other Syllabi
A student:
Life Skills Music Outcomes connecting with music therapy outcome 1
LS.1.2 to MT1.1 and MT1.2 LS.1.3 to MT1.6 LS.1.4 to MT1.7 LS.6.3 to MT1.9 LS.6.1 to MT1.10 LS.6.2 to MT1.11
Life Skills Music Outcomes connecting with music therapy outcome 2
LS.4.2 to MT2.1, MT2.2 and MT2.3 LS.4.1 to MT2.4
Life Skills Music Outcomes connecting with music therapy outcome 3
LS.2.1 to MT3.1 LS.2.2 to MT3.1
PDHPE Outcome connecting with music therapy outcome 3
COES1.1 to MT3.4
Life Skills Music Outcome connecting with music therapy outcome 4
LS.1.1 to MT4.1
PDHPE Outcomes connecting with music therapy outcome 4
COS1.2 to MT4.1 COS3.1.3 to MT4.3 DAES1.7 to MT4.2 and MT4.4
Dance Outcome connecting with music therapy outcome 4
DAS2.1 to MT6.3
Life Skills Music Outcomes connecting with music therapy outcome 5
LS.5.1 to MT5.2 LS.3.2 to MT5.2 LS.3.3 to MT5.3 LS.3.1 to MT5.4 LS.5.2 to MT5.5 LS.3.4 to MT5.6
PDHPE Outcomes connecting with music therapy outcome 5
COS2.1.1 to MT5.1 INS1.3.3 to MT5.2 INS2.3.1 to MT5.3 INES1.3.2 to MT5.3 INES1.3.1 to MT5.3 INES1.3.3 to MT5.4 INS1.3.2 to MT5.5 INS1.3.1 to MT5.6
Life Skills Music Outcomes connecting with music therapy outcome 6
LS.2.3 to MT6.1 LS.10 to MT6.2
PDHPE Outcome connecting with music therapy outcome 6
COS.1.1.1 to MT6.2

Life Skills Music Outcomes connecting with music therapy outcome 7
LS.7.3 to MT7.1 LS.9 to MT7.1 LS.7.4 to MT7.1 LS.7.1 to MT7.2 LS.7.5 to MT7.2 LS.7.2 to MT7.3 LS.7.2 to MT7.4
Life Skills Music Outcome connecting with music therapy outcome 8
LS.8.1 to MT8.1, MT8.2 & MT8.3
PDHPE Outcome connecting with music therapy outcome 8
DMS2.12.1 to MT8.4

Table 45 Music therapy outcome links to other syllabi

Music Therapy Assessment

Life Skills Music Education Outcomes

Section 1 applies Life Skills Music Education Outcomes which are listed in Table 46, (LS.1-LS.10) from Board of Studies Music Years 7-10 Syllabus. Beneath each of the included BOS outcomes are selected indicators that may be observed in the session.

Life Skills.1 **uses movement, vocalisation or instruments to respond to a range of music**	**Life Skills.2** **vocalises, sings or plays an instrument**
• move all or part of body in response to music • vocalise, hum, and/or whistle along with music • use non-melodic percussion instruments to keep the beat of music • use non-percussion instruments to maintain a common beat	• vocalises and/or sings to a variety of known music • sings new songs • play an instrument for personal enjoyment
Life Skills.3 **vocalises, sings or plays an instrument as part of a group**	**Life Skills.4** **experiments in making musical sounds**
• confidently join in group singing of known and unknown songs • play known and unknown music as part of a group • play and cease playing an instrument on cue • play an individual part within a musical piece	• experiment with voice to produce musical sounds • experiment with ways of producing musical sounds using a variety of instruments e.g. electronic sound beam, tap different parts of body with tambourine, use different beaters, etc
Life Skills.5 **experiments in organising musical sounds**	**Life Skills.6** **experiments in representing and recording musical sounds**
• produce a sound on cue • produce sounds of different pitch and duration when playing as part of a group	• use graphic notation for representing musical sounds eg pictures, colours • use equipment to record musical sounds • organise musical experiments into a composition
Life Skills.7 **experiences music from a variety of social, cultural and historical contexts**	**Life Skills.8** **communicates responses to a variety of music**
• recognise sections/patterns including repeated patterns, etc • demonstrate appropriate audience behaviour when listening to music in different performance situations • experience music of various styles • experience music of different cultures • recognise the role of music in different situations and contexts	• use nonverbal communication to indicate like or dislike for particular music
Life Skills.9 **appreciates a variety of music**	**Life Skills.10** **engages in performing, composing and listening experiences for enjoyment**
(Life Skills Outcomes, BOS Music Syllabus 2003, p. 40)	

Table 46 Life Skills Music Education Outcomes

Creative Arts

This includes a Dance outcome and indicator from the Creative Arts K-6 Board of Studies Syllabus (see Table 47). Beneath the included BOS Outcome is a selected indicator, which applies to the music therapy context. Dot points are indicators from the Syllabus which are included in the assessment.

DAES2.1   **performs dances from a range of contexts demonstrating movement skills, expressive qualities and an understanding of the elements of dance**
• dances using expressive qualities to interpret ideas and communicate feelings, e.g. chooses from a range of action and dynamics to reflect the interpretation of an idea

Table 47 Dance Outcome

Personal Development, Health and Physical Education

Section 2 includes Personal Development, Health and Physical Education Outcomes from Board of Studies K-6 Syllabus, which are listed in Table 48. Beneath each of the included BOS Outcomes are selected indicators which apply to the music therapy context. Dot points are indicators from the Syllabus which are included in the assessment.

COES1.1 **expresses feeling, needs and wants in appropriate ways**	**COS1.1** **communicates appropriately in a variety of ways**	**COS2.1** **uses a variety of ways to communicate with and within groups**	**COS3.1** **communicates confidently in a variety of situations**	**DMS2.2** **makes decisions as an individual and as a group member**
• plays simple response games	• shows understanding about others' feelings • expresses themselves through movement	• shares ideas, feelings and opinions with others	• communicates an idea or story through movement	• considers feelings and needs of others in making decisions
INES1.3 **relates well to others in work and play situations**	**INS1.3** **develops positive relationships with peers and other people**	**INS2.3** **makes positive contributions in group activities**	**DAES1.7** **moves in response to various stimuli**	
• learns to share equipment, material and workspace • works happily with class peers • uses self-control to deal with anger or excitement	• displays cooperation in group activities e.g. taking turns • listens and responds to others • interacts with other students and adults	• helps others to achieve set tasks	• listens to music and moves body parts to beat • moves in response to different quality of music e.g. loud, strong, soft	

Table 48 Personal Development, Health and Physical Education Outcomes

This Music Therapy Syllabus has an accompanying Music Therapy Assessment which follows.

Music Therapy Special Education Assessment

Years K-12

2012

Full & Brief Versions

Assessment for Measurement in Music Therapy

This Music Therapy Assessment is designed to measure activity within music therapy sessions and change across sessions in the special education context. It incorporates selected outcomes from the Board of Studies New South Wales Music Years 7–10 Syllabus (2003) and the K-6 Personal Development, Health and Physical Education (BOS, 2001) and Creative Arts Early Stage 1, Stage 1, 2 and 3 documents (BOS, 2006). The Assessment shows links between music therapy and existing Educational Outcomes. The music therapy outcomes include actions or indicators that provide a checklist for occurrence per session for recording purposes.

Section 1 Music Therapy Outcomes

Section 1 applies specifically designed music therapy outcomes, which are listed in Table 49. Beneath each outcome is a list of potential indicators that may be observed in the session.

MT1 COMMUNICATES WITH OTHERS	MT2 INITIATES MUSICALLY	MT3 RESPONDS MUSICALLY TO STIMULUS	MT4 MOVES IN RESPONSE TO MUSIC
• through vocalisations • through musical sounds • participates in musical dialogue e.g. turn-taking • imitates/reflects non-musically • plays tuned/untuned percussion instrument • plays/sings rhythmically • plays/sings with pitch awareness • plays/sings with little awareness of music • creates or composes • uses visual and/or notational aids • records/performs	• experiments and improvises • initiates instrumentally • explores an instrument • initiates vocally • initiates sharing music with others • initiates lyrics • initiates movement	• vocalises to known/unknown melody • attends to a sound eg head movement/eye tracking • imitates musically • reflects musically • initiates lyrics • initiates movement	• movement response to music • moves in relation to pitch • communicates through movement • moves rhythmically
MT5 INTERACTS SOCIALLY	**MT6 EXPRESSES EMOTION**	**MT7 LISTENS TO A RANGE OF MUSIC**	**MT8 MAKES MUSICAL DECISIONS**
• through language • makes music with others • shares sound co-operatively • makes music in socially appropriate ways • through sound • takes turns while playing with another	• engages with enjoyment • responds with appropriate emotion • musically expresses a feeling eg loud/soft/gradations • uses language for feeling and expression	• experiences new music • uses musical cue eg hello/ goodbye songs • listens to improvisations or compositions • experiences familiar music	• chooses an instrument • makes musical choices within an improvisation • chooses a musical activity • chooses how to interact with others

Table 49 Music therapy indicators

Section 2 BOS Life Skills Music Education Outcomes

Section 2 applies Life Skills Music Education Outcomes which are listed in Table 50 (LS.1-LS.10) from Board of Studies Music Years 7-10 Syllabus. Beneath each of the included BOS Outcomes are selected indicators that may be observed in the session.

Life Skills.1 **uses movement, vocalisation or instruments to respond to a range of music**	**Life Skills.2** **vocalises, sings or plays an instrument**
• move all or part of body in response to music • vocalise, hum, and/or whistle along with music • use non-melodic percussion instruments to keep the beat of music • use non-percussion instruments to maintain a common beat	• vocalises and/or sings to a variety of known music • sings new songs • play an instrument for personal enjoyment
Life Skills.3 **vocalises, sings or plays an instrument as part of a group**	**Life Skills.4** **experiments in making musical sounds**
• confidently join in group singing of known and unknown songs • play known and unknown music as part of a group • play and cease playing an instrument on cue • play an individual part within a musical piece	• experiment with voice to produce musical sounds • experiment with ways of producing musical sounds using a variety of instruments e.g. electronic sound beam, tap different parts of body with tambourine, use different beaters, etc
Life Skills.5 **experiments in organising musical sounds**	**Life Skills.6** **experiments in representing and recording musical sounds**
• produce a sound on cue • produce sounds of different pitch and duration when playing as part of a group	• use graphic notation for representing musical sounds eg pictures, colours • use equipment to record musical sounds • organise musical experiments into a composition
Life Skills.7 **experiences music from a variety of social, cultural and historical contexts**	**Life Skills.8** **communicates responses to a variety of music**
• recognise sections/patterns including repeated patterns, etc • demonstrate appropriate audience behaviour when listening to music in different performance situations • experience music of various styles • experience music of different cultures • recognise the role of music in different situations and contexts	• use nonverbal communication to indicate like or dislike for particular music
Life Skills.9 **appreciates a variety of music**	**Life Skills.10** **engages in performing, composing and listening experiences for enjoyment**
(Life Skills Outcomes, BOS Music Syllabus 2003, p. 40)	

Table 50 Life Skills Music Education Outcomes

Section 3 Dance Outcome from the BOS Creative Arts Syllabus K-6

A Dance Outcome and indicator from the Creative Arts K-6 Board of Studies Syllabus, which is listed in Table 51. Beneath the included BOS Outcome is a selected indicator, which applies to the music therapy context. The dot point is an indicator from the syllabus which is included in the Assessment.

DAES2.1 **performs dances from a range of contexts demonstrating movement skills, expressive qualities and an understanding of the elements of dance**
• dances using expressive qualities to interpret ideas and communicate feelings, e.g. chooses from a range of action and dynamics to reflect the interpretation of an idea

Table 51 Dance Outcome

Section 4 BOS Outcomes from the Personal Development, Health and Physical Education K-6

Section 3 includes Personal Development, Health and Physical Education Outcomes from Board of Studies K-6 Syllabus, which are listed in Table 52. Beneath each of the included BOS Outcomes are selected indicators which apply to the music therapy context.

Dot points are indicators from the syllabus which are included in the Assessment.

COES1.1 **expresses feeling, needs and wants in appropriate ways**	COS1.1 **communicates appropriately in a variety of ways**	COS2.1 **uses a variety of ways to communicate with and within groups**	COS3.1 **communicates confidently in a variety of situations**	DMS2.2 **makes decisions as an individual and as a group member**
• plays simple response games	• shows understanding about others' feelings • expresses themselves through movement	• shares ideas, feelings and opinions with others	• communicates an idea or story through movement	• considers feelings and needs of others in making decisions
INES1.3 **relates well to others in work and play situations**	**INS1.3** **develops positive relationships with peers and other people**	**INS2.3** **makes positive contributions in group activities**	**DAES1.7** **moves in response to various stimuli**	
• learns to share equipment, material and workspace • works happily with class peers • uses self-control to deal with anger or excitement	• displays cooperation in group activities e.g. taking turns • listens and responds to others • interacts with other students and adults	• helps others to achieve set tasks	• listens to music and moves body parts to beat • moves in response to different quality of music e.g. loud, strong, soft	

Table 52 Personal Development, Health and Physical Education Outcomes

Music Therapy Assessment

Date:	**Child Name:**	**Age:**

Child Description/Diagnosis:

Session Type: Group ❑ Individual ❑ | **Attendance:** Weekly ❑ Bi-weekly ❑ Other:

Commencement Date:	**Conclusion Date:**

Music Therapist:	**Facility:**

Notes:

BOS PERSONAL DEVELOPMENT, HEALTH & PHYSICAL EDUCATION	*BOS CREATIVE ARTS: MUSIC LIFE SKILLS & DANCE*	**MUSIC THERAPY OUTCOME**	**Child Name:**										
			Complete date and record action below e.g. ✓ or 卌										
	LS.1 uses movement, vocalisation or instruments to respond to a range of music *LS.6 experiments in representing and recording musical sounds*	**MT1 Communicates with others**											
Indicator	*Students learn to*	**Indicator**	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	vocalise, hum, and/or whistle along with music	through vocalisation											
		plays/sings with pitch awareness											
		through musical sounds											
		participates in musical dialogue e.g. turn-taking											
		imitates/reflects non-musically											
	use non-melodic percussion instruments to keep the beat of music	plays tuned/untuned percussion instruments											
	use non-percussion instruments to maintain a common beat	plays/sings rhythmically											
		plays/sings with little awareness of music											
	organise musical experiments into a composition	creates or composes											
	use graphic notation for representing musical sounds eg pictures, colours	uses visual and notational aids											
	use equipment to record musical sounds	records/performs											
Evaluation/comments:													

BOS PERSONAL DEVELOPMENT, HEALTH & PHYSICAL EDUCATION	***BOS CREATIVE ARTS: MUSIC LIFE SKILLS & DANCE***	**MUSIC THERAPY OUTCOME**	**Child Name:** *Complete date and record action below e.g. ✓ or ~~||||~~*										
	LS.4 experiments in making musical sounds	**MT2 Initiates musically**											
Indicator	***Students learn to***	**Indicator**	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	experiment with ways of producing musical sounds using a variety of instruments	experiments and improvises											
		initiates instrumentally											
		explores an instrument											
	experiment with voice to produce musical sounds	initiates vocally											
		initiates sharing music with others											
		initiates lyrics											
		initiates movement											

Evaluation/comments:

BOS ***PERSONAL DEVELOPMENT, HEALTH & PHYSICAL EDUCATION***	***BOS*** ***CREATIVE ARTS: MUSIC LIFE SKILLS & DANCE***	**MUSIC THERAPY OUTCOME**	**Child Name:**										
			Complete date and record action below e.g. ✓ or 𝍸										
COES1.1 expresses feeling, needs and wants in appropriate ways	LS.2 vocalises, sings or plays an instrument	**MT3 Responds musically to stimulus**	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Indicator	***Students learn to***	**Indicator**											
	vocalise and/or sings to a variety of known music sing new songs	vocalises to known/unknown melody											
		attends to a sound eg head movement/ eye tracking											
		imitates musically											
plays simple response games		reflects musically											

Evaluation/comments:

BOS PERSONAL DEVELOPMENT, HEALTH & PHYSICAL EDUCATION	***BOS CREATIVE ARTS: MUSIC LIFE SKILLS & DANCE***	**MUSIC THERAPY OUTCOME**	**Child Name:** *Complete date and record action below e.g. ✓ or ~~////~~*										
COS1.1 communicates appropriately in a variety of ways COS3.1 communicates confidently in a variety of situations DAES1.7 moves in response to various stimuli	LS.1 uses movement, vocalisation or instruments to respond to a range of music	**MT4 Moves in response to music**	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Indicator	***Students learn to***	**Indicator**											
expresses themselves through movement	move all or part of body in response to music	movement response to music											
moves in response to different quality of music eg loud, strong, soft		moves in relation to pitch											
communicates an idea or story through movement		communicates through movement											
listens to music and moves body parts to beat		moves rhythmically											

Evaluation/comments:

BOS PERSONAL DEVELOPMENT, HEALTH & PHYSICAL EDUCATION	***BOS CREATIVE ARTS: MUSIC LIFE SKILLS & DANCE***	**MUSIC THERAPY OUTCOME**	**Child Name:** *Complete date and record action below e.g. ✓ or ~~////~~*										
INS2.3 makes positive contributions in group activities INS1.3 develops positive relationships with peers and other people INES1.3 relates well to others in work and play situations COS2.1 uses a variety of ways to communicate with and within groups	LS.3 vocalises, sings or plays an instrument as part of a group LS.5 experiments in organising musical sounds	**MT5 Interacts socially**											
Indicator	***Students learn to***	**Indicator**	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
shares ideas, feelings and opinions with others		through language											
interacts with other students and adults	produce a sound on cue play known and unknown music as part of a group	makes music with others											
helps others to achieve set tasks works happily with class peers learns to share equipment material and workspace	play and cease playing an instrument on cue	shares sound co-operatively											
uses self-control to deal with anger or excitement	confidently join in group singing of known and unknown songs	makes music in socially appropriate ways											
listens and responds to others	produce sounds of different pitch and duration when playing as part of a group	through sound											
displays cooperation in group activities e.g. taking turns	play an individual part within a musical piece	takes turns while playing with another											
Evaluation/comments:													

BOS PERSONAL DEVELOPMENT, HEALTH & PHYSICAL EDUCATION	*BOS CREATIVE ARTS: MUSIC LIFE SKILLS & DANCE*	**MUSIC THERAPY OUTCOME**	**Child Name:** *Complete date and record action below e.g. ✓ or ~~////~~*										
COS1.1 communicates appropriately in a variety of ways	LS.2 vocalises, sings or plays an instrument LS.10 engages in performing, composing and listening experiences for enjoyment DAS2.1 performs dances from a range of contexts demonstrating movement skills, expressive qualities and an understanding of the elements of dance	**MT6 Expresses emotion**											
Indicator	***Students learn to***	**Indicator**	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	play an instrument for personal enjoyment	engages with enjoyment											
shows understanding about others' feelings	perform, compose and listen for enjoyment	responds with appropriate emotion											
	dances using expressive qualities to interpret ideas and communicate feelings	musically expresses a feeling e.g. loud/soft/gradations											
		uses language for feeling and expression											

Evaluation/comments:

BOS PERSONAL DEVELOPMENT, HEALTH & PHYSICAL EDUCATION	*BOS CREATIVE ARTS: MUSIC LIFE SKILLS & DANCE*	**MUSIC THERAPY OUTCOME**	**Child Name:** *Complete date and record action below e.g. ✓ or 𝍸*										
	LS.7 experiences music from a variety of social, cultural and historical contexts LS.9 appreciates a variety of music	**MT7 Listens to a range of music**											
Indicator	***Students learn to***	**Indicator**	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	experience music of various styles	experiences new music											
	appreciate a variety of music												
	experience music of different cultures												
	recognise sections/patterns including repeated pattern, etc	uses musical cue eg hello /goodbye songs											
	recognise the role of music in different situations and contexts												
	demonstrate appropriate audience behaviour when listening to music in different performance situations	listens to improvisations or compositions											
		experiences familiar music											

Evaluation/comments:

BOS PERSONAL DEVELOPMENT, HEALTH & PHYSICAL EDUCATION	***BOS CREATIVE ARTS: MUSIC LIFE SKILLS & DANCE***	**MUSIC THERAPY OUTCOME**	**Child Name:** *Complete date and record action below e.g. ✓ or ////*										
DMS2.2 makes decisions as an individual and as a group member	LS.8 communicates responses to a variety of music	**MT8 Makes decisions**											
Indicator	***Students learn to***	**Indicator**	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
	use nonverbal communication to indicate like or dislike for particular music	chooses an instrument											
		makes musical choices within an improvisation											
		chooses a musical activity											
considers feelings and needs of others in making decisions		chooses how to interact with others											

Evaluation/comments:

Music Therapy Assessment

Date:

Child Name:

Age:

Child Description/Diagnosis:

Session Type: Group ❑ Individual ❑

Attendance: Weekly ❑ Bi-weekly ❑ Other:

Commencement Date:

Conclusion Date:

Music Therapist:

Facility:

Notes:

Music Therapy Special Education Assessment

Brief Version

MUSIC THERAPY OUTCOME	Child Name:										
	Complete date and record action below e.g. ✓ or ⵣ										
MT1 Communicates with others	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
through vocalisation											
plays/sings with pitch awareness											
through musical sounds											
participates in musical dialogue e.g. turn-taking											
imitates/reflects non-musically											
plays tuned/untuned percussion instruments											
plays/sings rhythmically											
plays/sings with little awareness of music											
creates or composes											
uses visual and notational aids											
records/performs											
MT2 Initiates musically											
experiments and improvises											
initiates instrumentally											
explores an instrument											
initiates vocally											
initiates sharing music with others											
initiates lyrics											
initiates movement											
MT3 Responds musically to stimulus											
vocalises to known/unknown melody											
attends to a sound eg head movement/ eye tracking											
imitates musically											
reflects musically											
MT4 Moves in response to music											
movement response to music											
moves in relation to pitch											
communicates through movement											
moves rhythmically											

MUSIC THERAPY OUTCOME	**Child Name:**										
	Complete date and record action below e.g. ✓ or 𝍸										
MT5 Interacts socially	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
through language											
makes music with others											
shares sound co-operatively											
makes music in socially appropriate ways											
through sound											
takes turns while playing with another											
MT6 Expresses emotion											
engages with enjoyment											
responds with appropriate emotion											
musically expresses a feeling eg loud/soft/gradations											
uses language for feeling and expression											
MT7 Listens to a range of music											
experiences new music											
uses musical cue e.g. hello / goodbye songs											
listens to improvisations or compositions											
experiences familiar music											
MT8 Makes decisions											
chooses an instrument											
makes musical choices within an improvisation											
chooses a musical activity											
chooses how to interact with others											

Evaluation/comments:

Figure 39 Music therapy special education assessment – Brief Version

Appendix A

Feedback to Participants: Music Therapist Survey

Music Therapists

Forty music therapists responded to the survey. Music therapists who identified themselves as working in special education and were registered with the Australian Music Therapy Association or the Association of Professional Music Therapists (UK) were invited to participate. Over 500 therapists were invited via email to participate, which produced a return rate between five % and 10 % that compares with return rates from other professions.

Settings

Most music therapists reported practicing in a variety of settings, with full-time positions for the minority. Special education work includes private and government funded centres or units and school-based practice. Outreach, community and private practice settings also feature. Private practice includes 10 out of the 40 music therapists but it is rarely the main source of work for the practitioner.

Children

Music therapists work across the age range of children (4-18 years) and also in early intervention. Music therapists reported practicing with a range of disabilities with different functioning levels and conditions; most therapists work with a range rather than a particular population.

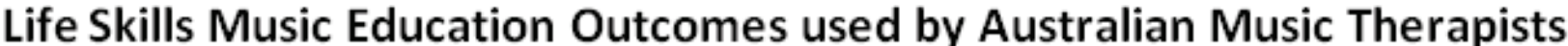
Method

Music therapists reported using a range of methods with less emphasis on movement, dance, drawing/painting/collage, performance and song writing. There is a trend for more improvisation use and less familiar music used by UK therapists.

Therapy and Education

It is clear from the reported use of Music Education Life Skills Outcomes that the overlap between music therapy and music education in the special education context is apparent for all music therapists (see following graphs).

The graph below shows use of Music Education Life Skills Outcomes for Australian Music Therapists: the majority of music therapists reported using seven or more Outcomes.



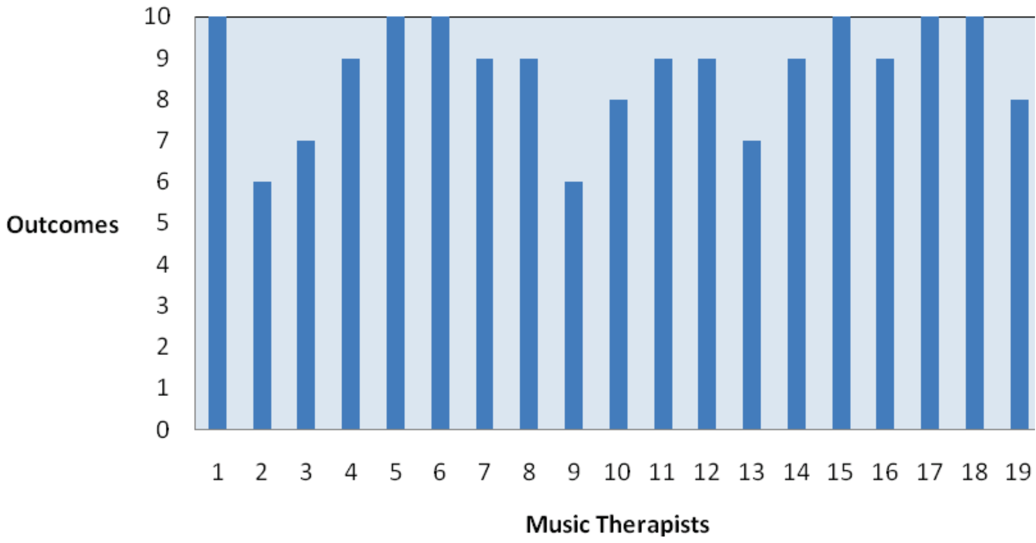


Figure 40 Australian music therapists' outcome use

The graph below shows use of Music Education Life Skills Outcomes for UK Music Therapists: all music therapists reported using six or more Outcomes, with 12 reporting seven or more.

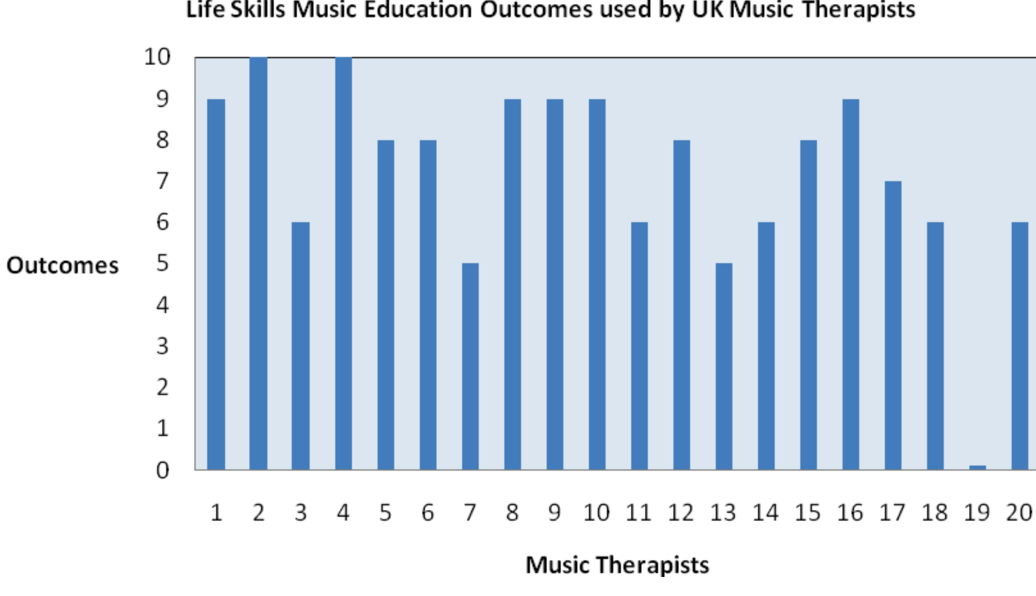


Figure 41 United Kingdom music therapists' outcome use

Appendix B

Music Therapist Interview Transcripts

Interview with Music Therapist 1

Date of interview: 25 September 2006

MT1	**Music Therapist 1**
I	**Interviewer**

1 ***How long have you been working in special education as a music therapist?***

MT1 Started in I think it was 2002 and I did a one and a half day practicum per week from you and then the music therapist at the school left and they offered me the job so that's – so I took over the job – it's a school for specific purposes SSP [School for Specific Purposes] yeah

I And what sort of kids do you work with?

MT1 I'm still there now – there are about 29 kids in the school altogether it's sort of small might be 26 now and I was working with um initially I was just working with younger children so that was the infants and the primary and then about two years ago they asked me to start working with the high school kids as well so now I'm doing groups or the whole school basically the infants primary and high school

I Small groups?

MT1 It's all groups although this year I was having the primary – I had two kids who were incredibly disruptive and basically made it very difficult so they've been taken out of the group and I just do three of those and then the infants was split up and one boy who has a lot of problems he just comes in on his own – work with him on his own and then I work with the rest of the group

2 ***How many hours/week do you work in special education?***

I How much time do you…?

MT1 Two hours

I So what do you do? Four sessions?

MT1 It's four sessions back to back

I And no breaks for write up

MT1 Not in between sessions no so I have to do that at the end

I Set up time?

MT1 No I go in and set up – I get there at 8.45 so it's actually two and a quarter hours

I Do they pay you for that?

MT1 They pay me from 9.00 am to 11.00 am – but they pay me $50/hour I'm happy with that – it's $100 for two hours so that's – I wouldn't want it to be any less than that – especially as I'm going in a bit earlier to set up so

3 ***Describe the types of children that you are working with (conditions, diagnosis, descriptions etc).***

I And what sort of…*(inaudible)*

MT1 These are basically the kids that can't fit into the mainstream school so – some of them are quite disabled – cerebral palsy – had one boy who was just basically in a chair and couldn't do anything so

I So you have a mixture of intellectual and physical

MT1 That's right – global developmental delay – the other difficulty that I have is that I'm not allowed to know anything about the children – which is so frustrating – because the privacy laws so all I'm allowed to know is that they have global developmental delay

I For every child that you work with?

MT1 Yeah

I So you're not told that this child has autism or?

MT1 Not even told if they have autism – the teachers do let things drop because – but the principal says – because I asked at the start – could I have information on all the children and she said no you can't

I Will they let you look at – do they share with you for example their main aim for a particular child – like we really want to develop this child's verbal skills?

MT1 No they don't

I So that would be – the educational programs that they are using?

MT1 No they don't

4 ***Please describe the type of facility or private practice in which you work.***

I So it's a special school

MT1 Yes

I It's primary to high school

MT1 Yep primary through high and it's a special school for this area and I mean it's a government school – and kids travelling for miles I mean in taxis – I mean $60 a day on taxis to get these kids to the school – it's incredible

I But what else can they do?

MT1 That's right – the other thing that happens down here because we're in the country is like there was one little boy who turned up earlier this year who hadn't been diagnosed and he was like 6 years old – but because his parents – he's out in the sticks

I So he's not getting all the services

MT1 No services – so they just thought he was a bit simple and just a bit –

because they were a bit simple themselves

I So the local school rejected him?

MT1 I don't think he'd even been to school – he just hadn't even got to school – they just hadn't realised anything was wrong with him – and this boy was quite – although he obviously had a global developmental delay he was incredibly musical – oh – so he would get the guitar and he would strum the guitar in the most musical way which was just astounding for everyone to see

I So motor skills were OK

MT1 And he was non-verbal that was the other thing but then he started to sing with the music

I So all the production skills were there

MT1 Yeah – so he just hadn't had any intervention or anything

I How interesting

MT1 Anyway they quickly picked up that he was bright and he's gone now to the mainstream school

I Wow

MT1 So you get lots of – and there's this other little girl but she hardly ever even gets into the school – because the parents are so untogether so they don't get her out of bed and into the taxi – the taxi will turn up and they just – it's sad it's sad – there are sort of problems of neglect as well

I So you are getting a very big range

MT1 Very big range and that is part of the difficulty of the job – is because the needs are so huge – the range is so huge

I Groups hard

MT1 They're so disparate – so that makes it really hard

I So is one of your main aims social?

MT1 Definitely – communication – the interaction – you know the turn-taking but a lot of it is just basic expression you know – learning to express themselves – because they just haven't had the opportunities – it really is – it's very interesting – it's really good – the primary group now – I've just got the three and it's working really well together – their singing has just come on leaps and bounds – from like non-singers to – they're singing now – yeah so that's fantastic – I love that group – it's so rewarding – the high school I find very difficult because their needs are so

I Because the range of abilities?

MT1 It's sort of easy now because the more able ones have left – but it's still – there was a bunch of them that were singing and dancing they'd do anything with them – but them the rest of them – there is a whole bunch of them that are non-verbal so it's like – what do you do when it's such a – what do you do when you have kids who want to sing and dance and the other kids can't sing and dance – so…Anyway I struggle through

I I take my hat off to you

MT1 *Giggle*

5 Are you employed as a music therapist or as a teacher?

I So that means that you are appointed as a music therapist? Not as a music teacher?

MT1 As a music therapist that's right – but the interestingly I found this out just a month that um I'm being paid a little bit by the parents – I didn't realise this – I thought the school was paying me but then I found out that they are charging the parents and *name of organisation* of the *name of region* which is this charity down here is making up the difference

I They're very tight

MT1 I think they're very tight – cause the principal said the music therapy is very expensive – but she said that it's very good

I I'm sorry that you're not getting the…and they use the word therapy?

MT1 Yes music therapy

I OK – I've noticed a bit of – 'anti-therapy' at one school

6 Do you find yourself engaging in teaching rather than therapy? If so, please explain:

MT1 No I'm not a teacher you see so I think that's why – I think if I was a teacher I probably would but because I'm not a teacher I haven't got that educational model in my mind so – I'm much more interested in therapeutic outcomes so

I That's fine

MT1 I think it has got to do with my background and training

I So there's no – the school's totally comfortable

MT1 Yeah – they're totally comfortable they just let me do my own thing – and they think it's fantastic

I Teachers come in?

MT1 Yeah the teachers come in – but they see like there is one girl who is non-verbal and she – one teacher said to me 'this is the only time in the week when someone comes in and sits down with her and actually communicates with her' – cause I'll vocalise to her and she'll vocalise back – we'll have these beautiful conversations that will go on for like 10 minutes – It's just wonderful

I She doesn't get anything else?

MT1 It's just terrible – the lack of

I But they see it

MT1 Yes and they just think it's wonderful – that's why I – they love me being there – they see what I can do and they see things happening in the room that they don't see anywhere else

7 ***Do you believe that music therapy in the special education setting is effective? If so, how?***

MT1 Entirely

I How?

MT1 What I just said and that you know – it shows the teachers other areas – other potentials for the child that aren't coming out in the classroom – and not only and these are huge areas that are showing up in the music therapy – this other little girl who I don't work with anymore because she's got so difficult – but we had some amazing – breakthroughs with her – like these engagements – I had an engagement with her of 10 minutes with her – no one had ever seen anything like it – I mean – she wasn't talking – but this whole conversation was going on with her vocalising – it was incredible

I So the school appreciates what you do

MT1 Yes – ideally I'd be there for a day and I'd do individual sessions with everyone or more – and I could really do some good work – and that's what I find frustrating – cause I know what I could be doing because doing this group work is so – oh god

I *(inaudible)*

MT1 And what I will do is work individually within the group – so that's what I do and that's what I do

I And bring it all together with a group activity

MT1 Yes – otherwise it gets just too frustrating for me – because I'm just treading over the same old ground

8 ***Do you believe that there is enough evidence to support the inclusion of music therapy in special education?***

MT1 Papers? Research?

I Yes the literature

MT1 Look not really – I don't think there is I've come across some a bit lately – but just three papers – it's like – Sandra Wilson – do you know her paper?

I Um – not off the top of my head

MT1 Anyway there's three bits of information – very thin on the ground – I'm not quite sure why

I It's partly to do with the age of music therapy also partly the sometimes – the music therapy in an educational setting – so it goes into education or therapy – it's partly that having to justify yourself…it's probably our age – there aren't the numbers and also the education system itself – they like teachers – but they will employ physios (physiotherapists) – OTs (occupational therapists), speechies (speech therapists) – they don't have to be teachers

MT1 No

I But music therapists have to be music teachers because I think we're a bit like music teachers…big complex melting pot

9 How are you received by special educators? Are you respected as an associated professional?

MT1 Well look to be honest with you – the teaching staff at *school name* are mostly untrained – so they're like teachers' aides

I They don't have one teacher per class

MT1 I don't know to be absolutely honest but I don't think they do

I There might be a teacher without special ed training

MT1 They're all sort of part-time – or a lot of them are part-time – yeah – one teacher did come in last year who had obviously had the special ed training – and I remember that she sort of was looking down her nose at me and was sort of 'who are you' and – but now she has warmed up to me now

I Maybe that's why they think you are so expensive

MT1 Yeah and that's why they think I'm so expensive

I Because a casual day for a qualified teacher is closer to 300 than two

MT1 But how much is a casual day for a teacher's aide?

I I don't know

MT1 I think it's hard for them to find good staff – properly trained staff – interestingly enough the principal is fantastic she's – although she hasn't been around all year – she's been over at another school this other guy has been on deck – but she's – she has pulled the school up from where it was when I first started

I OK

10 What changes would you like to see in terms of your workplace?

MT1 For me – I'd love more hours there I'd love more connection with – I'd like to be part of the children's educational programme – so that I'd be allowed to be let into the goals for this child? Where do I fit in? What can I do? Cause I've got no – there's nothing happening like that – so that would be very helpful and for the funds to be available for me to work individually with the children

I Are you supported with instruments?

MT1 No that's the other problem – all I've got is what I've got

I And you can't carry everything

MT1 No and – I mean there is a keyboard there which I have started to use but it isn't really appropriate and so it only works a little bit – so I hardly use it at all – so that leaves me with my guitar and I have a drum – so it sounds really – so that would be fantastic to have more instruments

I And space?

MT1 The space is actually getting better – because I used to go from classroom to classroom but now I'm in the rainbow room which they have finally put carpet down because it used to be just a linoleum floor and freezing – so that's quite good – but you know there is a lot of mess lying around and stuff

but it's not too bad

I Mm – *(giggle)* the usual sort of circumstances for a music therapist

MT1 I've actually got a xylophone here in the cupboard which I'm trying to get fixed – I might show it to you – but the school has

11 ***Would you like to see more music therapy in special schools and/or with children with special needs? Why?***

MT1 Oh yes

12 ***What recording/notes/documentation do you use (may I view or copy any?)?***

MT1 Um look I always write notes – I did a big report

I In your own time?

MT1 Yes in my own time unfortunately – so consequently they're pretty…I try and do it before I leave because I forget and Oh my god – I didn't write any notes – because I'm going on to another job and that's what happens so um – and then I did a big report – when was it? At the end of 2004 and I've done nothing since then

I Did that go home to the parents?

MT1 No just went to the principal – consequently I don't do anything – but I feel guilty because I feel that I should be sending reports home to the parents just so they know what's going on – so every year I go – yes I'm going to do it but

I But they don't pay you or support you to do it – give you a computer to do it or…

MT1 No – no nothing – so it hasn't happened

I So I don't think you need to feel guilty

MT1 I do because a good music therapist – writes a report don't you think?

I Yes

MT1 It's part of the job description

I So you stop doing one session and you use their time to do it

MT1 See I'd rather do the work – much rather do the work

I I think you are doing the right thing

MT1 Well that's

I And one of the ideas…I have these assessment plans and I'm turning it into a check list – so it might be useful…nothing stunning in it – just an easy way to do it

13 ***Do you use an assessment? Can you describe it? Is there any documentation of the assessment?***

MT1 No

I Just your observation

MT1 Just your observation

I So there's no documentation

MT1 No only the notes I make

I So when you did the report how did you do that? Did they give you any guideline?

MT1 No nothing at all – I just worked it out myself I just – I came back all inspired from the Melbourne conference – where *music therapist name* presented that brilliant paper – the one that won that award – oh it was so good – so I was all full of – ah that's what was happening in my session – so I just conveyed a bit of that information to the principal – I just thought she'd find it interesting and then I kind of broke it down into three groups and commented individually on each child and she – I think she did want to pull out the individual comments I'd made about each child and send that on to the parents – I think she did do that

I Great

MT1 But the other music therapist before me she wrote one page reports for each child and she said it took her hours – she didn't get paid for it – she did it

I To get it right

MT1 Yeah to get it right

I And then when you do it e.g. I've done mine for my research – and I gave them a report commenting on each child but I've had no response

MT1 I didn't get any response for mine

I I think maybe the schools…or maybe they don't need it because they can see

MT1 Well I think that's why *name of principal* doesn't – she knows I'm really busy she can see I'm really busy – all the other teachers can see

I She's not going to ask you

MT1 No she's not – she knows I'm the mother of two children and a busy life and they can't pay me to write

I I know you're working somewhere else – would you call that special ed?

MT1 Definitely

I At *music therapy centre name*

MT1 Definitely – at the beginning of the year I was going to *school name* and to the special unit

I That's part of *music therapy centre name*

MT1 Outreach

I Going alone?

MT1 No I was going with a community worker and a volunteer

I A student? Not a music therapist?

MT1 No

I So you're still doing that?

MT1 No that's finished now – that finished at the end of June and a volunteer has taken over the programme

I But your other two days there – that's with children?

MT1 Yeah – on Thursdays I've got children coming over from *school name* – that's next door they come over to the centre and they're children that are underachieving academically – in the opportunity class and they are exhibiting behaviour problems and then before them I'm going to *school name* and working with the kids in the special unit there – they all have mild intellectual disability and what's happened with these kids is that they didn't get diagnosed early on – and because of the intellectual disability they started mucking up in class and all this incredible – and so that have this sort of overlay of behaviour problems on top – I've got there's one kid who's a 16 year old – and he doesn't read at all and they read at a level of a 6 or 7 year old – It's difficult his talking is 'noise' and everyone thinks that they're going to end up in jail

I Well they do

MT1 Well they do – that's right – I should show you this song that they have just written – I'm sure it will be OK – we have permission to show it around – this is the work that *music therapist name* has been doing and this is the song that they wrote themselves those are the words – I'm not a spastic – that's what they wanted to call the song

I So this the special unit at the high school

MT1 Yeah

I Is that alright if I read?

MT1 Well we have permission to show it around and to publish the words of the song in the newspaper – so I'm sure it will be fine

I *(reading lyrics)*

I'm not a spastic that talks down to me

Try to see through my eyes

'cause then you realise I'm just a normal person

I wish you could see

I have goals and dreams and support teams

A license, a job, an education

Followed by happiness and celebration

In my future I know I'll succeed I'll succeed while you smoke weed

I know I'll do well I won't be in a prison cell

I The fact that these ideas are in the children's head! – What the world does to them

MT1 That's right

I *(reading lyrics)*

Give me a chance to prove to you that it doesn't matter what I do

They treat me like I'm an idiot still

Maybe they should take a chill pill

How can I treat you with respect?

When you refuse to respect me?
Give me real work – give me a challenge
If you treat me properly then you can expect
You'll earn my respect

I Oh wow isn't that incredible?

MT1 Incredible – very powerful – they all got up last Thursday and performed that

I To the school?

MT1 At *music therapy centre name* to their parents and other children there was like 70 people there – *government minister name* was there and all the council people and…

I Good public relations with *employee name*

MT1 It was brilliant – and they all – there was like 14 of these children standing there – between the age of 14 and 18

I What backing did you have?

MT1 *Music therapist name* was on the piano and *music therapist name* was on the guitar and they mostly talked it – like they rapped it

I Wow – I bet everyone was just on the floor

MT1 Absolutely

I Incredible – and that's special education – the fact that the kids put that together

MT1 With support I mean they have this brilliant teacher who really helped them get all those words out – she's amazing – the other thing they did they sang *Lean On Me* – I mean these kids couldn't even sing when *music therapist name* started with them – they could not sing – she said they would just open their mouths and just 'mmmoom' like this and now they sing

I That's what it's really about – it's about self expression – self esteem – not about music

MT1 No

I If you can't sing it's because

MT1 So I'm taking this group over next term – so my main task is to sing with them so we're going to create this kind of song book – their own song book their own songs – but you should see the list the songs

I Oh wow

MT1 Not being in the world of teenagers for a long long time – because I've been in this cocoon of childhood with my two kids and the *school name* – because they don't listen to popular music

I It's all a bit wild for you

MT1 Terrifying

I Wait till you read the lyrics of these

MT1 Shocking – head like a hole – I hadn't heard of most of these people *(we look at a song list)*

I Oh good luck with that – thanks for showing me that. That's great. Is there anything else?

MT1 I do have other groups coming in on a Friday so

I And that's to the centre

MT1 Mmm and now all kids in special units – kids from the autistic school

I And mostly what do you use? A mixture of familiar and improvised?

MT1 Um – yes a mixture of familiar and improvised yes that's right

I That's it?

14 ***Please add any further comments.***

MT1 That's it – I think so

I Thank you for participating in this survey

Interview with Music Therapist 2

Date of interview: 14 August 2006

MT2	**Music Therapist 2**
I	**Interviewer**

1 ***How long have you been working in special education as a music therapist?***

I So how many years would you say have you been working in special education

MT2 Probably since graduating that's 2003

I So part-time

MT2 Yes maybe three mornings but it's growing it's been more in the last year over five classes

I So that's a full day

MT2 Two and a half days

I It's also interesting to see the way we work

MT2 Yeah

2 ***How many hours/week do you work in special education?***

I So would you call it six – a full school day – six hours?

MT2 Yep – that includes the note taking component part – which we're not charging them for - we're only charging the school for

I Face to face

MT2 Face to face and it comes from and we've fought really hard – we're working towards making it an outreach program for *name of music therapy clinic* – and then there is enough work there pretty much for a full two days – in terms of that whole juggling with money and trying to get established

I Yeah and when they bring people in part-time they only want the face to face

MT2 Yeah

3 ***Please describe the type of facility or private practice in which you work.***

I So what type of facility?

MT2 Special school with *organisation name*

I I've never come across *organisation name* before

MT2 Yeah

I I looked at all their stuff on the net

MT2 Yeah – they're great – they haven't got a history of music therapy that I think – we're hoping this programme will help – do all our negotiations – right

I See that's an extra job

MT2 Yeah

I Are you there on your own?

MT2 I'm working with a second year graduate student and she was teaching the special ed so it started as special ed music childhood music ed that they access at the conservatorium that's how it all began and that's been going for maybe 10 years and then they axed that – three years ago because of funding issues and the parents were paying – and then I got employed through *name of council area* um to work with one class and then from that one class managed to get some more funding from council which we diverted to get a couple of classes and then we did lots of public relations with parents and got a few more classes and now it's relatively stable but it wasn't because we didn't know from term to term who was going to fund it and they *organisation name* need external funding so it's fairly stressful from that perspective – but it's the teachers are so positive the kids are fantastic

I It's worth it

MT2 It's worth it

4 Describe the types of children that you are working with (conditions, diagnosis, descriptions etc).

I So what type of kids have you?

MT2 Autism Spectrum Disorder – six classes

I A big range

MT2 Yeah – from high functioning to… and from probably children as young as 4 through to adolescents 16 or 17 years old – six classes…seven classes got a new class this term

I OK so the range in one group

MT2 Is quite similar – like one match which makes it much easier

I 'Match' – that's a nice word

5 Are you employed as a music therapist or as a teacher?

I You've probably answered this question – so are you employed as a music therapist or as a teacher?

MT2 Now it's music therapy

I But you were originally employed as a music teacher?

MT2 *Co-music therapist name* was employed as a music teacher I haven't been employed as a music teacher but I'm not involved in early childhood music teaching either so I wouldn't have approached it

I But you are now – were you ever employed with them as a teacher?

MT2 No

6 ***Do you find yourself engaging in teaching rather than therapy? If so, please explain:***

I Do you find yourself engaging in teaching rather than therapy?

MT2 Um there's definitely a crossover – and when we first started the programme we wanted to work in partnership we said that it was a meeting of both teaching and therapy

I So this is…you and *name of music therapist*

MT2 Yeah me and *music therapist name*– so we initially that was how we kind of pitched it and we have talked about addressing in the past curriculum and how music therapy does against the curriculum and the teachers themselves have also done that as well – but now we're more using the therapy because *name of music therapist's* almost finished her training in music therapy and there is definitely crossover

I There definitely are – I'm just trying to tease out some of the edges and where some of the crossovers might be and also the crossovers affect how we're accountable and if we talk outcomes or if we don't and obviously then the goals and directions of the work itself

MT2 Yeah – I'm doing my masters – the upgrade of the music therapy – and I'm focusing on humour in sessions and there is quite a lot of literature on teaching humour to children with autism – so at the moment there is almost an element of teaching humour in sessions which is quite directed so that's – so most of the reading about it is teaching it – and also learning it spontaneously

I It can happen in the play of music quite easily

MT2 A lot of activities are coming from the early childhood music education programmes for teaching – we're adapting – so directive

I So are some of the Nordoff – especially some of the early stuff – it's very directive

MT2 Yeah

7 ***Do you believe that music therapy in the special education setting is effective? If so, how?***

I So obviously yes – so do you believe in music therapy in special ed?

MT2 Yeah and I think that – and there is a crossover as well – but the main – the difficulty to still get across is that we're addressing the non-musical goals through music – so it's more than just a music programme and I think that's when they don't see any value potentially in why should they have music and what's music – how is music going to help them – it's not just about the music that's the other side and that's where the therapy is really useful in terms of justifying how it really helps in a whole bunch of different areas and that's where the music therapy in particular is particularly useful

I So if you were talking to one of the teachers at the school give me an example of… and how you see the music therapy as useful

MT2 Um…confidence to communicate

I Using words and

MT2 Learning how to increase confidence in verbal dialogue – choosing and connecting with other members – choose a friend – in the group – all that kind of stuff

I If I had to say one thing it would be communicate

8 ***Do you believe that there is enough evidence to support the inclusion of music therapy in special education?***

I Now this is an interesting one – you know – when you are dealing with it all the time – in terms of establishing your position – but is there enough evidence out there to support

MT2 I think so – particularly with children with autism – I think that there is a lot of evidence – but people often say there's not

I Literature?

MT2 Is it the Cochrane?

I Yeah

MT2 The autism – scale index thing – in terms of that there is high up evidence based research an enormous amount of literature on music therapy and I'm looking particularly at kids with autism – so that's my – so I think that there definitely is – but I don't know if that's been communicated well enough to the principals to the and whenever I give them something – they go 'oh this is great it will help us'

I Write a submission

MT2 And they seem to think that when I give them something that is the only thing that's there – so – but it's you know

I But it's not

MT2 So I think it's there but it needs to be better relayed

I And I think that it's most of it – but most of it (not all of it) is coming from the – music therapy end it's not in as much the educational language

MT2 Yep and it's not necessarily getting accessed by educationists

9 ***How are you received by special educators? Are you respected as an associated professional?***

I Yes, so how are you received by special educators?

MT2 I think it has developed – but generally speaking really well received and we have a really nice relationship and it feels as if we're working together I think at the beginning there were difficulties about how much freedom and how much do they have to sit back and not interfere

I OK so that's physically – in the clinical work

MT2 That's in the clinical work – so there's been – at the moment it's working really really well and they really appreciate what we're doing and they are taking a lot of activities that we're doing into the classroom – *(giggles)* – and in terms of the whole school dynamics it really does feel as if – that we have

earned our respect

I How long has it taken?

MT2 I’d say at least a couple of years – indirectly – but it’s ongoing – but

I And you said that you had to do public relations with the families?

MT2 Indirectly – well we invited parents to sessions from the very first programme and for a while the parents went out and tried to find money – so they and approached their local businesses – which the school didn’t appreciate because it crossed the boundaries of what the school was doing with them but it showed the parents were super keen to have things continue

I So the parents understood when they saw?

MT2 So parents have been so supportive and so enthusiastic and so – and they have transported children when there wasn’t money from the school and that was one of the reasons that the school said a class would have to stop because of the money – so the parents… so there’s been a lot of – and the principal acknowledged that when I had to do the ethics

I Your project?

MT2 Yeah for my project she said it had considerable support from teachers – so it has reached her – to the point of where she is aware of that

I She couldn’t say no

MT2 It’s harder she knows that it would be difficult so money is not going to...

I Your ethics went through?

MT2 Yes it went through the *university name* and now it’s going through a different department and probably won’t have finished until I’ve finished my whole – well it’s gone through the *university name school* and now it’s going through the university

I The Human Research and Ethics Committee?

MT2 Yep – but the *organisation name* ethics took about three or four months

I It’s very tedious

MT2 But I got great really useful feedback – so that was lovely

So that again helps in terms of taking – and once I’m contacting the organisation that makes the principal better about the

I It’s validating

MT2 Yeah – actually they talked to me about maybe presenting at a conference or so that

I They might fund you

MT2 They wouldn’t

I There are other things they could do – they could give you technical support for your *PowerPoint* – those sorts of things

MT2 I’ve asked in the past but it hasn’t happened the possibility of working with in conjunction with the occupational therapists – so that would be a great – if it got to the point where we were I think – that multidisciplinary – it depends on the days that we work and we haven’t pushed that for a while

I OK that gives me a good feel for that one

10 What changes would you like to see in terms of your workplace?

I Now what about this one? Would you like to see any changes?

MT2 Definitely funding

I Funding?

MT2 Yeah – just so that there is – it gets so difficult for the school and for parents – just in terms of

I It is Independent?

MT2 So parents have to pay fees to come to the school

I Is there a school in the area?

MT2 *Organisation name* from down here

I Is there a government school that would take them?

MT2 Other than there's *school name* which is a school for children with disabilities more range – with more

I Not just autism

MT2 I'm not sure – I know that there is a mum who can't get into a class and there's nowhere so she is home schooling the child – it seems really that the possibilities to keep the project going are…

I So it just runs like another private school

MT2 Yes but under resourced – this school just seems to be very tight

I Are numbers small?

MT2 *Organisation name* is really big and the school itself has satellite classes probably between 10-15 satellite classes attached to schools – including potentially *city name* and other regional areas – so it's quite a big in terms of their outreach – and the classes that they have in the school

I So how many kids would you have at your school?

MT2 I wouldn't know – I'd be guessing around the 90 mark

I It's often hard to – yes sometimes if your numbers aren't too big you can't get funding I think

MT2 Yeah

I So we need more resources – does that include people resources?

MT2 No the staffing is good – there is a teacher too and an aide to six children – and they tend to be involved in music therapy too

I That sounds about standard OK

MT2 Other changes I think – still part of the networking but I'd still like to see us more directly involved with the school as opposed to something that is external to the school – it would be good if there was you know a music therapy department and music therapists were involved in terms of direction and in terms of the way documentation needs to happen and all – like we're doing it on our own and then presenting it – we sort of have to – we're still

external and we're not part of the internal running of the school and that I think will be a long process but I think that it is possible – with…building

I How much of that do you think is to do with the fact that you are not teaching based? – therapy rather than teaching?

MT2 Yeah I do – because I think the school hasn't got – like they wouldn't advertise for a full-time therapist to work with the children – it wouldn't be in their – they would with an occupational therapist – but I don't think that would be in their heads or music therapy yet – but it might be down the track – I know that *school name* has a really well resourced

I They have 1000s of them *(laugh)*

MT2 It's just exciting – and they are part of

I That's because it's right back in their – music therapy is one of their core things

Great – thanks

11 Would you like to see more music therapy in special schools and/or with children with special needs? Why?

I More music therapy in special schools?

MT2 Absolutely – oh there is another special school that I work at as well – which I work with one boy individually

I OK

MT2 At a school which is *school name* which is based at *suburb name*

I Do you go every week?

MT2 I do I have other work there and I just tag it on

I Teaching?

MT2 Music therapy – adults with disabilities…

I And so you probably have about 20 jobs all in all every week

MT2 Yeah *(laugh)* – they're all part of the business

I OK

MT2 And I passionately believe there should be more music therapy in special schools and I don't think there is a very clear understanding of why from the principal's perspective and I think it is very much economically driven – they'd rather have someone volunteering their services who's a musician or a celebrity or – a someone

I Why is that?

MT2 Than a music therapist – they wouldn't see why there'd be any difference

I think – particularly with this other school I'm really quite frustrated – and I've tried really hard to show them reports and document them and involve the school –

I They don't seem to get it

MT2 Don't seem to have any idea and again – economically driven – if there was money – and I think there is money that they could potentially – it's all about

communicating – what music therapy is even when they seem to acknowledge that there are huge gains made by the students they attribute it to music and 'the kid loves music' rather than the kid loves music therapy

I That's why – kids like music

MT2 So kids love music so we want more music – we're going to get tambourines – we're going to get teachers involved in more music

I And then everybody will be happy

MT2 Yeah and there's no need

I And we don't need you

MT2 And it's way too expensive – so – the fact that

I That we know how to play tambourines too?

MT2 Exactly – and that's all it is and really it feels – and it's great that – I think the music therapy has at that particular school has got parents interested – so parents want music – whereas before there was no music programme so it's a starting point – at least they want music – but they're still not at the point of understanding what the benefits would be of employing a music therapist – and why that would be viable and cost effective

I OK so it's mostly cost – but it's also misunderstanding

MT2 Yup

I The educators – I'll just try and paraphrase – so tell me if you agree with it – so the educators don't get – don't always get music therapy

MT2 I don't think it's so much educators – I think it's more administrators –

I The school system?

MT2 The school system – I think the parents, the educators – the teachers themselves have a pretty good understanding – and they seem to see the benefits

I They get the things that happen

MT2 But the higher up the system still needs to get more information and needs to be more mainstream accepted

I Yeah

MT2 And I thought that it was *(giggle)* – I thought there was much more understanding in terms of music therapy as a resource for children with disabilities it seems so obvious – music therapy can work in a way that not many other interventions can – I'm surprised that there isn't more understanding

I I am too – but I almost think we have to do it their way you are right – but what I also think is that there is an anti-therapy thing out there a little bit so anything – to avoid anything to do with therapy – a worry – have you picked that up?

MT2 Not so much in the school situation I have

I OK – thanks – the next one

12 What recording/notes/documentation do you use (may I view or copy any?)?

I Do you do reports? What do you do?

MT2 I have all these things – and I haven't got the right folder – *(music therapist retrieves folder)* – I've got – what we're doing this is part of the project

I Do you take notes every session?

MT2 With the groups that we are working with together – we work with five groups together and we're trying to take individual notes weekly and we have developed

I On each kid? Or?

MT2 On each kid in the class and with the help of my retired father we've put those into *Excel* and then have for each – and have a graph for showing progress over areas like within communication and imagination

I And have you seen it?

MT2 You can see it

I Isn't it unbelievable

MT2 Fantastic – so you go oh what happened that week?

I So you go back to your notes and there was a dip there because this kid was sick or

MT2 And it was raining – or the teacher had been away or – yes it is it's really interesting – but

I That's very detailed isn't it *(MT2 shows me her note taking charts)*

MT2 Yeah – and the problem that it feels like we're collecting all this data but we haven't been able to present it to the school in the right time – so what we discussed last week was maybe for this term reports go out in week 8 so we might just in the time we normally have we might write an overview of the class activities and individual case paragraph to go with each child – but that the time – so by week 8 we can have the whole thing ready as opposed to an external thing on top of what we are already doing – it's difficult – and it does take quite a lot of time

I I know – it's vast amounts of time

MT2 But this system

I This is beautiful *(look at MT2's tick charts)*

MT2 Has been really useful and we're learning how to use the system and it does – make it quite specific in terms of when we're looking at how did they go in this area – kind of breaking it down into set variables – set behaviours

I And abilities

MT2 And abilities – and then we can and it is really nice to be able to give something that should be able to be easily understood by people

I Fairly concrete

MT2 And it is so that's been great and therefore the external study we're using

some more systems

I So. This is the point of your project?

MT2 This is ongoing

I That's your normal school?

MT2 That's what we're coming to do now – but the two groups that I do on my own I haven't been so diligent

I Just general notes?

MT2 Just general notes yeah – but I would like to – and with the individual children that I work with I probably follow the same format

I So – you can compare

MT2 And it does – it has – it looks really professional

I It's lovely to see

MT2 Yeah

I And they do you can't always see it yourself – sometimes you notice obvious things – but until you go back you and actually bit by bit document it you can't always see it

MT2 I think some of the difficulty that – that some of the kids are almost reaching the top of the scale that we've got

I Scale?

MT2 That's in terms of how we're rating it – we're rating it from a 1 to 5

I OK

MT2 Where – where 1 is a limited response and 5 is independent creative interaction showing a contrast – so there's the really high – and we can change so we can focus on an area that they're not doing so well – we're up to week 3 and we're hitting 5s so what do we do now? – but that's it's all so subjective so – to some extent

I But you look at those global music outcomes on the Board of Studies site – I mean they're totally broad – compared to what you're doing there – they're not even down to particular skills – they're terribly subjective

MT2 Have you got the music review?

I Yes – I haven't printed it out it's online

MT2 I've got the hard copy – I really want to use that in terms of…

I We need to

MT2 They recommend having music specialists coming in and making things more accountable

I And you've developed that system?

MT2 Yep we've developed it and then we're also using the Bruscia's improvisation scales/profiles – and we have kind of adapted that – I'm not sure how successful that – putting them all together is – because it's quite different system and it still needs to be evolved more

I Refined more

MT2 And *music therapist name* suggested sending it out to a whole bunch of people and getting them to try it – which would be good

I Good…so that's sort of answered question 13

13 Do you use an assessment? Can you describe it? Is there any documentation of the assessment?

I In terms of – well you are reporting and it's on your sort of scale – so would you say that's your sort of assessment tool?

MT2 Yes and I think that the aim is that we'll present every second term – as in twice a year

I As in a presentation to staff

MT2 Oh – more kids get take home reports – more from that perspective and the school gets to put them in their files – I think that's what we're aiming for at the moment it's been when we get the chance

I And in your format?

MT2 Yeah – but one of the teachers last year – did her own in terms of her own acquittal at the end of the year – saying how she said that they had reached these musical outcomes of the syllabus – she'd gone through and related them that way and we did that a bit last year as well

I So

MT2 Which we felt was the pressure we were getting from the principal

I So that's the class teacher

MT2 Yeah the class teacher did that on her own from her observations of the music and from information that we had given her and it was interesting when we spoke to the principal and I felt that we definitely – it seemed to be – there seemed to be a big push to be curriculum focused within the school – and the teachers were talking about outcomes – that there is a need to be curriculum focused – so we made a big point of being curriculum focused

I Whose curriculum?

MT2 Using music therapy um – the music education curriculum addressing all those goals and we presented to the principal – who said: 'not so important – we can see what you are doing – you're doing great' – but she wasn't – but I still think that we needed to do that

I She wasn't so worried

MT2 Then she said – 'no, you address your own goals' – so it was interesting

I So the principal can see that there is a difference

MT2 But everyone was saying that she was the one that was pushing for this particular angle – but I think it did help us and that she saw that we were linking in

I Yeah – you're not a long way away at all – that's interesting – that seems to be – the case for anyone who works in education

MT2 A way of keeping up

I Great that's given me a lovely picture

MT2 But what we're – we're going to approach the *music therapy centre* next year to see if this particular programme could be an outreach programme as part of the music therapy

I That would put you in a better

MT2 Yeah – it means that – the centre has people applying for grants and we've got access from that side of things – and at the moment because of the financial restrictions it's really difficult to actually get paid for the hours that you do – but with the help with an extra – but what I'd like to do – what I proposed is that over the next two years we try and really document and create more pilot programmes and we can start at more *organisation name* schools and get more work – for more music therapists –and at the moment it feels – but it seems to be so difficult to get ongoing funding for music therapy

I Yes – and you're spending – if you could only just do your work – you're doing all this other stuff – so that you can get in there and do the clinical work

MT2 At the moment that's all in our own time and it feels as if it's needed – there's no way around it if you want to secure ongoing – it would be great to have an expanded programme in that respect and I also – the reporting side of it *(fades out)* – you see people who have big undertakings – particularly in the Northern Territory – it works to use the language of the corporate

I But she is almost like a professional lobbyist – it's amazing

MT2 And you see the people that have those skills end up being – in bureaucracy positions – but would still love to be doing clinical work but

I But your skills tell you where you end up working – that's a very interesting case the way she's done things up there – but that's how she's done it – straight for the jugular – straight for the music education department – so a lot of that discussion has sort of fed back to things like how we are received by special educators too – I think it's just that we are down the list – and there is a bucket of money and

MT2 I think the bucket of money isn't really very full

I So the things that have to be ticked by the curriculum documents go first

MT2 What would be useful I think is if in our assessing that we did use something that was um – accepted by the bigger picture – if there was a scale – there are all different things like – are scales and profiles – or blah blah blah – there are all these other ones in music therapy – we need a more accepted scale – so we say with this rating they got a 3 so

I But who cares unless it's well tried and tested – a standardised instrument

MT2 Exactly – and it takes a long time takes years

I Yes that's one of our big problems isn't it?

MT2 Yep

I Yeah it's chicken and egg – we can use as many music therapy scales as we like but put up one decent psychology standardised instrument and everyone listens to that – that's great – thanks *music therapist name*

14 ***Please add any further comments.***

I Anything else you wanted to…

MT2 I guess what you're doing is fantastic getting the network going with other music therapists in special education and getting the lobbying – just the communicating between the music therapists because so many people are working on their own with their schools and getting not much support and I think it is really important as music therapists that there is more communication with what…how are you working – what assessments tools are you using – have you applied for any big funding – how can we – it's happening

I It's very hard because we're small and we're spread out

MT2 And there's also a fear about – you don't want to give your secrets away and people have a closed sense – they're worried they don't want to be too open because they want to look after their…that kind of thing which I think is a shame

I We have been a bit elitist – there are still bits of it – but I think it's getting better now – but it's because we're so…the bigger picture – just the effort it takes to keep a job – basically before you are even in the door – you have to justify your existence – so we're sort of – but other professions will get paid to spend a day together for an in-service we're developing new assessment tools – but we don't because we're so tiny and we're not really employed on proper contracts – we don't get that sort of support a lot of the time

MT2 Yeah it's a shame

I That's beaut – thanks *music therapist name*

Interview with Music Therapist 3

Date of interview: 1 November 2006

MT3	**Music Therapist 3**
I	**Interviewer**

1 ***How long have you been working in special education as a music therapist?***

MT3 As an RMT [Registered Music Therapist] I've been working in special education for four years previous to that as a student it was two years and then before that as a teacher over a number of years

I In special education?

MT3 Yeah I did some special education work

2 ***How many hours/week do you work in special education?***

MT3 Four days as music therapist – behaviour and emotional disorders – employed in Department in special education for four days – actually three days – one day I'm working with mums and bubs – so three days in special education

I And you're doing that jails stuff… so is that Department?

MT3 No – it's *foundation name* – which is

I It's under an educational heading?

MT3 No it's for the mums and the children together

I So you work with them together and the funding is for both?

MT3 For both – yes and some of those kids are – obviously special needs kids – mm emotionally disturbed...

I So that's about six hours – school length days?

MT3 No they're eight hour days

I What a worker – wow!

MT3 Last time I did five days – don't do it!

I I've done it mm – it was just incredible

MT3 I did one year – that was enough

3 ***Please describe the type of facility or private practice in which you work.***

I So you're here – so this is an adolescent unit

MT3 Yes this is an adolescent and child and family unit

I And two days

MT3 I'm based at the *music therapy centre name* two days – but I actually work outside the centre

I So that's outreach?

MT3 Yes outreach – so I work in the schools – in the high schools and at the women's prison

I So do you actually go to *music therapy centre name* and then go out?

MT3 Mm – there's one session that I have actually at the *music therapy centre name*

I That's community based?

MT3 Mm

I So *music therapy centre name* – I mean some of your grants are Department aren't they?

MT3 One grant is a Department of Education Science and Training grant and the other one is a private foundation

I And this would be government here? Meaning *special school name*

MT3 Um

I So you're employed by the health side?

MT3 Yes but I'm employed by them but the money that is actually paying me is from the case you know the poker machine tax

I Yeah

MT3 So this is not a health department position – it is something it's something that has been funded by external funding but

I OK but *psychiatrist name* employs you and he is health?

MT3 Yes – and this position we had to apply with two submissions – and getting one through

I Takes so much time

MT3 I know

I *Music therapist name* is doing heaps of that – I'm pretty sure he's the same guy that was here

MT3 Yes he's been here

I When we first put students out here – he's psych trained – he actually sat down with me and spent ages and worked it all out – and he gave the student all this time

MT3 I know

I It's amazing

MT3 Yes I know because he is really dedicated to music – he really wants it to come up and we have other students

4 Describe the types of children that you are working with (conditions, diagnosis, descriptions etc).

I So you have EDs [emotionally disturbed] behavioural and development

MT3 Behavioural disorder and emotional disorder um – and also that includes the mental health stuff like…

I The early diagnosis

MT3 Yes – I might look them up – it's just really interesting *(MT3 uses laptop)* – every aspect of that anxiety through to behaviour through to abuse – through to a lot of self harm – all of that

I And your outreach children?

MT3 They're more behaviour disorders relating to ADHD [Attention Deficit Hyperactivity Disorder] and Oppositional Disorder and issues regarding home life – foster kids and that kind of thing it's more on the behaviour side

I And the mums and behaviours that's? Relationship?

MT3 Yeah

I What word do you call the…?

MT3 Inmates? I just call them women

I Yeah – but what are the words – what do they say in your programme? Bonding?

MT3 Yeah bonding – working on the bonding between mother and child

I Beautiful – that looks as if you are employed as a music therapist four days

MT3 Yes – in the past I have been employed as a teacher thank goodness – for being a teacher

I To do music therapy?

MT3 To do music therapy and last term I was at *school name* I was employed as a casual teacher to do music therapy

I The money is better

MT3 It's great – it's not fair for people that don't have that opportunity

I And that's one thing that this research to look at where the lines are and why – why music therapy isn't as accepted as…

MT3 Well I've had – I've actually had some music therapists say to me: 'Why are you doing that? Why are you being employed as a casual music teacher to do music therapy? When I can't be?'

I Well there's not much you can do about it

MT3 Yeah I know – you are cutting off so many people in music therapy but you can't change something unless you're in there – you can't and there is no one stirring that pot

I I want to find out where the edges are – I'll write up the clinical as music therapy

MT3 You need it to be…

I It's really interesting *[story relating to a music therapist not being accepted as music teacher]*

MT3 They haven't got any teaching skills let me say – none! Ha…none – and then people like us at the *music therapy centre name* employ therapists who have no teaching skills – no classroom management to go and work in the schools in outreach and wonder why…and the people in management…that's another story you didn't hear that

I I heard a rumour – *(giggle)*

MT3 Don't start – don't start me

I I heard a whisper

MT3 Don't say anything

I So yes – I'm going to have a look in this project at this – the lines – to nail it down the teacher therapy stuff

MT3 Yes – can I just say if you're going to be in special education I believe – as music therapists I believe that – we need to have an understanding about what the teaching culture is about

I Yes

MT3 We either need to have an understanding or a training of it – because if we don't A we won't be respected by the rest of the staff there and B we won't know how to behave in an educational environment – so it's really important – if music therapists are going to do that – go into an education setting they need the background – otherwise it's – it's silly really – I feel that you need to be able to straddle both

I It's no trouble for me to walk into and do these kids for my project and the…to work with the staff and that's because I'm a teacher…

MT3 That's exactly right – I think that therapy can become more effective too if you do understand

I But it's also um – I've become more relaxed about it over the years – but it's also the argument – they'll have physios [physiotherapists] in – nurses in, OTs [occupational therapists] in and psychologists in but then – but why aren't we treated like they are?...but you are a music person

MT3 It's because it's an expressive therapy and it's also seen as an alternative therapy and that's you know – I don't have dreadlocks and I don't have hairy armpits and

I And it's a complementary therapy and

MT3 Yeah and no no – alternative and expressive I like to stay with music therapy is even better

I So now that we've touched on this – but you have to be using your teaching skills

MT3 Yes I'm so glad – it's the best thing my dad ever suggested to me the best thing I have ever done because even this morning um – the children's behaviour – this facility is about education – it's about medical it's about the psychological side of things so the three things

I And it's probably…focused on getting them…

MT3 Yes it is and they need very strict boundaries and containment in the session – um for the first time this morning I had to actually give a boy a warning because he just wasn't – he just wasn't doing what he should have been doing – I just had to say – sorry this is a warning – you haven't done what I've asked you to do – now any other music therapist who was in here who has no idea of how that could be structured would not know

I And I personally in my head – respond as the music teacher wants to do and then what the music therapist wants to do this – then I have to say well if the

teacher doesn't do that then I can't get there

MT3 And I don't want the teacher in the room to do it – see I would rather – so I do it – so if I'm leading the session it's got to be me so I have to have the ability to be able to pull them in – if it's not coming in through the music I have to say

I And sometimes you do have to say

MT3 Yeah – absolutely and I you know people say it's all in the music well – no – not in an educational setting necessarily – ideally

I Interesting

MT3 There's much more to it than that – particularly for behaviour kids for ADHD kids – 'noise' that means sit still OK? So there's a line and as I get to know you more and as I they get to enjoy the music more the relationship builds up

I The relationship and the music will take over

MT3 Then I don't have to do it and it's the first time I've had to do it since I've been here so

I It also…it's fascinating those lines

MT3 Because I don't want to go back to being a teacher I'm not interested in that nup so it's kind of difficult now and again – but OK

5 Are you employed as a music therapist or as a teacher?

I Great – thank you for that – so that's interesting – it's pretty much going… way – using the teaching skills to support the therapy – you're not teaching at the moment so – can I ask you if your therapy is influenced by your teaching?

MT3 There are individual sessions that I run here – particularly with the boys they want to learn the guitar – now you can couch it in any language that you like – I am teaching them or in therapeutic terms I'm showing them – I don't know – but

I But you're teaching them but you're bringing the therapy in

MT3 That's it – the therapy is in them being able to play something

I Like Juliet Alvin [music therapy author] – what was it – George the cello [case study in her book] – the student

MT3 Yes – yes – so there is a lot of that going on and it has affected the way that I relate to them on that level – you know like

I It's a different teaching approach

MT3 Absolutely – so there is that element definitely – you know the type of kids I have here – so my teaching background and all that has definitely underpinned actually my therapy – totally underpinned my therapy and I couldn't do what I do if I hadn't had the experience with and training – no way

I Even your style you're working therapeutically

MT3 Mm-hmm *(nod)*

I Now we get into the music therapy in special education stuff

6 ***Do you find yourself engaging in teaching rather than therapy? If so, please explain:***

(see previous answer)

7 ***Do you believe that music therapy in the special education setting is effective? If so, how?***

MT3 Well here – I mean of course it is – here it is because is it is the one thing that makes it work here at *school name* is because it's not just me – this is not about music therapy standing alone – this is the only place I've been in that hasn't been just music therapy standing alone – it is

I It makes a big difference

MT3 The progress of the kids from week to week is astounding

I You haven't got those walls – they come in and get into it

MT3 Straight into it – I don't even sing *Hello* – they're just straight in and they're open because they're here for therapy – they know they're here to change and so they just open – like an open book – so therapeutic process my therapy is underpinned by everything else that's gone on during the week the family therapy the psycho stuff – the education – the cognitive behaviour therapy

I So are there really – it's quite behavioural?

MT3 Yeah

I So you would perhaps get the information that these are the things that you – um these are the ways that you should work with this kid and you need to…

MT3 Nup

I Ahh

MT3 I have resisted that – I go to the intake meetings and the assessment meetings – the case review and they sit there – Johnny is like blah blah blah – and they say *music therapist name* what is he like in music – and I say well he is the complete opposite in music – I love it – every week – so I say you said he doesn't listen – he knows – if I put on a piece of music or we play – he can hear everything he listens to everything – he knows the goes and stops everything

I Do you have video to show?

MT3 I haven't yet – I record it

I They would be quite careful about

MT3 Oh they've got video set up in the rooms – so by the music – so no they don't put any restrictions on me at all – I can do what I like basically

I Some places tell the therapist what to do

MT3 Nup they actually ask me – I'm stuck – can you see this person?

I Yeah – call the music therapist – the too hard basket – how long have you been here?

MT3 Last term and this term

I Has there been anyone here before?

MT3 Nup – hasn't been anyone – so no I haven't been told – so that's why it works here – on the other two days – it's much slower work because they're not getting the added support for therapy – and I stand alone

I And it's this in and out business

MT3 That's it and I see them for 40 minutes or something and once a week

I So you have to go in this is music therapy

MT3 Yeah – and also at *name of school* when I was there and *school name* when I was there it's like – um – a sausage machine you know for 30 minutes – next group comes in – a lot of therapists are like that – because I was employed as a casual teacher – so the question was about what was effective? Here it is – other schools I've been in um there are moments of musical music therapy that go on – but whether it is effective over the long term it is but not over the short term because of the way the timetable is structured because there is no linking in with other therapies and it's standing alone and not being inputted into by the teachers – that's in the three schools I've been in – and one school actually said – and two schools have brought goals but they have written for music about – so effective in special education schools? I'd say from my experience there is a question mark – it works but within the session changes – but whether music therapy being in a special education school being without the support and without being employed as part of the team is effective? – Do you understand what I'm saying?

I Yeah – it's still valuable work that you are doing

MT3 Absolutely – but whether or not – I think it could be more effective than it is – is what I'm trying to say – like being employed as part of the staff and being involved in the case management and the Individual Education Programmes and all of that

I It just doesn't happen

MT3 At one school I was involved in that

I And some people don't get to see any notes or records – aren't even given a diagnosis

MT3 Whereas here – it's open slather – I could read it – but I don't because it just doesn't…

I No I don't either – but I was working with someone once who had diabetes and I didn't know and the lolly trolley came along – those sorts of things

MT3 Oh – OK

I It could have been a disaster

MT3 Yeah – it could have been – do you see the effectiveness?

I Yes – I know what you're trying to say

MT3 I think music therapists should get into the staff room – and to the school and be employed by the department – you know this business of coming in and being stand alone and not knowing what else is going on in the rest of the school

I But they do it the right way at *school name* really – but that's a different approach

MT3 Yeah it is

I But they're pushed hugely

MT3 Educationally

I Towards being music educators

MT3 And they are

I Much more than I am

8 Do you believe that there is enough evidence to support the inclusion of music therapy in special education?

MT3 Absolutely – absolutely

I In the literature

MT3 Well yeah I think so – and just – and there is so much anecdotal which I know is not literature – which people write down – I mean look at *music therapist name*, 28 years or so experience – and he's not the only one – he has so many experiences of music therapy with disabled people

I And when someone like *music therapist name* speaks and explains the case work – you say oh now I understand it – I know

MT3 Exactly

I Of course we are going to put the money behind it – but it's much harder to…

MT3 I think there is a lot of literature but in qualifying that – I think that music therapists need to be a little more um – not education based – I don't know – but

I Not the hard line behavioural stuff that the Americans used to do

MT3 No – but there needs to be more quantitative data – but in qualifying that again too you don't just crunch it all into numbers

I I know because numbers can actually be pretty meaningless – the more I have to do with them

MT3 That's right and the other thing is – I spoke to *music therapist name* in June and he said that the problem that happened in England a few years ago was that people were trying to turn music therapy into a medical intervention to prove…

I That's because they wanted to be with the allied health professionals in the National Health

MT3 Hm and he said it just doesn't work – because we're a psycho-social intervention and I think that we're starting to go down the – trying to crunch numbers here in Australia from the conference – you know – like let's talk about the work – there was so much quantitative – tables and – let's look at the work and show and see how it works – 15 over 75 doesn't show me how it works – you know – so I think there's got to be somewhere in between the number thing and the 'oh yes little Johnny lifted his little finger' –

somewhere between

I Yes

MT3 And well written stuff

I And you know I think that our models are actually in education – because when the educators say – we just think of the outcomes – the outcomes are so broad and I think quite subjective – and they seem to think that this is quite hard line stuff

MT3 Absolutely

I Because it worked with them – so there's our model when the educationists – it's all gobble-de-gook some of the education language

MT3 Absolutely

I Unbelievable

MT3 I think there's got to be better written stuff going out there I really do

I Better written stuff?

MT3 Don't you?

I Hm – yeah

MT3 No not necessarily our journal – but music therapy in general – when you compare it to psychology and mental health stuff I've been reading – well you know

I It's much harder – much more academic

MT3 Not dry academic stuff – you can still write something that's academic and still usable

I Yeah

MT3 You know – and we need to and that comes through our courses – don't start me – don't start me – it comes through our courses

I Do you want to start a course? We could get some money and start

MT3 *(Laugh)* – no I just want to improve the courses that we have I've jumped up and down so much about this – you know – and it's worked thank goodness – this year and the students are going *(snort noise)* they actually have to write in APA now because I've been marking

I So they don't have to write in APA?

MT3 No not necessarily – some have some haven't – and so I mark them and I mark them all down

I Because you're teaching?

MT3 I was yeah – last semester and I haven't this semester…and also the standard of musicianship – we've got to lift

I The standard

MT3 In all areas…

I …it's changed focus at *university name* to more creative arts

MT3 With them it is – anyway so I think it needs to be across the board because people aren't taking it seriously I don't think – and I really think that we

need to be more professional in our outlook and be more academic and be approachable there's got to be something – we're still very young though

I We haven't got the numbers

MT3 No – that's my story

I We are quite isolated – so it's great to get some ideas – now you've touched on this one

9 How are you received by special educators? Are you respected as an associated professional?

MT3 Some are really good – here is great um – at other schools I've been at some are fantastic but others you have to work more with the teachers and carers that come into the session – but once you get them – you've got them – and that can really affect the whole session – and I think a lot of it is lack of education and you know and lack of understanding 'What is she doing? Why is she putting a drumstick in that child's hand? He can't do anything'

I Attitude

MT3 You know why are you doing that? But that's all about communication – we have a big responsibility as music therapists to communicate – why are we doing that? Our outcomes I do it here for the kids – I tell I ask them 'How was that for you? Did you enjoy that? Do you know why I did that?' Why not – they can talk – they can think

I A lot more than you think

MT3 Absolutely so then they can take hold of it – and whereas in special education in disability the teachers need to understand and if we don't

I I find it hard to explain sometimes – I need to show them examples

MT3 And show them that this can actually be generalized into other areas – why not – OK I'm doing a drumstick thing with him – why don't you do this with a paintbrush in his hand the same way? – See what happens back in the classroom

I Yeah

MT3 But communication is a very big thing with teachers because they don't want to feel um

I That they don't know

MT3 And they want to feel equal with you and they don't want to feel minimised by what

I And sometimes those magic things happen with the kids so they feel left out

MT3 That's right or they and they're jealous of the relationships – so what I've always done and even here I get the teachers involved

I So the teacher's names are in the song

MT3 Yeah absolutely – I heard something about you *teacher name* – I heard that you could do flamenco dancing! – Yes I can actually and up she got

I (Laugh) – she'd been noticed – it doesn't take much

MT3 No it doesn't – it's just being observant

I Are you respected as an associated professional?

MT3 Yeah I am here – here I am

I Yes – here you are

MT3 But as soon as I say to them – as I establish – that I say to them that I was a teacher that's OK – I'm one of them

I It makes a difference doesn't it?

MT3 Sure does – more respect

I Hmm – you've already said this but changes in the workplace – when you're doing the in and out stuff you're talking about…so here you're a part of the system

MT3 I do music therapy group with the juniors and the seniors and at the same time there is two or three other therapy groups being run so there's mine and there's those kinds of things – so it's seen as another therapy group

I Part of the timetable

MT3 I also run individuals and I run family sessions and I also run a class session so that the class teacher comes in so taking referrals from clinical psychs [psychologists] social workers, nurses and I've also got the teacher – the school class coming over – so I'm trying to take different aspects

I Do any of those kids double up? No – so it's a whole

10 What changes would you like to see in terms of your workplace?

MT3 Um – sometimes better communication between – with the music therapy group – particularly with the adolescent and family unit – sometimes there's changes – they're only here for 10 weeks – the teenagers – so and because I'm not here on the other three days – so often there's a lot of changes and oh *child name* can't come today because he's got integration actually – two weeks ago I spat the dummy and said I can't do this I'm very good as a therapist but I'm not that good that one session will work – you know – I need them for four – so I've said four – so I've had to work on those things but that's the only thing

I OK

MT3 And they do refer to me and they do come to me and ask whether I think this will work for them

I What resources do you have here?

MT3 No it's all my instruments – there's only a few that I leave in here – I'll take you over if you want to have a look

I Now that other place – I mean those changes that you spoke about those issues they're actually about the way the education system is run here

MT3 Yes it is

I Rather than…

MT3 Yes – if they're going to take someone out of the group – it's about communication and relationship – which we know all about

I I'd like to see more music therapy in schools

MT3 I think some schools would benefit from that every day – I think so as a part of their everyday thing

I Yeah – I mean would there be enough work to have you here five days

MT3 Oh yeah – I don't even get into the… acute unit – I don't even see those – and I don't see all of the

I Where are the eating disorders?

MT3 They're up in the main hospital and *staff name* wanted me to work with them sometimes – but I've got enough – there's also a new unit that's opened here the acute – alternative care unit – it's for kids from DOCS [Department of Community Services] who have been really severely abused and stuff – so I want to be involved with that

I Yeah

MT3 It's all new new stuff

11 Would you like to see more music therapy in special schools and/or with children with special needs? Why?

MT3 Oh yes

I Now just a bit about how you work

12 What recording/notes/documentation do you use (may I view or copy any?)?

MT3 Alright here at *name of unit* I write initial assessments when I prepare a session and I write my recommendations that's with individuals – with the group sessions I write progress notes in the patients' files and um and I just keep notes on the session you know what I did my own did and um and then when a student leaves I write an exit comment saying the progression that has occurred over time and my recommendations for further whatever – so that's the documentation here

13 Do you use an assessment? Can you describe it? Is there any documentation of the assessment?

MT3 Yeah my own – I've got a template that I use – looking at different outcomes that they engage with me – how they respond to the

I The relationship?

MT3 Yeah…communication

I Music skills

MT3 No um – *(she gets laptop to show me)*

I Do you just keep that in your file?

MT3 No one has asked to see my notes at all – no there's nothing – I just write in the progress notes – well you just write notes – where do they go – I never read them again

I Yeah where do they go?

MT3 What are they used for? You know

I It's part of the process – it helps me – it is a problem isn't it?

MT3 So initially when I first came here I used these – that's just like the session outline and a comment about what he does and – I don't do that now *(looking through laptop)* – so communicative – self-expression, motivation towards enjoyment of music, they will benefit from the session for the following reasons

I So your main ones are communication, relationship

MT3 Motivation towards the enjoyment of music

I Oh that's a nice way to phrase it

MT3 Um – self-expression

I OK

MT3 Out in um – the *name of music therapy unit* I write in that one I showed you initially – for all the sessions – what happens in all the sessions – that's after the session activity – I don't plan before I refuse to do that

I Yeah

MT3 Musical activity – it drives me insane – structure everything – I have it in my mind but – the kids this morning – I have an idea of what to do and the teacher comes in and before we go on – we just made a litre of jelly how many – millilitres of jelly – guess what I know a song about jelly and then frogs in jelly – I sang *Aeroplane Jelly – student name* likes *Aeroplane Jelly* – what else do you like *student name*? And we just and

I And off you went

MT3 I mean where's your session plan? I mean you can't you know – and the teachers are like – are we going to sing another song? OK you know you've got to be open to all that

I But it depends where you're working – the special school where I am – I've really got to keep to my structures because it just doesn't work – I'm in the classroom and the teachers are there and so I can't do as much

MT3 It's different here – you see they brought that – I love it they bring stuff to the session – which is fantastic

I So they know – they get it

MT3 Yeah so I'd use that to – to write up at the end and also I use the Nordoff-Robbins scales of assessment out there as well

14 Please add any further comments.

MT3 Anything else? Um no OK don't think so – only that it's a great place to be um – and what I've been doing elsewhere – I think for music therapists to go into educational setting – I think there are some really important things and that is teaching background so helps – the understanding of the system – what I said about relationships – if you want to get to the kids you have to get to the teacher first – it's like mother and child thing – you have to – because they're really protective of their kids – when you win them you've got the group and people sometimes don't understand that and using everything you can to get that – there was a study done in Melbourne a few years ago by a student – about their personalities the music therapists

I Oh yes – they used the Myers–Briggs

MT3 Um – no they interviewed all these music therapists working in aged care down in Melbourne – you know and about three early childhood – I put my hand up and said won't that skew the results? I'm early childhood – what's my personality compared to an aged care? Anyway – I think you've got to bring a certain personality – I'm having this argument at a certain workplace

I Are you?

MT3 Yes I am – about utilising the personality and how important it is in an education setting

I I must admit I've used it in aged care settings as well

MT3 Oh yes – you use it in every setting – but in an educational setting when you're dealing with teachers and kids

I You can't be a

MT3 You're not singing in your bedroom – we'll turn the recording off in a minute and I'll tell you the story

I Alright – thank you so much

MT3 They're my main? And just that we're professional

I Thank you for participating in this survey.

Interview with Music Therapist 4

Date of interview: 7 August 2006

MT4	**Music Therapist 4**
I	**Interviewer**

1 ***How long have you been working in special education as a music therapist?***

I I suppose you have been in special education all the time

MT4 Since 2002

2 ***How many hours/week do you work in special education?***

I Three and a half days per week

MT4 Do they pay you on a music therapy scale?

I Yes – but it's a little more generous than the award rate

3 ***Please describe the type of facility or private practice in which you work.***

I Do you call yourselves an independent school?

MT4 Yes

I Because I suppose I'm talking about outcomes and Board Outcomes – one of the things I want to look at is the grey areas between music therapy and music education because I think it's quite important to try to…

MT4 We do now follow the Board of Studies Syllabus

I Wow

MT4 Yeah

I The Life Skills?

MT4 No – across all strands and that includes the Creative Arts strands

I And you?

MT4 Yes – so what I do is to cover the – some of the outcomes of the syllabus through the music therapy – which I don't find that difficult to do

I No when you read them – all those sorts of things we're doing anyway

MT4 That's right – consider most schools K-6 music isn't taught by a specialist teacher anyway it's taught by the grade 2 teacher with a little bit of music

I If they're lucky they get a little bit of input from choir teacher or something

MT4 Yeah – I think they have fairly minimal training to do – I went to an Australian Institute of Sport training course – and out of the 15 people there at least 12 of them who were teachers who had no background in music just wanted help to teach music

I The impact on music therapy is important – you should have a look at the National Review that came out last year – have you seen it?

MT4 Yep

4	***Describe the types of children that you are working with (conditions, diagnosis, descriptions etc).***
MT4	We only have children with Autism Spectrum Disorder but the whole spectrum
I	Do you have multiples? Is that the only thing? Can they have that plus something else?
MT4	They can but it's really the only other thing is epilepsy – or more global delay
I	Yeah – the things that naturally go with it
5	***Are you employed as a music therapist or as a teacher?***
I	You have answered that one – you are employed as a music therapist not as a music teacher – but you end up using Board of Studies Outcomes
6	***Do you find yourself engaging in teaching rather than therapy? If so, please explain:***
I	Yes – how do you see it?
MT4	Well that's a really good question – some groups it might seem that the focus is education but other groups it might seem that more traditionally music therapy based and I do find myself using music education practices more with the lower needs kids than higher skills kids
I	OK
MT4	Because they are cognitively able to cope with learning rhythm notation that sort of thing – and rapping speech and rhyme and things that are part of the syllabus
I	I saw the board that you had – a little poem – some lyrics?
MT4	Oh yes – that's song writing – definitely song writing – and for the rapping and rhyming we generate our own verses and put our own beats and ostinatos together
I	And are you thinking of that as more music education?
MT4	I do but I'm doing it with other things in mind as well – so the focus might be for that child to attend – to divert them away from other behaviours that might be less appropriate in the classroom – their visual skills their motor skills that are involved with playing an instrument correctly
I	So you can see a lot of overlaps maybe in the activities that a music ed group would have and a music therapy group would have but your focus is different
MT4	Very much – I don't know it may not be – the most important thing for me is that everyone is participating to their fullest rather than allowing a few children to lead the group all the time – that everyone has a turn and a lot of activities are graded – one child may be able to sing the closed words to each song – another child might be able to make up their own words
I	Great – do you have a formal assessment?

MT4 We do but we rarely use it because by the time the children come to us they've already had a number of assessments outside school

I OK *(interruption from music therapist entering room)*

MT4 The assessment that we've got here is one that *music therapist name* made from – a composite from a number of different assessment tools – but very rarely used and is a very music therapy based tool so it uses a lot of language that is not always relevant to other practitioners

I For a music therapist it would be useful – do you do an assessment for school? So you write reports?

MT4 We write mid year reports and end of year reports and we do the Individual Programme process

I What sort of form do the reports take? I mean do you use the same sort of format as the teachers?

MT4 Well yes, but what happens is there's usually a page for each strand and under the Creative Arts strand is where I put – I generally have – this is the first year we've used them so what I do is I put down the outcomes from the syllabus and then I put down for this child goals: 1, 2, 3 for music therapy

I And do you comment too?

MT4 Yep

I OK

MT4 It has been good that they have continued to acknowledge the goals for music therapy as well – but you know you have to tick a few boxes to fit the education requirements

I It seems that you are doing everything – you're doing music ed and you're doing music therapy on top – big ask

MT4 We're still working out how it works – one of the ways in which it works I suppose outwardly – is through improvisation – and through improvisation I try to make a part of every session – so there is that creative non-structured dialogue

I Which isn't that easy with your children

MT4 I do find that – doing with the highest needs kids the improvisation

I Sometimes they're more receptive

MT4 The lower needs kids – we've done – try to put it their way – try to build structures – it can be challenging for some kids – they try to build their own structures into it and break them down

I Yes when they use those sorts of patterns OK

7 ***Do you believe that music therapy in the special education setting is effective? If so, how?***

MT4 Yes I do – of course I do *(laugh)* – and the big one liner that I trot out to all the parents is that music therapy supports the learning process and that's what people understand

I OK – that's a nice one

8 ***Do you believe that there is enough evidence to support the inclusion of music therapy in special education?***

MT4 No I don't think there is – not enough research base there no

I The problem is – almost that we haven't got the right tools because what do we do? – to make you accountable here is to use music education outcomes – there isn't enough stuff around under a music therapy heading to do with special education – I don't think music therapy literature is established enough – I don't think the discipline of it is enough

MT4 And education – we believe them

I Yes – but it's very subjective at times too

MT4 I definitely have the feeling from the school that they really want us to be clear and be able to articulate exactly what we are doing and why we are doing it – and to justify – we haven't had to fight for a place to stay – or anything

I It's this accountability – it's the outcome based stuff

MT4 And to be able to talk…it properly…*(recording unclear)*

I Have you developed music therapy outcomes?

MT4 Yes – ourselves – and there are some crossovers

I Yes I think there is a lot

MT4 Child A will sing a song – that may be the music therapy goal too

I When you read that question are you thinking the literature?

MT4 Yes

I So why does *school name* employ music therapists?

MT4 *School name* employed music therapists before – from day 1 before it became a curriculum based school – I think before it was called a therapy and education centre

I Because I think there are a lot of special education people out there who don't get it – don't get the music at all

MT4 No *school name* – and there was other – um we had vision therapy which got cancelled at the end of last year not enough justification apparently

I Do you have an art therapist on the staff?

MT4 Yes but she doesn't practise art therapy and – she does art – there will never be an art therapy department

I She's doing teaching?

MT4 She's doing art…this airy-fairy therapy stuff

I I'm getting a sense that there may be some backlash

MT4 I don't know but there is some anti-therapy sentiment around – it does make you need to get your act together very much

I So what do you think it needs? What do music therapists need to justify that we are special?

MT4 A standardised assessment tool, a standardised music therapy outcomes – and literature and research results to point to – that's what speaks at this school anyway

I Well – across the board – great

9 ***How are you received by special educators? Are you respected as an associated professional?***

MT4 Yes

I You do also say that you thought there was a bit of anti-therapy

MT4 Not from special education – only from outside school – also there used to be only one teacher from the whole of K-6 now it's divided into five classes so they employ five teachers but the therapists are working along with the teachers

I OK so you are more established

MT4 Yes – so we're more established and there's not that backlash from teachers

I And they're very well established aren't they? *School name*?

MT4 They give you an induction and training

I Good – proper climate

MT4 We're very lucky in that way – not worried about our jobs – but I mean if I was coming into a school and trying to sell my services I don't know

I Yes it's very rare – so you've got *music therapist name* here…you share with *music therapist name*? So it's one full-time position?

MT4 No we have four therapists – we have myself and *music therapist name* and *music therapist name* – so there is one in the early learning programme, one secondary programme, one primary programme K-6

I Is that like two to three full-time positions?

MT4 It is – just over two

10 ***What changes would you like to see in terms of your workplace?***

I What changes would you like to see in terms of your workplace?

MT4 No – more hours in the day – no

11 ***Would you like to see more music therapy in special schools and/or with children with special needs? Why?***

MT4 Well definitely – like to see it more with children with special needs because it's so appropriate a dimension – and in the same way in mainstream schools there are a number of programmes that are adapted to school – you know special adolescent programmes

I *Music therapist name* I think and I think *music therapist name* too – isn't *music therapist name* doing the behaviour stuff too?

MT4 …Um but for those children that are sort of slipping through the cracks in mainstream schools even if it's short term intervention – it can be worthwhile

12 ***What recording/notes/documentation do you use (may I view or copy any?)?***

I I've jumped the gun a bit because I've asked you that before – so you've got your formal reports – do you keep your own notes or day books?

MT4 I do I do – just on my laptop

I OK – so you might write a sentence or two about each kid you see or each group?

MT4 Yeah I'd have the session plan on there – for each session and the day and the date – a couple of lines about the activity or anything of note

13 ***Do you use an assessment? Can you describe it? Is there any documentation of the assessment?***

I And you have got a formal assessment for music therapy?

MT4 Hmm

I But you don't use it much?

MT4 It is a composite of the Boxhill and Shoemark

I *(referring to the research assessment that will be given to the music therapist to trial)* Yes – OK well that's it – so one thing that I'm planning to do is to – I've got all the things that I want for the assessment but I'm trying to turn it into a checklist – so the aim would be – ideally – you would run it normally and you come in and tick some boxes and that's it – or even just from your experience of it – so that

MT4 The assessment we've got would take several sessions to complete

I So that's the sort of thing that I might send out to you for you to have a bit of a go at

MT4 Yeah sure

I I think we've covered everything so you would just tick some boxes and comment on it – so thanks

14 ***Please add any further comments.***

MT4 Well

I This is what I'm trying to do – I want more music therapy in special ed

MT4 I think in terms of special ed schools the way that we work here is that we work very it's not even multi-discipline – it's not quite…I do quite a lot of collaborative sessions with the speechy [speech therapist] – and groups and do music in their rooms with the occupational therapy and music for sport and the more I do that the more they see the value of what I can add and I take…*(recording unclear)* – so more collaborative work so people will enable more professions to see the value of music therapy

I Yes and it's also great public relations and also you're doing that seamless stuff when kids move from one group to another – delivery might remain similar

MT4 But I do see the therapeutic value in many areas

I Yes

MT4 To me…and children with special needs are entitled to those…the same opportunities as other kids – that's about it really

I Great – thank you – it's fantastic how you are paid and how you are so established here

MT4 I'd like to think that it is like this everywhere

I Yeah but it isn't

MT4 Yeah I know

I I want to come up with a bit of a picture maybe where music education and music therapy overlap – the differences – I think we're moving forward and we're more relaxed and

MT4 I remember going through the course and very big deal that ed was over there and therapy is over here and they do not meet – so it was a contradiction when I came here and

I And you do both

MT4 But I think that my training in music therapy brings something to the service I deliver – I was a guitar teacher before – I think a music therapist has a different view

I Yes OK thank you – thank you so much for participating

Appendix C

Maria School Music Therapy Progress Report

The students in the allocated class have participated in 12 music therapy sessions so far. Staff generously supported the sessions, including them in the planning for the day, which has encouraged students to accept the addition to their routine with ease.

Sessions included primarily sung and simple percussion playing activities. The emphasis is on expression and communication skills. Improvisation is used within reliable structures to support expression and listening. One activity, which all the students seem to enjoy, is improvising on the snare drum while the music therapist accompanies each student. The students concentrate not only on 'their voice' (drum playing) but also on my contribution. When a student slips into tempo or becomes aware of the therapist's part of the 'conversation', it shows that the student is involved in quite a complex form of communication. They are initiating, through the drum playing, concentrating on the activity, listening to the voice of another (the music therapist on the keyboard) and making connections between the two in a variety of ways. A student may share only tempo (speed) or only dynamic (volume) or eye contact, the latter being a vital part of communication skills for many of our students, and also visual information; for example, the beat indicated by the therapist's head movement or hands.

One student who has amazed me in this task is Cathy: during one drum playing activity, she not only listened to the music therapist's tempo as it changed, but she also adjusted her tempo to play together. We know that understanding others and responding appropriately is not always easy for Cathy but here she has manipulated all the steps within the music context.

As a group, we have begun to construct our own song. A simple musical structure with some initial lyrics was provided and every student will contribute lyrics for a verse. This song offers an opportunity for a brief drum fill: the student who plays this needs to concentrate not only on the lyrics and the musical patterns but also play something, however short as a solo. The students have managed this with enthusiasm and concentration. It is this drum fill that has drawn Jarred into the music group. He mostly prefers to watch closely from somewhere else in the classroom; however, he sometimes asks to join in when an activity appeals to him. This is beginning to happen more often, which is encouraging.

Hannah has a strong rhythmic sense and is sensitive to pitch, which she displays by singing in time and maintaining the melody. Simon has a great deal of enthusiasm: the musical structures and familiarity in sessions provides him with a framework for solos and initiatives that he enjoys, showing that he has an understanding of the performing role. His rhythmic ability is also strong supported by his pitch sense, and he has a strong voice that has potential.

A conducting activity in which the students take turns to 'direct their own orchestra' has been performed enthusiastically by the group. This activity uses the students' awareness of sequence, visual and auditory skills, and sense of autonomy. Kevin is comfortable with the conducting activity and is motivated in his drum playing, although he finds it

difficult to maintain a steady beat. His use of voice is unusual, using mimicry, a child-like quality. I am hopeful that before the music therapy sessions are complete Kevin will be 'brave' enough to let us hear his true voice.

Greg is becoming more confident in the group; he contributes enthusiastically in his drum playing and always sings in the *I Want Song* that he would like to play the drum. His use of verbal skills is slowly becoming a little louder and more frequent.

Ned is enthusiastic in his drum playing and very aware of the group members, taking some minor leadership steps at times; for example, he encourages a student to take a turn or suggests a more helpful place to sit. Sometimes Ned uses an evident rhythmic pattern but finds it a challenge to work closely with the therapist's beat. This seems partly due to his preconceived ideas of how he wants the music to sound, although with time he is listening more.

The music group is working in quite a cohesive way. There is a shared enthusiasm about our song which has been named the *Maria Song*. There are many opportunities for shared focus and group co-operation in which the students take opportunities for creativity. Sessions begin with a greeting song called the *Hello Song*. It is very simple and has a recurring chorus-like phrase that is sung by all between welcoming each individual student. During one session, the therapist was waiting for a student's response to the *hello* and the class spontaneously sang the chorus without accompaniment. This was a special musical moment.

Appendix D

Descriptions of Music Therapy Sessions

These descriptions were compiled from multiple viewings of the video recordings of music therapy sessions.

Staff for all 20 sessions

The music therapist/researcher who conducted the session and a teacher and teaching assistant in the classroom.

Instruments for all 20 sessions

The majority of instruments were borrowed from the school's resources and included: a keyboard, a collection of handheld percussion, snare drum, a small handheld single bongo and a bongo set on a stand. This was expanded to include the music therapist's flute and a small selection of her own instruments that were added during different sessions; these included: a thumb piano, a rain stick and a pair of hand-held brass cymbals. Not all instruments were included in every session. For management reasons, instruments were usually produced as required by the music therapist.

Session 1

Students

Simon, Greg, Hannah, Cathy, Kevin and Jarred who sat against the wall.

Hello Song

This consisted of singing *Hello* individually to each student. Jarred spoke the words about the bird singing as the group sang, 'I like bird'. Cathy used a big and clear voice while smiling and attending. Greg was very engaged visually although he used a small voice. Students needed encouragement to continue singing the 'chorus' in between the individual *Hellos*. The students were a little shy and aware of the camera, but all were interested and co-operated. Kevin did not sit with the group, but at a nearby desk and responded when he was sung to. Cathy clapped spontaneously.

I Want Song

My name is…and I want to…

The students took turns and filled in their names and choices to the lyrics above. The usual student response was: *I want to play the drum*.

After the music therapist demonstrated, the students were ready to join in.

'My name is Simon and I want to eat pizza.'

‘My name is Greg and I want to play the drum.’

‘My name is Hannah and I want to sing.’ The telephone rang and Kevin answered, Cathy asked: ‘Who is on telephone?’

‘My name is Cathy and I want to eat some pizza.’

‘My name is Kevin and I want to play with the dirt bike.’

Kevin was invited to sit with the group and Jarred ran over and talked to Simon.

Drum question/answer

The music therapist played a musical question and offered the bongo to each student in turn for an answer. At this point, Kevin joined the other students on the floor.

Bongo duet

The music therapist played on one bongo whilst the student faced her and played on the other. Simon initiated different patterns with creative variations and sometimes displayed a reliable beat. Kevin was able to work with turn-taking although reflected little of the question material. He seemed happy to be part of the music activity. Hannah played with enthusiasm and a sense of rhythm. She found it easy to share a beat and end with the music therapist. She readied herself by pulling back her arms, then played with energy and a fast pattern. Cathy used a fast beating pattern with a pulse that was mostly identifiable. She gazed around the room, not concentrating or focusing visually. Greg was a little tentative; he smiled and engaged easily in a play pattern much to Cathy’s amusement, in which he leant over and played the music therapist’s drum.

Humming exercise

The students found this exercise difficult and approached it in a light-hearted way. Kevin held his fingers up as if he was meditating, while Cathy appeared upset during the activity. Simon explained that he would like to play the other drum and this brought her back into the group. The students were happy to contribute verbal comments and seemed to understand most instructions.

Keyboard improvisation

This activity comprised students taking individual turns to improvise at the keyboard with the music therapist. Greg played slowly with his right hand; he seemed to work visually with little acknowledgement of the music therapist’s part, moving his way down the keyboard. He recognised the ending of the musical ideas and maintained the peaceful mood. Cathy played with both hands in an arrhythmic pattern with little regard for the accompaniment. She often gazed distractedly around the room and ended with a strong dissonant pattern of cluster chords. Hannah characteristically pulled up her sleeves and played only with her left hand; however, she was less rhythmically aware than in her drum playing. She appeared to play a pattern that had little melodic or rhythmic direction and showed scant awareness of the accompaniment. Simon approached the task seriously and began playing with his right hand and showing awareness of the accompaniment. He mostly played rhythmically with a single line, varying some notes and attempting to produce a melodic line with a sensitive ending.

Kevin approached the task with interest and focus, using only one hand. He played repeated notes and a visual approach using a pattern that sometimes seemed to become close to having a pulse but was mostly a little unpredictable. His patterns moved in a descending direction then rose and fell and rose again, often by step. Kevin showed little recognition of the accompaniment, although he was much more aware of it than the other students. The group mostly listened closely as each individual took their turns.

Drum improvisation

This activity involved a snare with stick plus the keyboard played by the music therapist for support. Cathy played in a strong and enthusiastic way with an erratic pulse and little awareness of the accompaniment. She smiled often and appeared satisfied with her contribution. Greg smiled and looked at the camera, playing quite loudly but without a constant pulse. He used a repeated rhythmic pattern of fast beating followed by two slower taps. Greg looked up while playing and it was unclear if he was listening to the accompaniment. Kevin played loudly and almost settled into an identifiable pulse and also changed his rhythmic patterns. Simon played with rhythmic awareness and varied his patterns. He looked at the music therapist as he played and was mostly in time with the accompaniment. A well-synchronised ending was achieved. Hannah mostly played enthusiastically with a recognisable pulse and varied rhythms with rim shots. Her ending was rhythmically united with the accompaniment and was louder and musical. Jarred wanted to play and asked for direction using language easily. He had energy in his body and modelled a very loud hit. Each student chose the next individual to pass the drumstick to in order to continue the activity.

Bye Song

The students settled easily and responded to the gentler quality of the music, using soft voices for the melody. Jarred made a loud energetic sound and the session closed with a positive and calm feeling. Simon asked about what was in the flute case and the music therapist told him that the group would hear it next week.

Session 2

Students

Simon, Greg, Hannah, Cathy, Kevin and Jarred sat against the wall. All the students were in pyjamas for Pyjama Day at school.

Instruments

The instruments included: a keyboard, a collection of handheld percussion, snare drum, a small hand-held single bongo and a bongo set on a stand. The teacher directed the video camera at times and not all students were visible in the frame.

Hello Song

This comprised singing *Hello* individually to each student with a very untidy sound at the beginning. Cathy waved in response to her individual *Hello*. Kevin encouraged his response with helpful directions: ‘sing *Hello* to Dianne.’ Kevin used a cartoon-like

voice with a high pitch. Greg and Simon responded easily to their individual greetings. Kevin continued in a high voice and was totally involved and interested.

I Want Song

My name is…and I want to…

The students took turns and filled in their names and choices of activity. This routine was repeated with all the sessions when this song was included. Hannah used a strong voice; her diction was not entirely clear her use of but pitch was a good attempt. Simon sang: 'I want to be Bart Simpson.' He appeared anxious due to the change in routine in the classroom. Kevin waved at the camera. The music therapist encouraged students to join her humming. Kevin held his fingers on his knees and made cat-like sounds. Most of the students looked at the camera when it was moved. Greg sang with a small sound. Cathy was visually engaged and Kevin encouraged her by using his characteristic high singing voice: 'I want to play the drums.' Kevin used a spoken voice and sang: 'I want to play Simpsons.' Hannah used a clear voice at the beginning and had a range of pitch.

Drum improvisation

This activity involved a snare drum with stick plus the keyboard played by the music therapist for support. Simon asked questions about the bags and camera, indicating that the music session still had a new quality about it for the students and they were inquisitive. Kevin repeated 'Popcorn' many times. Cathy improvised with an erratic pulse. She repeated a crotchet, quaver, quaver, and quaver pattern several times and then moved into a waltz which she almost managed to keep steady at times, though her underlying pulse was not reliable for long. The teaching assistant took Jarred for a walk as she said that he was looking a bit distressed. Hannah set up a strong steady beating yet the tempo was a little unstable. There were some satisfying shared moments and she recognised the clues for the ending and finished with a flourish. Kevin played with his head down in order to look at the side of the drum. His playing was not always steady and he seemed more interested visually than aurally. He responded slightly when the pattern changed and seemed to be vaguely aware of the accompaniment. Simon had more rhythmic stability than the other students, but he was not always consistent. The music progressed and a melody was added, which he enjoyed. He looked up, establishing eye contact, and showed that he was aware of playing with another part. The music therapist offered support and modelled by tapping on the drum with him. The other students imitated the playing, some in time: Cathy played fast taps on the floor and Greg moved his arms rhythmically. Greg played with an unsteady pulse, whilst the other students began clapping along. The music became steady and Greg seemed aware of the change of tempo and mostly maintained reliability. Cathy continued clapping along and enjoyed the music. She managed a moment of turn-taking at the end and watched the music therapist carefully, so that the ending was shared.

Group improvisation

The music therapist explained that the group would improvise and each student would have an instrument. The students seemed interested and asked for particular instruments; for example, Kevin said 'Can I have the circle one Dianne?' Simon raised his hand while Cathy walked over and grabbed several instruments. Jarred was with the group and participated. Jarred played a little with the group but he sat on a chair while the other students were on the floor. There was some shared tempo played by all. The

students had simple handheld percussion and they were happy to swap instruments and used social interaction skills. Simon announced: ‘I’m a belly dancer’ as he held the castanets. The music lacked order but all the students participated. Greg talked to Kevin as he was aware that Kevin was angry; Greg responded in a sensitive manner and put his hand out acting as the peacemaker. Jarred seemed comfortable in the group: he said, ‘In the box’ unclearly, referring to the instruments.

Flute improvisation

Hannah shut her eyes and most students responded with less movement and some heads were bowed. Greg made further attempts to check on Kevin while Cathy reassured him with touch. Simon moved a little to the music as did Greg, although less consistent rhythmically. The students seemed calm and Kevin used his earphones but remained in the group with his head down.

Bye Song

The *Bye Song* used individual names: Cathy and Greg waved while Simon said ‘bye.’ Jarred had separated from the group but was aware of their activities and walked through the music therapy space.

Session 3

Students

Simon, Greg, Hannah, Cathy, Kevin and Ned. The teacher directed the video camera at times and not all students were visible in all the frames.

Hello Song

Greg ‘tuned’ his ear the way the music therapist had previously shown them. Kevin used a cartoon-like voice at the beginning, high and not properly pitched. Kevin encouraged Ned to reply, however, Kevin remained actively involved. Jarred sang *Hello* and he sat on a chair with the group. All the students sang *Hello* in response. Kevin joined in the chorus and was handed his medication by the teacher. *Hello* was sung individually to each student and they were happy and involved.

Drum improvisations

Hannah began using loud steady beating with a slightly unstable tempo though it was mostly reliable. She managed to share music by adding melody and was aware of the accompaniment. She was able to change tempo, recognise and create an ending. Cathy began with a slightly erratic pattern that sometimes had an underlying pulse. She enjoyed her experience and used eye contact, though Jarred talked during the music. She had some awareness of the accompaniment and played to the camera yet was aware of the ending. She varied her patterns and the students clapped in response to the build in the dynamics. Kevin played kneeling down and did not engage visually with the music therapist. He enjoyed the other students’ giggles and produced some steady beating. He began an almost turn-taking pattern with answers showing awareness of the accompaniment though his underlying pulse lacked stability. Jarred moved over to join the group but was distracted by the budgie. He shifted a great deal though he watched

the music therapist as he responded to the increase in texture. He mostly maintained a steady and reliable pulse. When the rhythms varied, his pulse became less steady and he changed the tempo. He attempted some turn-taking at the end and the students had a general discussion about turn-taking. Simon established a steady beating with variations that included a couple of quavers. Cathy joined in with some vocal 'dum de dums' at the beginning. The music therapist included a 12 bar blues pattern and a shared ending was produced as the pattern concluded.

Group improvisation

The instruments used were a fairly balanced collection in terms of dynamics so that all participants could be heard. The students were encouraged to sit on the floor and choose instruments. They seemed interested and made their instrumental choices with consideration. All engaged well and used appropriate behaviours. Kevin thoughtfully decided to choose another instrument and Hannah characteristically sat at the back. The music therapist tried to encourage the group to begin together whilst supporting with accompaniment on the keyboard. There was a hint of a shared pulse that began to form, though the music therapist led somewhat to keep them together.

Conducting

The music therapist explained the activity and demonstrated, indicating instructions with hand movements and facial expression. Changing dynamics was demonstrated and stopping playing was practised. The students took turns at conducting. Ned smiled and seemed interested and excited by the activity. All the students were interested and Jarred sat in a chair beside the teaching assistant. Simon moved with large steady movements. Kevin used sticks in a sawing motion on the chair leg to create rhythmic sounds. The students seemed to understand the activity and began to watch and respond to the visual cues. Hannah was definite with her indications and started and stopped the players confidently. For her it was a game, yet Kevin was distracted and missed cues. The group giggled at the game and clapped. Cathy required extra support. She indicated with finger movements and enjoyed her role. She giggled and smiled with satisfaction at the response from group when she had control.

Flute improvisation

Simon recognised the flute improvisation as an activity indicating that the end of the session was near. He asked: 'Are we finished already? Can we play the bongos?' The music therapist gave instructions to listen quietly to the flute and lie down or close eyes if they wished. Little giggles occurred between the students and Kevin entertained Ned with hand movements. Greg rocked like he did in the last session when the music therapist encouraged movement to the music. She asked for any ideas the students had whilst listening. Kevin remained distracted and fiddled with his hat. The students kept their heads down with some eyes closed and the group began to settle. Simon made a groaning relaxing sound. Hannah thought about adding an instrument and Simon suggested belly dancing. Kevin thought about dying in Iraq. Simon suggested being in his own band at the Olympic Stadium. Greg appeared shy and offered no ideas even when prompted. Cathy supported the belly dancing idea too while Ned thought about being a rich man. The music therapist suggested that the group move their feet to the music and Jarred left the group. Kevin kicked the chair legs and Simon put his hands up like he was dancing; most students made an attempt to move. Simon's movement

showed some rhythmic relationship to the music. The tempo changed and the students responded by moving less to the slower pace.

Bye Song

The students were invited to play instruments with goodbye responses. The individual 'byes' were sung and all the students watched. They needed to be invited to participate and they all started together, producing a strong sound. Kevin fiddled with his hat again and did not participate fully. Ned played loudly on the drum and all the students sang except Greg who waved. Kevin played the drum once loudly with his hat pulled over his face; he appeared to be self-conscious and acting a role. Hannah played the bongos with a steady beat for the 'bye'. Simon played a rhythm on the bongos and Cathy played several loud taps on the snare drum without rhythmic direction. The ending was rather messy; encouragingly, the students wanted to keep playing.

Session 4

Students

Simon, Greg, Cathy, Ned, Kevin and Jarred. Hannah was absent as she was in the office for behaviour reasons.

Hello Song

Prior to the song, Greg spontaneously began playing the snare with his hand. He stopped when the music therapist sat at the keyboard and spoke, then he began singing *Hello* before the keyboard started. Cathy sat to the side, perhaps uncomfortable as Hannah was absent and remained unhappy. Cathy joined in with a strong sound after several phrases. The group sang *Hello* to Jarred who was on the other side of the room. After his reply, the students launched into the response without the keyboard, showing confidence and joy in their participation.

Greg, Simon and Ned sang strongly and confidently. Simon characteristically had the most prominent voice with reliable pitch. Cathy replied clearly and Ned joined in as he entered the classroom. Simon's reply was very musical with some creative use of pitch. The music therapist sang to Jarred to join the group. Simon asked to sing to Hannah even though she was absent from the session.

I Want Song

My name is…and I want to…

Simon sang that he would like to be 'Homer Simpson' and the other students laughed. Cathy was momentarily distracted by other students and sang: 'I would like to play the drum.' Ned sang that he would 'like to play the drums' and he did.

Drum improvisation

Cathy began playing before the music therapist; she had a wide smile on her face. She changed her rhythms and managed to hold a steady pulse for several phrases. The music became more erratic, however it returned to a reliable beat and finished with a sense of

completion. Greg engaged visually with the music therapist at times but mostly concentrated on the drum. He played mostly with the right hand and occasionally the left; he had difficulty maintaining a reliable beat or pattern. He favoured quaver, quaver, crotchet patterns and played quite loudly. The budgie called loudly in the background. Ned played with both hands and leant back in his chair, his demeanour less confident than the other students; however, he approached the drums with confidence. His patterns were difficult to follow though the beat or underlying pulse had a consistency of tempo and timbre. Ned discussed playing on the rim of the drum as he had played drums before which explained his confidence. Simon had more mature social skills and engaged visually with the music therapist for a cue to begin, which provided a synchronised start. His rhythms were mostly reliable and he responded to the accompaniment. For example, as the music moved to a softer style, he stayed at a moderate dynamic. Jarred sat near the group for a while during the drum improvisations.

Conducting

Hand-held instruments were shared out and the students selected their instruments. Eye contact was established with the group and hand signs were practised in preparation for the conducting activity. Simon used large hand signals and verbal instructions at the beginning and between sections. His instructions were clear and he enjoyed the activity. Ned was comfortable in the role and asked the therapist to play the keyboard. He used clear hand signals and his voice to give instructions, especially when students were unresponsive. He demonstrated creativity clearly. Cathy was clear with her arm movements but smiled and giggled. She named students as she pointed to them and followed with some positive encouragement for example, ‘good boy’. She chose to conduct for a brief time only.

Student choice

The students were asked to choose what they would like to play and whether they would like others to be involved. Greg chose keyboard improvisation with the music therapist. He began with intense concentration, working up and down the keyboard using a free rhythm. He concentrated visually and brought both hands together for the slowing ending, which produced a musical result. Ned chose a solo on the snare and used energy with both hands, included rim shots and mostly crotchet and quaver patterns, with a recognisable pulse at times. The group spontaneously joined him by clapping along when he established a reliable beat. They applauded him as he finished. The feeling in the group was supportive which encouraged each student to try the new task and explore the creative opportunities. Cathy also chose a snare solo; it was common for her to follow the lead of other students. Her pattern was quaver, quaver, crotchet and strong with an underlying pulse, though her tempo became a little unstable at times. Simon recognised the strong rhythm and joined in by clapping along. Cathy was momentarily disturbed in her beating but regained her steadiness and enjoyed their support. Simon also chose the snare drum while Cathy interrupted to ask if she could play the keyboard too. He began loudly and strongly and included stick hits. He established a reliable pattern and the group joined him with claps. He asked the music therapist to join him at the keyboard and he responded with a little variation. His playing was the most rhythmically reliable of all of the students.

Flute relaxation

Students lay on the floor with only a little prompting. Jarred shouted and moved furniture in the background. His behaviour disturbed the group a little and he was gently ushered from the room by staff. Ned, Greg and Simon started rolling and waving to the pulse of the flute. The group segued into the *Bye Song* and maintained a subdued mood.

Bye Song

The singing of the song was gentle with full participation as the group mostly ignored the ongoing disturbance caused by Jarred. Simon's voice was the strongest and all students maintained eye contact and seemed happy to be involved.

Session 5

Students

Simon, Greg, Hannah, Cathy, Ned and Kevin. Jarred was at the back of the classroom.

Hello Song

The group sang together and Cathy replied with big smile and 'Hello Dianne.' Kevin answered in a speaking voice, then responded with his high pitched voice in an unmusical way. He performed for the camera.

I Want Song

My name is…and I want to…

The music therapist moved quickly into the *I Want Song* to direct attention away from individual behaviour and potential distraction to the group. Cathy used Greg's name as a joke. Ned used a soft clear voice with some pitch accuracy: 'I want to play the drum.' Simon repeated his desire to be Homer Simpson. Greg also wanted to play the drum and sang in a clear soft voice. Hannah's words were a little less clear and she also wanted to play the drum. Kevin used a speaking voice rather than including pitch, he chose to 'jump on his bed'. Cathy raised her hand suddenly to ask about the next activity.

Sing Song

The song was introduced for the first time during this session. The group sang together and Kevin joined in with his high pitched voice. Turn-taking appealed to the group. Ned said: 'I might sing'. Jarred was invited to join the group. Simon stood to do a solo and made the 'ear tuning' actions. He was able to apply pitch and rhythm accurately and improvised *la la la* between the verses. Hannah managed some of the melody but was rhythmically stronger. She used a soft voice with less defined consonants. Cathy was excited during her turn after she heard the repeats. She tried by placing her words softly with some accuracy. She was a little unsure and moved her hands in a rhythmic way to the beat. Ned tried using a very soft uncertain voice and added words after the music therapist's prompt to experiment, using a rap style. Kevin used his high voice rather than a singing voice to tell a story about his Dad but in a rhythmical way. Simon had

another turn, moving his body as he sang. His pitch was accurate and the rhythm had a musical style.

Drum improvisation

Hannah began with a confident stance and held the drum sticks firmly. She began by establishing a steady beat with a minor tempo insecurity; her tempo slowed and then established to a steady crotchet beat with an occasional quaver. Hannah mostly produced a steady beat and was aware of the music therapist's playing. She recognised the prompt for an ending and the students applauded. Cathy began with energy and followed the melody ideas by imitating briefly with quavers; she recognised the ending cues and included some musical moments. Ned refused to play but said that he would after Simon. Simon began with four taps with the sticks together to bring the therapist in; smiling broadly at her. He lost his stability slightly as another tune began and then steadied himself again establishing a fairly reliable beat. Ned began with some 'showmanship' and then settled into the music. He copied some patterns but lost his steadiness as the tempo changed. Greg began rhythmically strongly, yet it was hard to identify his beat. He varied tempo and rhythm and ended abruptly.

Conducting

The group chose their own instruments. The music therapist began the activity and it took a moment to gain the group's attention as they watched for visual cues. They completed a warm up by playing each instrument one at a time. Ned explained that the instrument he had was like a mortar and pestle, which was how the music therapist had introduced it, demonstrating the crushing and grinding actions. The free beginning sounded messy the students were not listening to each other. Hannah began conducting with the music therapist at the keyboard. Not all of the students were completely focused, however concentration improved and they accepted Hannah's directions carefully. Simon began with rhythmic arm patterns and the group played together. A musical phrase was created which slowed down towards the end. Ned directed and used words, for example, 'Come in Hannah'; he pointed rather than beating strokes and managed a clean ending that was controlled. Simon used verbal instructions although the group initially did not focus. The music therapist supported him and helped to re-focus them.

Flute improvisation

The music therapist encouraged the group to close their eyes and have 'quiet time', but some unsettled movement occurred. Cathy used an expression of concentration and they gradually settled a little, though someone jiggled the bells. The group was asked to move to the music. The group became quiet by the end and the session ended calmly. The students were asked to move to the music.

Bye Song

The group was happy to remain lying and there was a quiet moment at the beginning of the song. The students joined in by the end of the first phrase with Kevin using his high pitched voice. Jarred had been making disturbances throughout the session in other areas of the classroom and was constantly monitored by the staff; he was removed from the classroom at one point. The recording kept running after the session. All the students were engaged in helping pack away the instruments by carrying them to

another room. The teacher suggested to Kevin that if he disliked the flute part, he might prefer to sit quietly at his desk.

Session 6

Students

Simon, Greg, Hannah, Cathy and Ned.

Jarred was away and Kevin was not participating but sitting at his desk.

Hello Song

The students had bright faces and were happy to participate; they sang *Happy Birthday* to Hannah. Ned spontaneously played the drum with the singing. Despite the repetition in the *Hello Song*, the students enjoyed this opening song. The group tried to include Kevin by singing to him, but he replied 'Not talking'.

I Want Song

My name is…and I want to…

Ned sang more clearly than during previous sessions and with more accurate pitch. Hannah's voice had a drone like quality that distracted from the pitch and was not always clear. Cathy sang clearly with some prompting and in one continuous phrase. Simon warned that he was going to sing something silly, 'I want to be drunk.' The other students remained unresponsive and Simon giggled to himself.

Sing Song

The song was sung once for familiarisation and Simon commented: 'I remember this one.' The students were asked to sing together while one student tapped at the end of each phrase on the snare drum. Ned played slightly behind the beat every time, obviously recognising the correct place for the beat but was not quite in time. Simon played mostly with accurate rhythm. The music therapist brought Cathy's focus back to the music; she had drifted off into her own world. She approached the task by trying hard to sing and tap, but most taps were slightly early or late. However, she recognised the pattern well and the delay appeared to be in the production of the sound rather than in the recognition. Hannah tapped rhythmically, sometimes playing in time but differently to the required pattern.

Drum improvisation

Cathy began playing and it was difficult to recognise her pulse; the beat was not steady, the tempo unstable and she seemed to be unaware of accompaniment. Simon began with a fast rhythmic pattern that lost the pulse. He began with a beat and returned to it, producing a strong ending. Greg's beating was erratic, not really establishing a steady pulse at any time. He played very loudly and Cathy put her hands over her ears. The music therapist tried to lead Greg towards the ending, however he kept going; near the end the music was slightly more unified. He habitually played quaver, quaver, crotchet and it seemed to take some effort to physically create the sound. Hannah played

strongly, beginning with a mostly steady beat with slight fluctuations. Her pulse was disrupted when she changed patterns. She recognised the accompaniment by including a delayed rhythmic imitation at times and following the ending cues. She managed a controlled and musical ending. The group discussed Hannah's playing especially the ending. Ned played and took the suggestion to play with his hands that reduced the volume; he gazed away more than he looked at the music therapist. His pulse was not constant; he concentrated and looked at the therapist as the pattern in the accompaniment changed. His rhythmic patterns seemed to have a slight delay in production whilst he waited for his arm to respond.

Conducting

The students chose their own instruments. The music therapist gave constant reminders to achieve quiet. The group sat in a circle and passed the sound around so that each student took a turn to play individually. This was difficult for the students to achieve and the music therapist encouraged the focus to remain on the conductor. The students giggled and enjoyed their involvement. Cathy was a little confused because the music therapist took the conducting role. The students were enthusiastic about taking turns as conductor. Simon took the conducting role seriously, giving clear directions and managing to gain the other students' attention. Hannah was clear in her conducting and mostly directed around the circle. Ned focused on fiddling with the cymbals instead of looking around him. Cathy smiled and moved around the circle, sometimes naming each student; she gave clear signals. The instruments were collected at the end of the activity.

Maria Song

The students were interested in the new song. The music therapist introduced it as something new that would extend each week. The students sang the chorus:

We go to Maria School

We go to Maria School

We go to music

We go to music

Simon asked: 'What are you doing that for? It sounds like a mouse!' referring to the music therapist playing short keyboard runs. The music therapist gave a visual cue at the beginning of the song that comprised a finger waving to the beat. The students enjoyed the visual cue. The group sang in loud strong voices with visual focus on the music therapist. Simon asked for another repeat and they continued, using a rhythmical pattern that allowed the music to segue easily into a repeat without interrupting the flow.

Flute improvisation

The students were familiar with this activity and all lay down with eyes closed. They mostly listened quietly. The group feeling slowed a little and they grew calmer.

Bye Song

The *Bye Song* received full vocal support from all the students. They sang and waved with enthusiasm to each other but remained focused and in control. The music slowed and become quieter towards the end.

Session 7

Students

Greg, Hannah, Cathy and Ned. Jarred and Kevin were in the room but did not participate.

Hello Song

The students joined in the *Hello Song*. As Simon was absent the volume was consequently reduced. The students were happy and they enjoyed the familiarity in the structure. The group sang *Hello* to the budgie for Jarred and he responded with a comment.

I Want Song

My name is...and I want to…

The music therapist sang: 'I want to sing a new song.' Cathy sang 'Go to music and play the drum.' Her voice had uncertain pitch yet her rhythm was musical.

Hannah sang that she wanted to play the drum. Ned sang that he would like 'to walk up the street.' Greg sang, 'I would like to play the drum,' using a clear voice with appropriate pitch.

Sing Song

The music therapist sang and played the song for the students and then distributed the instruments. The group tried to play two instruments in each phrase, playing on the first beat of each bar. They almost co-ordinated this with two students alternating on the first beat of each bar while the other students sang. Greg's playing was slightly delayed after the beat. The music therapist encouraged him to watch for the visual cue but it took him a moment to produce the sound.

Drum improvisation

Greg began to play with a big smile on his face. He played an uneven pattern and took a while to place his strokes on the skin. He deliberately worked with the rim of the snare drum and varied his rhythms. He recognised the ending and finished with the music therapist. Hannah approached the task with confidence and began a fairly steady beating with alternating hands. Her tempo and beat were not consistent and it became harder to follow; however, she almost managed to regain the beat. She finished with the music therapist. Cathy looked excited as she began and appeared to recognise that her initial beating was unsteady and managed to adjust. At times she used regular beats and was aware of the accompaniment, responding to the ending chords by imitation. Ned took a

turn hitting the rim and skin and played quite loudly. His beating was somewhat irregular; it had a pulse but it was not consistent. He looked at the music therapist when the rhythms came together for the ending.

Maria Song

The therapist asked the students if they remembered the new song and Ned named it as the *Maria Song*. The students remembered the tune and they sang it through. The music therapist explained that they would learn a drum fill and gave them the pattern in words. Ned took a turn, almost achieving full accuracy first time. The group sang together and Ned seemed confident about recognising the entry, although his pattern was a little unstable. The students laughed when the music therapist forgot the chord pattern and played a different chord. Ned played the drum fill almost perfectly. The music therapist asked Kevin if he would like to join in as he was looking towards the group. The music therapist invited Jarred over; he did not join in but seemed to be very aware of everything that the group was doing. The staff were also a little hesitant to encourage him due to his violent outbursts. Ned enjoyed this special role of playing the fill as it recognised his drum playing experience. The group started to work on new lyrics; the students were given the opportunity to suggest different words. The group experimented with a verse that included all their names. Ned played the fill in the correct place, his tempo slightly slow but with confidence and enthusiasm, watching for visual cues.

Percussion improvisation

The music therapist distributed the instruments and asked students to choose. Ned asked about the instruments and named some. A free improvisation followed, accompanied by the flute. Ned commented on the clap sticks, saying that they were aboriginal sticks. The students participated, occasionally listening to one another. Cathy put her hands over her ears. The students responded and recognised the tempo changes. There was mainly aimless playing with moments of individual awareness. Ned commented but other students played with the music. Hannah set up a beat and Ned told her that it was good; he also tried to help Greg to play. The group paused to swap instruments. Ned asked if the piece was aboriginal music and he explained how to make aboriginal music with the castanets. Cathy lay on the floor. The music therapist encouraged the beating to become unified. The improvisation had some awareness of each other's parts and the students managed to end together. Jarred joined in with the second improvisation and mostly played with constant beating whilst sitting on a chair. The instruments were collected.

Bye Song

The group sang *bye* to each other and Jarred replied in response to his name. The students giggled as each was thanked for playing the drum or the fill. Kevin joined in with a high voice to sing *bye*. The music slowed and become softer at the end.

Session 8

Students

Simon, Greg, Hannah, Cathy and Ned. Kevin and Jarred joined later in session.

Hello Song

Kevin joined the group and seemed to be feeling better than during last session. Greg sang back with confidence. A staff member brought Hannah over to the group and she held her head in her hands. Ned replied with facial recognition and attention yet used a speaking voice rather than a sung response. Hannah mentioned a playground event in which her hair had been pulled and said that her head hurt.

I Want Song

My name is... and I want to…

Hannah smiled and turned her face upwards as the music therapist asked her to take the first turn singing. She sang clearly on the third repeat after further prompting. Kevin joined in; he used a speaking voice rather than a singing voice with little pitch but correct rhythm. Cathy sang gently with her usual smile when participating in the music. Ned sang shyly that he would like to go to Kevin's house and smiled. Greg sang that he would like to play the drum. Simon clapped his hands when it was his turn, added that he would like to 'drive really fast' and giggled.

Sing Song

The group sang the song once before adding instruments. The music therapist asked who would like to play the triangle to add to the song. Hannah played mostly accurately, though when the music therapist directed her to watch for visual cues, her singing and playing were not synchronised. Cathy used a strong voice. Simon played accurately without needing to look for visual cues. Kevin struck a little too hard and missed the triangle at first try but he was rhythmically accurate. Simon used an operatic voice for fun. Ned played mostly exactly on the beat. Cathy needed a little encouragement to start so the music therapist showed her how to hold the triangle. She smiled broadly and looked up for cues, playing accurately.

Drum improvisation

The group moved into position and made space for the drum. Greg began by playing strongly with rim shots. He almost established a reliable pulse at times and was more confident playing than previously. Greg did not watch the music therapist and seemed only slightly aware of the keyboard part. He did not recognise the ending signals and continued to play; when he recognised the ending, he smiled at the music therapist. Hannah brought the music therapist in with four hits of her drumsticks. The beginning seemed to distract her and she took a little while to settle and establish a reliable pattern. At times, she seemed unaware of the accompaniment and alternated her beating hands, sometimes adding a rhythmic variation. Her ending after the chords was dramatic and she added a mini drum roll and stretched her hands up into the air triumphantly. Kevin chose to play next but was not relaxed; his shoulder rose above his playing hand and he concentrated hard. He recognised the ending cues and played with a fairly reliable pattern although the accents were a little unmusical. Cathy focused on her playing with concentration and mostly played with one hand. A shared pulse was established but when the pattern varied, she recognised the change and struggled to re-establish rhythmic clarity. Simon played loudly, looking up often and smiling, obviously enjoying the experience. He used both hands with varying patterns and mostly established a reliable beat. Ned began with full concentration, however he was slow to

establish a reliable pulse. When he steadied and beat in time, he missed the change and quickly lost the regularity.

Percussion improvisation

The students chose instruments and the group sat in a circle. They began by taking turns around the circle. The therapist accompanied the improvisation with the flute. Hannah set up a constant rhythmic pattern but lost rhythmic security as she looked around at the other students. Jarred walked around behind the group and the music therapist invited him to join.

Maria Song

Jarred paused while wandering around the back of the classroom as the group prepared to start. He took a few steps closer to the students. The music therapist played a game and gave visual cues to gain attention. The students sang with more energy than at the beginning of the session and were enthusiastic. The music therapist asked Kevin to try and sing at the right time as he sang after everyone else. Ned played the fill and practised a little but found it difficult to play correctly. Kevin lay down behind the group. Simon did an operatic impression, much to the joy and entertainment of Cathy. Jarred asked if he could join in by playing the fill. Cathy responded 'Hey, Jarred, yeah.' Cathy, Greg and Simon joined in with the visual cues that comprised waving a conducting finger. Jarred played the riff successfully and the group applauded; he jumped around in a circle with excitement. Simon gave a spontaneous clap and then held up an imaginary microphone. He played the fill for the next repeat, very loudly.

Bye Song

The group sang *bye* as a 'warm down', slowing and singing more softly. The group sang to the budgie to include Jarred. They felt calmer by the fourth repeat and relaxed after they had sung to all the students and the session ended with waving.

Session 9

Students

Greg, Hannah, Cathy and Kevin.

Hello Song

The session began with only Kevin and Greg. Cathy joined in, followed by Jarred who was in the room but not initially participating in the group. A minor interruption occurred when the teacher offered to help with the camera and a short discussion followed regarding the battery. The students waited patiently and listened to the conversation. Kevin pulled a face at the camera and Greg patted him in a soothing way. The music therapist began to sing numbers for each student after Cathy started counting.

Drum improvisations

Greg launched into playing with both arms, moving his body and looking towards the music therapist and smiling broadly. Sometimes he seemed to be in a world of his own and his habitual quaver, quaver, crotchet pattern returned. Eventually, the improvisation stopped but he ignored the ending cues. Kevin played next and concentrated using both hands. He placed his taps on the skin then on the rim. He pushed his tongue out with the effort of concentration and played fast and very loudly. Kevin recognised the ending immediately. He was kind towards Cathy by turning the drum for her to reach. She tried to play in time. Greg supported her with some head nods and then he played a game with rhythmic movements, pointing to each of the other three students. Cathy was close to achieving a regular pulse but it sometimes eluded her. Her playing was more regular than Greg's and she seemed musically aware.

Sing Song

Greg chose to play the 'tap' part on the snare with his hand. With some prompting, Cathy and Kevin joined in by singing and Kevin used some pitch in his soft voice. Greg seemed to be able to recognise the beat and play in time to the song. Kevin anticipated the beat slightly at first but then settled down and began using both hands together briefly and played accurately. Hannah returned to the classroom and joined the group. Cathy took a turn and sang as she played, adding extra beats at the ends of phrases. Hannah smiled as she began to play. Her rhythm was reliable and she played on the beat, occasionally anticipating and using the music therapist's head nodding cue.

Drum duet

The students were asked to choose a partner with whom they would like to play. Greg said 'Not too loud,' the music therapist reinforced this and the music began. Greg nodded his head as they played and he grinned. Hannah and Kevin played together, sometimes exactly in time. Greg continued to wave his head in time. The students recognised the ending cue from the keyboard and almost stopped together. Kevin and Cathy played together, attempting to synchronise their beat and they achieved this briefly. Greg was quite involved and changed hands at one point. They missed the ending cue immediately, but when Greg looked at the music therapist, he smiled knowingly.

Maria Song

The music therapist began to play and Greg tapped along on the snare drum with a wide smile. He paused and waited for the cue and his entry was accurate. It was difficult for Greg to co-ordinate both hands rhythmically. The therapist held the drums sticks with Greg and modelled the pattern. The group sang and played several times to give Greg a chance to practise the fill. Kevin took the sticks next and played with concentration. He seemed to enjoy the task and watched carefully for the cue, then passed the sticks to Hannah. Hannah mouthed the song words as she waited for the cue. She played several strong beats rather than the fill pattern that had been demonstrated. Her second attempt was stronger and more accurate. Cathy played next, tapping her sticks together as she waited for the cue and smiled broadly. The music therapist asked for lyrics. Kevin offered, 'We go to music school' and seemed quite interested in this activity. Jarred returned to the classroom. The group sang Kevin's words and he was pleased when the words fitted into the verse. Then he suggested, 'We like the music school.' The music

therapist wrote the words down, explaining to the students that they would build the song each week. The group practised the whole song. There was a pause to deal with Hannah as she had her head in her hands and seemed upset. The music therapist and students tried to support her by sitting around her in a circle and humming. Kevin held his fingers up in a meditation pose that was a little distracting. The music therapist encouraged the students to hum together which was difficult so they changed to 'Song for Hannah,' which the music therapist improvised. Hannah seemed to cheer up and enjoy the song.

Conducting

The students chose their instruments. Jarred left the room with a teacher and then returned immediately. The students began to conduct. Cathy led with large hand movements and some verbal instructions, including naming students and the music therapist as she pointed. She moved and chose another instrument. Hannah conducted with clear directions and names. Greg pointed with the maracas in his hands and created extra sound. He included a tutti, meaning everyone played. Greg like Kevin worked with the maracas in his hands; he named students as he directed them to play.

Bye Song

The group sang *bye* together. Kevin mostly used his speaking voice but participated and waved; he also encouraged Greg with a pat on the back as he waved to Cathy. The group was somewhat unsettled. Kevin started using his high voice and Hannah lay back on the floor.

Session 10

Students

Simon, Greg, Hannah, Cathy, Ned and Kevin. Jarred participated intermittently after helping to set up the instruments and they remembered where the percussion instruments were kept.

Hello Song

The students mostly participated well. Simon had the strongest voice and he clapped spontaneously as he sang. Kevin sang exactly on cue and responded in a spoken voice. Hannah was attentive yet required a reminder to sing consistently. Ned was focused, using a soft vocal level, and was attentive to Kevin. Greg looked happy and enjoyed himself.

Sing Song

The group sang once through to familiarise themselves. Simon 'tuned his ears' and used his operatic style voice. Cathy entered the room and the group sang *Hello* to her, which made everyone smile. Greg sang very quietly, taking large breaths, and was visually engaged.

Drum improvisation

Greg began with some erratic tapping without tempo or beat stability. His playing settled a little as he repeated his patterns of quaver, quaver and crotchet with both hands. He continued to play after the ending cue. Simon played very loudly and with enthusiasm, which caused some of the other students to put their hands over their ears. Kevin tapped out a pattern with his hands on the snare drum beginning with a reliable beat that was mostly maintained throughout. He used fast moving rhythms with accents. Simon asked to sing the *I Want Song*; the students seemed to enjoy the familiar structure and order of the sessions. Hannah played loudly with the drumsticks in alternating hands. She incorporated mini drum rolls and mostly managed to maintain a constant beat. Cathy began a little uncertainly, occasionally hitting the rim which disrupted her rhythms; some of her playing was a little behind the beat. Simon began clapping spontaneously when the playing had a strong beat. Cathy kept playing for several beats after the keyboard stopped.

Drum duet

Ned and Greg played together, Ned looking up at Greg often at the beginning of the music. Ned led and they worked quite closely together, sometimes synchronising their beating. There was a sense of togetherness although the parts were not always consistent and sometimes the pulse was insecure. Hannah and Simon played together, sharing pulse in a confident performance with a synchronised ending. Cathy and Simon played next with less unity in their music but great enjoyment. Jarred was invited over and he accepted and chose Kevin as his partner. They played fast loud beats, both concentrating on their own parts with little awareness of the other. Their sound had a competitive quality and an uncontained energy. They rarely played exactly together; Kevin began first and also ended after Jarred.

I Want Song

My name is…and I want to…

Simon sang: ‘I would like to be Tom Cruise.’ Hannah sang that she would like to play the drum. No one else volunteered to take a turn.

Maria Song

The students were enthusiastic about their song. Simon added extra words between the phrases and Cathy sang ‘ba ba - ba ba - ba’ which imitated the fill pattern. Jarred walked around behind the group though he seemed to be interested in participating in the song. They sang Kevin’s words from last week. Simon clapped excitedly and offered new lyrics: ‘We play choir music at our school.’ The other students added comments and lyric ideas too. Greg told the group that they sang at *suburb name*. Kevin rolled on the floor at the back and used his high voice; a staff member prompted him to remain with the group but he moved to another part of the classroom. He watched the group sing his words and then moved away again. The music therapist asked the students if they would like to add another verse or play percussion instruments. Jarred was the first to reply that he would like to play and the other students agreed.

Conducting

The students chose instruments and began the conducting game by playing individually around the circle. The music therapist modelled some hand indications. Jarred played and watched attentively, and while it was not easy to maintain visual focus, the music was roughly together. Hannah conducted and everyone was quiet and followed her hand directions as they played their instruments. Ned used his verbal skills to assist his conducting; he managed to synchronise everyone. Simon stood for his turn and also gave many verbal instructions. Some students kept playing at the wrong times but mostly they worked very well together. Cathy also conducted briefly.

Sing Song

The music therapist used the *Sing Song* to facilitate a change of pace. Simon asked for the flute, another reminder that the students like familiar order.

Bye Song

There was a noisy beginning to the *Bye Song* but the singing gradually calmed. Greg talked and giggled and Simon was a little excited. The group sang *bye* to Kevin and Jarred. The end of the session was quieter than the high energy evident earlier in the session.

Session 11

Students

Simon, Greg and Ned; Jarred joined later.

Hello Song

The group began with Ned and Simon only. Greg had his shoelace tied and then he joined the other boys.

I Want Song

My name is…and I want to…

The music therapist began to sing: 'I would like to sing the *Maria Song*.' Ned sang that he wanted to talk. Greg sang that he would like to play the drum. Simon sang that he wanted to be Elvis Presley.

Sing Song

The group sang the song once through together. Ned played the snare perfectly in time and the group practised once through without the keyboard. He enjoyed his role and occasionally made high vocal sounds. Greg played gently, mostly on the beat and sang some of the words. Ned used a high voice again, similar to Kevin's voice even though he was absent. Simon played with a competent rhythm and added fills and extra taps while he sang.

Drum improvisation

Greg began and watched the music therapist closely as he played with two hands. His beat was irregular although he concentrated hard. It seemed that the accents he used disturbed his beat and each stroke of the drum required a huge effort. Jarred wandered around at the back of the classroom and watched the group. He carried a chair over and sat there as the drum playing attracted him. Simon made sure that the music therapist was aware of Jarred and sang *Hello* to him. Ned played next: he maintained eye contact with the music therapist and took some time to find a regular beat. The playing synchronised a little at the end, but mostly his pulse was disrupted and difficult to follow. Simon played very loudly: he set up a regular rhythmic pattern that the music therapist followed. Jarred took his turn happily and asked the music therapist to start. He knelt in front of the snare drum and concentrated on playing very intently. Sometimes his pulse was clear but only very briefly. The music finished together, demonstrating awareness of the accompaniment.

Drum duet

Simon and Greg played together. Simon's part was very loud initially and Greg was overshadowed but they adjusted and both enjoyed themselves. Jarred and Ned played together; initially Jarred focused on the music therapist and Ned looked at both players. Ned recognised the ending first and they almost managed a shared beat towards the end.

Percussion improvisation

Jarred sat down with the group as the students chose their instruments. The music therapist accompanied using the drum and then passed the role over to Jarred. She encouraged him to play softly, which he did briefly and fairly constantly. The music therapist played the flute. The group concentrated and swapped instruments, highly aware of each other but not always listening to each others' parts. Jarred's playing became less steady and grew louder. He began a new rhythm that the music therapist followed. Ned took over the drum playing using both hands and looking around the group. The music shared some sense of pulse. The group improvisation was challenging as the students needed to experiment and it took time for awareness of the music to develop. Simon took a turn at the drum and enjoyed bringing in a different pattern. Greg played on the snare drum next; he had his back to most of the group. He played with little awareness of the sounds around him and mostly worked with his favoured pattern of quaver, quaver, crotchet; however, the music finished together.

Maria Song

Simon said that he had a new verse to add. The group sang through the verses that were already established, with Ned on the snare playing the fill. Jarred moved closer to the drum. The students used confident voices while Jarred wandered around the edge of the group. Simon added some claps and the music therapist prompted the words by pausing during phrases and repeating them. Jarred was standing next to the music therapist watching, wanting to be involved. Simon broke into his operatic voice for the *la la la*. Ned offered some words: 'We go to Dianne's house' changed to 'Dianne comes to our school' which fitted the chord progression. Ned offered: 'Dianne sings a lot at our school, yes she does.' The students seemed enthusiastic and offered plenty of ideas; they stayed interested in the task at hand. Greg offered: 'We go to gangster school.' Ned added: 'We get lots of money.' Greg suggested: 'We get rich,' and enjoyed his

contribution. The music therapist invited Jarred to play the fill and he ran into position. The group practised the whole song with Jarred on drums and Ned demonstrated for him. They began together with strong voices. The keyboard was low on battery but the group continued to sing without it, though it did distract them a little. They were enthusiastic about this song and Ned played the fill with energy.

Bye Song

The group sang bye without the keyboard. They sang well, perhaps because they were familiar with the structure.

Session 12

Students

Simon, Greg, Hannah, Cathy and Ned. Jarred was in the classroom but not with the group.

Hello Song

The group sang *hello* and several students used playful voice colours, including Ned and Simon who sang in an operatic style. Cathy did not sing; Hannah was quiet and did not join in without prompting.

Sing Song

The performance of the *Sing Song* included singing 'sing' in place of the instrument playing. Simon tried first and managed the pitch and rhythm. Ned, Greg, Hannah and Simon worked together while Jarred and Cathy watched in the background. Cathy returned to sit with the group. Hannah took a turn at singing the solo 'sing', which she found challenging so used a soft voice. No one else offered to sing.

Drum improvisation

Cathy began to play on the snare drum with her hands with the music therapist on the keyboard. She refrained from eye contact and concentrated hard. She smiled beautifully at the music therapist during the shared ending and finished well. Greg played the snare drum and the music therapist accompanied on the keyboard. He paused and tried to use his fist to play so the music therapist encouraged him to use his palm. He was unable to maintain a steady pulse but played his pattern of tap, tap, tap and repeated it. Simon played by setting up a regular pattern using both hands. Some of the music was effective and he maintained a pulse with accents. Hannah played with focus, two hands and a regular beat. When she increased the tempo her pattern became a little unstable though she returned to some beat security later. The music finished together, then she added a short extra section, smiling as she did so, which created a coda.

Percussion improvisation

The music therapist explained that the group would try something different and each student was encouraged to play with all the instruments. She demonstrated a variety of

instruments and explained that the students had access to all of them. Greg began with the sticks on the snare drum and used a pattern which was a little irregular; he indicated to the music therapist to join him on the maracas. He seemed comfortable on the snare drum and chose not to use any of the other percussion instruments. The students were reminded of their choices by the music therapist. Hannah also chose to play the snare drum with sticks rather than the percussion instruments. She chose the familiar accompaniment role for the music therapist at the keyboard. She was unresponsive to the ending cues until she was ready, indicated by smiling that she was aware of the accompaniment. Cathy also played the snare drum, smiling at the music therapist, and was mostly very engaged. The effort of placing the strokes seemed to slow her down and she missed establishing a clear beat. Greg looked at a book while he waited for the other students to take their turns. Simon chose the keyboard and the snare drum for the therapist. He played mostly black notes at the beginning that created an eastern musical quality. As he ascended the keyboard, his beat became more regular. Hannah requested another turn. The music therapist suggested that the group sing the *Maria Song* and add some new words. The students indicated that they had enjoyed using the instruments. Jarred wandered over and fiddled with the instruments in the percussion box. The music therapist asked him if he would like to play the fill in the *Maria Song*.

Maria Song

The music therapist asked Greg for a cue. She waved her finger like a conductor and gained their attention. The students were able to sing together beautifully at the start. They sang enthusiastically, loudly and with enjoyment. Cathy was almost shouting the words and Jarred played on cue. He encouraged the students by name to participate. The budgie could be heard chirping in the background. The group sang the three verses that they already knew. They paused to admire Jarred's playing and tell him that he was doing it right! Greg became excited when the group began to sing his words; Jarred laughed at the words and Cathy applauded at Jarred's verse. The music therapist asked for a contribution from Hannah. She offered, 'We go to school with *teachers name* and *teaching assistant's name*.' The teacher repeated the words so that the music therapist could hear them. The group practised the new verse and sang the entire song. Simon added more lyrics that the music therapist wrote down: 'We sing every day.' This referred to the students singing the *Maria Song* during the week independently from the music therapy sessions. Jarred continued to play the fill and the other students were happy for him to be part of the music without asking to take a turn themselves. He played the last fill in the song very loudly three times as long as required. The music therapist told him that all his entries were correct.

Bye Song

The music therapist encouraged Greg to join in with the *Bye Song* by giving him the finger cymbals. The group settled and the energy level reduced, the music slowed and softened and a more contained mood was achieved. The students were a little excited when they packed away the instruments; for example, Simon sang in his operatic voice and Cathy ran around and flapped her hands.

Session 13

Students

Simon, Greg, Hannah, Cathy, Jarred and Kevin.

Hello Song

There was an initial problem with Jarred and Simon during the setting up of the session. They called each other names and the teacher directed them to the time out chair. The group sang *Hello* to each other. Greg began to sing the *I Want Song* as soon as the *Hello Song* ended. It was Kevin's birthday so the group sang *Happy Birthday* to him and clapped with the *Hoorays*. The group sang again and Greg accompanied on the drum. Simon insisted on singing *Hello* to Dianne.

I Want Song

My name is…and I want to…

The music therapist demonstrated the song. Greg sang that he would like to be Homer Simpson. Kevin sang that he wanted to play on the computer and Hannah that she wished to play on the drum. Simon sang that he would like to get drunk; they all giggled and enjoyed the response of the other students. Cathy sang that she would like to play the drums, using a consistent phrase. Greg repeated that he wished to play the drums.

Drum improvisation

Greg began with enthusiasm and looked up at the music therapist occasionally. He attempted to create a regular beat, however his tempo was unreliable; he used his favoured quaver, quaver, crotchet pattern. Kevin played with concentration using both hands, sometimes synchronising them to beat together. He created a shared and clear ending that had an underlying pulse and was mostly consistent. Hannah tapped her sticks together before she started and then beat loudly; it was mostly a consistent beat. Simon began with quick, loud rhythms and an underlying beat which facilitated the music therapist's part. She accompanied with a 12 bar blues progression towards the end, matching his energy. Cathy mostly used a recognisable pulse although she changed tempo. She concentrated on some quaver patterns towards the end and finished with the music therapist. Jarred sat with the group and was more attached to the group than previously. He happily took his turn and his beat was strong but not always consistent, though he recognised the ending. Greg asked for the 'bump a bump', which was the fill pattern from the *Maria Song*.

Mummy Song

This song was chosen to coincide with the class work on Egypt. The music therapist introduced the song by explaining what a mummy was; she sang the song for them and left a copy for the teacher. The students listened and giggled but they understood the lyrics. The group added a drum fill, played by Greg; he made an attempt to play it, supported by prompts, though his playing was slightly delayed. He enjoyed playing and several students joined in the chorus phrase: 'I want my mummy.' The group sang again at Cathy's request; she had learnt some of the lyrics and played the snare drum with her

hand, sometimes in time with the beat, and waited for the fill cue. The students asked to sing the song and have their turn at playing the fill. Jarred asked Kevin to bring a plaster caste that he had made of King Tutankhamen to show the music therapist.

Maria Song

The therapist began with finger conducting and Greg, Hannah and Cathy mimicked with their fingers. Cathy's voice was loud and enthusiastic and all the students sang with enthusiasm. They watched the music therapist and enjoyed performing their own lyrics. Hannah played the fill with uneven beats on the snare but her cue was accurate. Kevin used a playful voice, with a gruff quality without correct pitch. Simon played the fill and Kevin tumbled onto the floor. When the group sang the gangster verse that was Greg's lyrics, Kevin gave him 'play' punches on the arm. Kevin moved with tension and restrained aggression in his movements. The group discussed the new lyrics created by Cathy and Jarred. Greg and Kevin repeated her words when they were unclear and made suggestions to her in a supportive and helpful way. She took Kevin's suggestion of mentioning the library: 'We do reading at our school/ Books books and books/ From the library.' Kevin told Cathy, 'That is good work. Well done.' Jarred offered lyrics which took a little while to organise correctly: 'My friend comes with me/ To play with the bird/ In our classroom.'

Cathy and Jarred raised their hands to play the fill. Greg moved to play and gave the sticks to Jarred, showing the students working very co-operatively. The music therapist tried to include Hannah by asking her to conduct at the beginning of the song. The group sang the new words and began with the chorus using strong voices. Simon was a little quiet today: he attended and watched, however without always singing very strongly. Jarred played the fill on cue with a sense of rhythm. Simon looked out the window, which was unusual behaviour for him. Kevin used a loud gruff voice with little sense of pitch. Greg played the fill with energy, holding his sticks high in anticipation and in time to the words. Jarred moved closer when the group sang his words and ensured that they sang 'friends' rather than 'friend', in a polite way. Greg played on cue. Cathy's lyrics were sung and Jarred's singing voice was audible. Jarred sang continuously, the first time that he had sung with the group and stayed close to them by walking around. He told the music therapist that the group had to begin with the other part, meaning the percussion playing before the flute.

Flute relaxation

The students settled immediately; they lay down or closed their eyes and were quiet. All the students attended and seemed to enjoy the opportunity to relax. This was a more relaxed ending than any of the previous sessions.

Bye Song

The group sang a quiet *bye* and the music therapist's voice was the only audible one. All the students responded with waves or sang *bye Dianne*. The session ended with a peaceful and positive atmosphere.

Session 14

Students

Simon, Greg, Hannah and Cathy. Kevin was in the classroom, however he was not sitting with the group. Jarred was also in the classroom but very unsettled due to an upcoming respite visit.

Hello Song

The group sang *Hello* to every student and the teacher and also to the new budgie, *Joker*, which prompted Jarred to reply. Simon replied to his *Hello* in his operatic singing style. The students were distracted by Kevin's unsettled behaviour on the other side of classroom as he hit the furniture and shouted.

Sing Song

Simon began to sing and added a creative idea with *la la la*, which was very musical. Greg was distracted by Kevin's behaviour, however he sang beautifully with full eye contact towards the music therapist and then immediately asked to play the drum.

Drum improvisation

Greg began with his characteristic unsettled rhythmic patterns; it seemed that co-ordinating the drumsticks slowed his responses. The ending was shared and took a while to develop; it was musical in its controlled ritardando. Simon told the music therapist about a drum from India that he had at home. Hannah played with confidence: at times her rhythms indicated a beat, however the music was irregular. The music therapist tried to establish a shared pulse by slowing the tempo and the music gradually produced a more consistent style. The ending was shared and fun, using turn-taking and loud beats. Simon brought the music therapist in with stick tapping. Simon played loudly with varying rhythmic patterns, mostly retaining a sense of the beat. His playing was energetic, creative and showed some musical understanding. He ended with some loud slow beats raising his hands very high in air. Greg placed his hands over his ears, indicating that he found the sound too loud. The class was a little unsettled due to excitement about a zoo excursion. Jarred moved to play the drum with concentration, leaning forward. He looked at the music therapist when she paused. She asked him if he could play gently so that he could play the fill in the *Maria Song*.

Maria Song

At the beginning, several students were lying down and everyone seemed a little tired. The group worked in the familiar way: the music therapist reminded them of the lyrics before each verse, saying them over a vamp. Jarred played catch with the drumsticks while waiting to play, which he did gently. There was low energy during the singing, but the group gradually warmed up. The students encouraged Jarred to play by prompting the rhythm for the fill: *ba ba ba ba*. He missed the fill as he was removing his socks, but the group paused to wait for him. He told the music therapist that the lyrics needed to change for his verse, as there was a new budgie; it should be 'birds' instead of 'bird'. Greg played the fill for his verse with a wide smile. Hannah took over playing the fill for her verse, smiling at her lyrics. The students found singing their own

lyrics very engaging. Kevin spoke to the teachers in the background and seemed calmer. Cathy played the fill and nodded her head and feet in time to the music. Jarred suggested that she hold the sticks in a particular way so she tapped the sticks together in time to the music.

Flute improvisation

The music therapist introduced the flute relaxation by suggesting that the group try to lie down and close their eyes. There was a little fussing and minor arguing about where to lie but it was easily resolved. The music therapist asked Jarred to sit beside her in order to encourage him to be seated. Immediately the music changed and the students settled. Jarred watched the therapist during the flute playing while Kevin held his face over the camera lens. Although Kevin did not join the group today, he was constantly alert to their activities and sometimes commented on them. The group established a lovely quiet and contained atmosphere. The relaxation was longer than previous sessions, showing that the students were tired and a little strained.

Humming

The group experimented with some improvised humming. Hannah managed well and maintained the flavour of the flute improvisation although her pitch was not always clear. Cathy hummed a little and Greg used a soft voice. The group began to lose the focused mood as Simon performed, giving the impression that he was meditating. Cathy made a loud noise, someone sneezed and she said 'Bless you.' Simon offered a hum and the music therapist supported him with her humming.

Maria Song

Jarred asked for the *Maria Song* again and the group sang the chorus with reduced energy.

Bye Song

The group sang the *Bye Song* with low energy but managed to bring the session to a close, retaining a little of the settled mood that had been established in the flute relaxation activity.

Session 15

Students

Simon, Greg, Hannah, Cathy, Jarred and Ned, who joined in gradually.

Hello Song

The *Hello Song* was slow as everyone was tired following the overnight zoo excursion. The music therapist suggested that the group sing about the zoo and they agreed.

I Went to the Zoo

The music therapist adapted the tune from the *I Want Song* and replaced it with: 'I went to the zoo and I saw…'. Each student added their contribution, for example, Hannah saw emus and Cathy saw a giraffe. Greg saw nothing at the zoo and he asked to play the drum. There were disruptions to the session due to extra activities; students were removed from and returned to the group at different times.

Drum question/ improvisation

Greg began playing after he was asked to play. He put a baseball cap on backwards but lost concentration on his task. He focused on the movement of people and students for the extra-curricular activities. The music therapist asked him to pause; he regained his attention on the music. He played with some rhythmic awareness and there was fleeting shared pulse with the music therapist before they finished together. Hannah played next and brought the music therapist in with taps of her drumsticks. She played with a sense of pulse and concentration. There was a different staff member sitting with the group which appeared to distract and upset Greg: he rolled on the floor and responded negatively to the attention from the new teacher. He answered the classroom phone and was assisted by the teacher, a regular occurrence in the sessions.

Sing Song

Hannah sang a beautiful version of the *Sing Song* with concentration. Greg was concerned that his name was on the board and wanted it removed. The music therapist encouraged him to sing and Hannah tried to help by suggesting that he could play the drum after singing but he remained distracted. When Simon returned from the extra-curricular activity, he focused on the music therapist and slowly began to sing but was distracted by the visit and remained unfocused.

Maria Song

Greg continued to be unsettled; he banged and shouted in the background. He was invited to play the fill in the *Maria Song* but loudly refused. Hannah began to play the fill. The music therapist asked Greg to help with the conducting and he looked at the group. Hannah played on cue with her own version of the fill. She turned to smile at the teacher after she had played. She played her next fill with some extra rhythms; they were well placed and matched the energy of the song. Next, she played a pattern that was almost a drum roll. Jarred returned to the classroom next and sat on the floor with the group. Simon played the fill on cue, tapping the sticks with excitement and joining the singing. He played very loudly and danced for the new staff member. Greg looked at the group as his lyrics were sung and Jarred played the fill with enthusiasm. The music therapist asked Hannah to sit with her and Cathy returned to the classroom. The session managed to maintain some continuity in the music despite many interruptions. Jarred played on cue: he jumped excitedly as he was reminded that his words were next. He continued to jump but focused on playing the drum on cue and playing with enjoyment. Cathy's lyrics were next and she asked to play the fill. Greg had one more turn before she took the sticks. She tapped them together in time as she waited for the cue. There was still much movement in the room and the students remained restless.

Conducting

Simon jumped up and offered to help with the instruments. The music began with one instrument played at a time as the music therapist began the conducting game. Greg lifted his head and watched but did not participate. Hannah took a turn at conducting. The music therapist encouraged Greg by offering instruments again as he looked towards the group but he refused. Hannah began with clear movements and Simon, Jarred, Cathy and the music therapist responded. Cathy took the conducting role next and the music therapist encouraged Jarred to watch. Greg joined the group using Cathy's instrument; he was happy again and smiled broadly. Cathy named students when she wanted them to play. She chose Jarred to conduct next and he participated easily in the group. Greg asked for a different instrument. Jarred was clear in his direction and indicated whether he wanted the player to continue. He responded positively when the music therapist asked him to be careful with the stick, working co-operatively and at ease. Simon took the baton and everyone played together. Greg conducted with confidence and ended the music with the group playing together.

Flute relaxation

Jarred left the room after dropping things on the floor and was corrected by the staff member. The students lay on the floor despite the distraction and began the relaxation activity. The group settled and Cathy lifted her head and giggled at Hannah who responded. Ned returned from another activity and the relaxation finished with a slightly more settled mood.

Bye Song

The group sang *bye* to each other. The session finished with a settled and positive mood. The music therapist complimented the students on their efforts in the music group despite the interruptions and changes for the external activities.

Session 16

Students

Simon, Hannah, Cathy and Kevin.

Hello Song

Simon was interested in the keyboard controls and asked, 'How do you do it?' Singing *Hello* around the group included the teachers and Kevin used a high playful voice. All the students participated, singing loudly and naming each other.

Sing Song

Hannah sang with rhythmic entries, however accurate pitch was hard for her. The tonal quality of her singing voice and her speech were thick and lacked clarity. Cathy participated with enthusiasm, taking large breaths before each phrase and with a strong volume. She sang on cue with some sense of pitch and maintained eye contact. Kevin stood to sing and seemed a little shy; he held his hands behind him as he used a very soft singing voice. Kevin sang on cue with an understanding of the pitch and seemed

satisfied with his attempt. Simon sang with a musical feel and a pleasant tonal quality, enjoying the experience.

Drum improvisation

Simon played a regular rhythmic pattern that was easy to accompany as it had musical shape. He shared an ending and showed his awareness of the music therapist's part by immediately recognising the ending cues. Hannah looked pleased when it was her turn; playing the drum appeared to be her favourite activity. There was some unsteadiness to her playing and she varied her pattern, but the underlying pulse was mostly obvious. She ended with a flourish of hands held high and some slower and strong beating patterns. Kevin approached the drum with flat affect and knelt down, showing minimal facial expression. His beating was a little distracted but did match the regular pulse of the accompaniment. He used minor tempo fluctuations and some irregular rhythmic patterns; overall, the music demonstrated some sense of musical understanding. He managed to beat and end with the therapist exactly in time. Cathy played with enthusiasm and ended very loudly, synchronising with the accompaniment. Mostly she played with a sense of beat awareness.

Maria Song

The group sang through the song and Hannah played the fill. The music therapist reminded the students of the lyrics by repeating words over a vamp between verses. The students understood the structure of the song and also seemed to remember the words with a little prompting. The therapist gave occasional reminders to continue to participate when the students lost a little focus or were distracted by something in the classroom. Kevin was kind and gave Cathy the sticks so that she could play the fill and the music therapist thanked him. Simon played the fill while he waited for the cue; he practised turning the sticks over and over. Kevin was happy to play the fill and sang as he waited for the cue; his voice was a little gruff and used minimal pitch. Cathy giggled often during the song. The students had started to recognise whose lyrics they were singing.

Percussion improvisations

The music therapist showed the students her Nepalese hand cymbals and they were very interested; Simon commented that they sounded like going to sleep. The students shared and helped themselves to the hand-held percussion instruments. The improvisation began with individual playing, each student being asked: 'What do you sound like?' This also encouraged each student to focus on other sounds in preparation for the group process.

Conducting

Cathy took her task very seriously and pulled up her socks; she took a drumstick for the role before she began. She used language easily in this activity, naming students as she indicated to them to play. Simon directed next, again naming each student. The students followed the example and continued to ask only individual students to play. Hannah conducted with a smile and large hand movements. There were smiles all round and everyone was focused; this activity showed control by the students.

Flute relaxation

The students lay on the floor and required little encouragement. It was a quiet session without Ned, Jarred and Greg. The camera was set at a restricted angle so the observation was sometimes limited to one, two or three students. The students relaxed easily and there was no talking during the brief flute relaxation.

Bye Song

The students automatically sat up as the music therapist moved to the keyboard for the *Bye Song*. The group sang with a gentle and subdued style with full participation.

Session 17

Students

Simon, Greg, Hannah, Cathy, Kevin, Ned, Jarred and an extra student, Nathan.

Hello Song

The music therapist said 'we have a full crew'; she asked Jarred to join in because then everybody would be in the group. The start of the singing was slow and the students needed encouragement to begin. The music therapist asked Ned to put down his toy till the end of the session as it distracted other students. The teacher gave Kevin his tablets and they were distracted by activities at the back of the classroom. The group sang *Hello* to the new student and Kevin explained to him that he needed an answer. The group sang *Hello* to the teachers and the students smiled and helped them to sing their replies. All the students rushed to a window to look at the distraction outside. A teacher sat near Kevin and encouraged him to sit closer to the rest of the group as he was sitting at the back of the classroom.

Sing Song

Simon played the finger cymbals mostly on cue and showed mostly competent co-ordination skills. He passed the cymbals to the new student and other students encouraged him to participate too, as did the music therapist. Hannah concentrated and watched closely as she played on cue. Ned left the group. Simon asked about cuttlefish for the budgie and the music therapist explained. Greg played with a smile and mostly focused, watching closely; he played on cue with co-ordination.

Drum improvisation

Greg paused and waited for the music therapist to begin; he grinned when she began a keyboard motive. He included his familiar pattern of quaver, quaver, crotchet and his playing demonstrated little beat or awareness of the accompaniment except during his ending. The visiting student played a mostly steady beat with both hands synchronised. Cathy brought the music therapist in with some rim shots that were steady and accented in a 4/4 pattern. She became distracted at times but mostly her playing had a sense of pulse. Hannah played after counting in, 'one, two, three'. It took a little while for a pulse to develop and the music therapist supported her beating and offered a regular 4/4 pattern that she mostly followed. Simon began very loudly; there was a pause to correct

his volume that could have damaged the instrument. He played with a reliable pulse and varied rhythm patterns. He was aware of the music therapist and immediately recognised the ending cue.

Percussion improvisation

The music therapist brought out the rain stick to show the students and demonstrated the correct playing method. She supported Greg to play the rain stick with flute accompaniment. He appeared to enjoy the process and when he moved into a rhythmic shaking the therapist tapped her fingers and moved to encourage the beat. He passed the instrument to the visiting student who played with repetition. Hannah took the stick next and varied the length of the sound; she interspersed shakes with the slides but her playing had an indistinct pulse. Simon turned the stick in a different direction away from his body. The music therapist indicated that it was time to pass the stick and Simon asked what the music therapist was playing.

Maria Song

The music therapist began playing the introduction and asked students 'What song is this?' Greg agreed to do the conducting in the introduction to indicate the beat. Ned returned to the group and took the sticks to play the fill, followed by the visiting student. The students easily included the new member and they watched with anticipation to hear the next words. The students named each student as their lyrics were sung. They really enjoyed the song, especially the humour in some lyrics. The music therapist asked several students to repeat their words during the vamp, which they did easily. Jarred joined the group when they sang his lyrics, but left again to remove his jumper. Greg played the fill with concentration and obvious enjoyment and Cathy verbally prompted him for the fill pattern. The group paused to negotiate who would play the fill next. Hannah played the fill with strength and on cue, however it was a little unsteady. Cathy played an inventive version of the fill on cue.

Flute relaxation

The students lay or closed their eyes; they required little prompting when the 'quiet time' was introduced. Ned wandered off, distracted because Kevin had not remained seated in the group and Kevin was his closest friend. The students were a little distracted as Jarred, Ned and Kevin did not participate but the group achieved a more subdued mood. Hannah tried to conduct the flute and the music therapist suggested possibilities such as up and down or long and short sounds. Hannah was strong and clear in her movements and enjoyed the responses. Greg used big movements and experimented with pitch by indicating levels. Simon offered the visitor a turn: he indicated pitch levels for the flute using both hands and smiling. Chatter at the back of the classroom distracted the students. The visiting student took his turn and moved very quickly. Cathy had her turn and smiled, though it took her a little while to start. She indicated extreme pitch levels and held the flute up high for an extended note. She called on Simon to watch her and he spontaneously clapped.

Bye Song

The group sang the *Bye Song*; the students were quiet but not focused fully on the singing as there were distractions on the other side of the classroom. The teacher asked the students if they had enjoyed the music. Hannah said that she enjoyed the music and

the drums. Cathy said that she too enjoyed the music and the drum. The music therapist explained that there were three music sessions left. She explained that school was almost over and Simon asked if the music therapist would be returning the following year.

Session 18

Students

Simon, Greg, Hannah, Cathy, Jarred and Kevin.

Hello Song

The group sang *Hello*. The singing required encouragement and the students responded positively. Kevin sang but used a high false voice while Greg attended visually and Simon waved.

Sing Song

The singing of the song began and the students used the hand cymbals. Hannah played on cue and passed the cymbals to Kevin; he concentrated and sang softly, playing on cue with controlled co-ordination. Cathy refused the cymbals from Kevin when he offered them. Simon took the cymbals rather awkwardly and sometimes missed making a sound. Greg took his turn, smiled and watched for cues. Ned came to sit beside Kevin and took his turn, watching for his cue. Ned refrained from singing and playing together; Cathy again refused to play in this song.

I Want Song

My name is…and I want to…

Greg sang that he would like to play the drum. Kevin used some inappropriate words and the other students laughed. Hannah sang that she would like to play the drums. Simon sang that he would like to play 'All the musics in the world.' Ned sang inappropriate lyrics, imitating Kevin.

Drum improvisation

Greg began with a smiling expression. By the end of the music, he played easily with the accompaniment and much more softly than usual. Ned played and watched carefully, sharing the beat and mood with the music therapist. He played with two hands and used small rhythmic variations. Cathy took a little while to begin sharing a beat that lasted almost until the end. Simon quickly established a reliable pattern that was mostly accurate alongside the beat. Jarred took time to move into position and fiddled with the drumsticks. Kevin caused a distraction by placing his socks over his ears. Jarred concentrated on playing on the skin and the rim of the drum, sometimes synchronising both hands. He recognised the ending cues and played a shared ending easily with a reliable pulse. This was the first time that Jarred had played a drum improvisation. Kevin used his hands after he was reminded not to play too hard as it may damage the drum. His rhythms were less definable, playing with his hands sometimes beating or sliding down the skin. Kevin seemed uninterested in the audible aspect of the music

although he managed a shared ending. Hannah looked purposeful and serious; she began with some steady left-right hand beating. She concentrated with slight variations but was mostly concerned with the left-right pattern. She added a mini drum roll to her ending.

Percussion improvisation

The music therapist showed the students the thumb piano and demonstrated how to play. The group took turns trying the new instrument and the music therapist accompanied softly on the flute. Ned concentrated and focused on his instrument. Kevin played more loudly and tried to use his whole hand to brush across the instrument, producing a gentle quality. Hannah played some stronger notes while Greg used mostly one hand with his thumb, focusing intently on briefly playing with his other hand. Simon played with both thumbs and looked up, occasionally experimenting with different rhythms. Jarred wandered around at the back of the room and seemed interested but did not want to participate. Cathy took her turn and concentrated well. She missed the ending cue with long notes, perhaps because she was so intent on playing. Kevin fiddled with his socks and shoelaces, tying them on his head during Cathy's improvisation.

Flute relaxation

The group moved easily into the flute relaxation, which maintained the mood. The children lay on the floor and were almost completely quiet.

Maria Song

The music therapist played the introduction and asked the students if they recognised the music. Jarred was invited to play the fill but he declined and Ned performed the part. Kevin wore socks on his ears but this did not distract the other students. Cathy seemed a little unfocused earlier in the session, but later she participated well. All the students seemed keen to play the fill. Cathy used a loud voice and Kevin increased his volume to shout 'at our school.' Cathy played the fill very loudly but on cue with some sense of rhythm. Hannah played the fill and Cathy giggled. Kevin was a little excited and grabbed at Greg, performing 'gangster' actions to match the lyrics. The music therapist asked Hannah what her lyrics were and she smiled and giggled as we prepared to sing the teachers' names. Ned took the sticks to Jarred to encourage him to play, but Jarred refused the offer. The teacher joined in and the group heard her voice clearly; Kevin shouted 'bad girl' several times. Simon played the fill very loudly and on cue while Hannah's voice clearly delivered the lyrics.

Bye Song

The group sang *bye* to each student using their names. The music changed to a calmer mood after the excitement of the *Maria Song*. The teacher explained that she had written a report that the class was enjoying the music session very much and that sometimes they found themselves humming the *Maria Song* as they went about their classroom tasks.

Session 19

Students

Greg, Cathy, Ned, Kevin and Jarred. Jarred said that he would participate in a moment and Ned took a little while to join the group.

Hello Song

Kevin answered beautifully but used a spoken voice. Cathy was crying hard in the background and the teacher comforted her. Jarred said: 'Hello, Dianne.'

Sing Song

Kevin played the cymbal accurately and sang the *Sing Song*. The group sang *Hello* to Cathy as she arrived. She remained unresponsive as she was not concentrating on her immediate environment. Kevin sang and Greg played the cymbal. Kevin reminded Greg to play on cue when he became distracted. Jarred asked where the music therapist had bought the cymbals and said that they were very special ones. He played his part like the other students sitting on the floor and watching for the cue. Jarred joined in this song for the first time. The therapist explained to the students how Jarred achieved the ringing sound by holding the strings. Ned came over to play the drums and Cathy wandered back and looked out the window after refusing to play.

Drum improvisation

Ned played a regular beat which was not too loud; he appeared to be aware of the music therapist's playing. Kevin played but looked around; he had very fast beats with little sense of pulse and giggled with his friends. Greg played and almost slipped into the beat. His tempo became insecure but his beating was consistent and the parts ended together. Jarred played strongly and focused on the drum. Kevin shouted out the window and moved to the back of the classroom. There were distractions inside and outside during the session. Cathy played the drum and began to focus. She made eye contact and had a sense of rhythm. There was a dramatic pause and Cathy smiled.

Maria Song

Jarred played the fill first while Ned commented in the background. The music therapist reminded the students of the lyrics during vamps. Jarred nodded his head in time to the music but left the group as the announcements were made. Kevin came over to play the fill: he played one beat too early and self corrected, playing the next part on cue. He left the group after playing but wandered back to watch Ned play. The gangster lyrics caused much fun and Kevin acted the role, asking for money and then playing the fill again. Greg played the fill with a big smile on his face. Jarred played for his verse, fiddled with the drumsticks but played on cue very loudly. Cathy played the fill for her verse. Jarred jumped excitedly into a handstand before he was seated with the group again. Jarred's head nodded to the music and he beat on the carpet with his hands. Kevin was near the edge of the group by the window. He offered to fix the sticks, by moving the rubber holder.

Percussion improvisation

The teacher asked Kevin to take a seat and the intercom announcements occurred again. The instruments included the thumb piano and the rain stick; students chose their own instruments. The music therapist accompanied on the flute. Ned played first on the thumb piano and asked how to make the instrument. Kevin played next using two hands. He began with thumbs then added his other fingers. Jarred moved behind him in order to see more clearly. The music therapist accompanied softly as Greg played briefly. Jarred played and looked at the music therapist for direction. He focused down mostly but looked up occasionally, showing awareness of the accompaniment; he recognised the long notes that indicated the ending. Cathy played and gave her fingers a rest in between. The soft volume of the thumb piano gave the group session a calmer mood. Kevin used a cartoon-like squeaky voice as the group distributed the other instruments.

Percussion playing

The music therapist introduced a percussion activity in which simple patterns were suggested for the players. It was a challenge for them to maintain their parts when the music therapist was not supporting them individually. All the students participated and sat in a circle together. Kevin played very loudly and aggressively on the spoon instrument. It was difficult for the students to wait their turn although they all seemed very interested. The music therapist showed each student a different part. Ned responded well to some conducting support but needed help to keep a constant tempo. He played with the music therapist and the music became more improvisational. Jarred counted aloud for a while and the music ended together.

Flute relaxation

The students settled on the floor and were quiet. Jarred remained sitting with Cathy. Jarred watched the music therapist play. The students were restless and the music therapist moved to the *Bye Song* to bring about a more settled mood.

Bye Song

The group sang the *Bye Song* and the music therapist used the song to remind students that there was one more music session left.

Session 20

Students

Simon, Greg, Hannah, Cathy and Kevin.

Hello Song

The group sang *Hello* and all students sang the response. Jarred sat apart from the group on the floor and Kevin was restless and moved about a little. Simon sang with a clear voice. Hannah tried hard and sang about wishing to play the drum; her voice was thick with little sense of pitch. Greg sang in a small voice and indicated that it was Kevin's turn next. Kevin sang that he would like to 'shoot ducks with Simon.'

Sing Song

The students had a choice of playing with the rain stick or the thumb piano to accompany the song. Kevin played with the rain stick in a fairly musical way while Greg worked with the thumb piano. Hannah tilted the rain stick at first until she became more focused on the music. Simon chose to work with the hand cymbals. He played strongly and with deliberation in a rhythmic way. Cathy sang as she played the rain stick. Simon joined in with his operatic voice and Hannah also sang a little.

Drum improvisation

Everyone volunteered to play first. Greg began with a smile on his face and played with energy; his beating was hard to follow but the improvisation finished together.

Simon settled into a reliable pulse although there were some insecurities in his tempo and he played very loudly. Cathy played with both hands and chose to play briefly, indicating her own ending with some loud clear strokes. Hannah played with nods of her head and worked her way towards a reliable pulse that shared with the music therapist. She ended with a flourish and a little drum roll, much to the enjoyment of the group. Kevin experimented with holding the sticks at different angles and playing on the sides of the drum. He played with a sense of pulse and the music ended together.

Maria Song

The students decided on the order for playing the fill before the song began. They were excited to sing their song which they felt ownership of, having composed the words. Kevin began the fill with a smile and sang his own lyrics; he played very loudly and rapidly. Simon played the fill and Greg smiled constantly, mostly watching the therapist for cues and lyrics. Simon jumped away from the drums and Hannah rolled on the floor, clapped and then sat upright. The music therapist asked for the next lyrics and Simon responded correctly. Greg played a long fill and Hannah took the sticks for her own verse. The students smiled as the music therapist made a mistake on the keyboard, as the tempo was very fast. Hannah played a short drum roll for the fill. The original fill was too challenging for the students but they had no trouble coming in on cue and tended to improvise their own fill each time, producing a creative outcome. Cathy played an ending with fast beating to match the rolling chords that the music therapist used at the close.

Choice

Kevin chose to play the drum with the music therapist accompanying on the flute. He experimented playing with the handles of the sticks; he began to play using rim shots and two hands. The music therapist supported his playing and he relied on a pulse that he sometimes used; he also played his own rhythms which produced a second rhythmic layer. Greg played solo on the drum but his beats were not obvious. The students tried a few claps to support him but stopped after several claps. Simon chose the drum accompanied by the keyboard. He began with a fast beating pattern; the pulse was not settled but a shared ending was created. Hannah played the drum unaccompanied and loudly which produced a harsh sound; she almost managed to maintain a reliable pulse although the tempo sometimes shifted. Cathy tapped her hands on the carpet. She wanted to choose the duck toy but the music therapist encouraged her to make a musical

choice and she took the drumsticks. She played very loudly with some hint of a pulse. Kevin sang with a cartoon-like voice.

Keyboard improvisation

The students took turns at improvising with the music therapist on the keyboard. She established a reliable pulse and the improvisation was based on the black keys. Kevin played in an arrhythmic way and finished loudly with much dissonance. Simon played a pattern reminiscent of Eastern music with a strong sense of rhythm. Greg played with a rhythm similar to the well-known *Chopsticks* tune. Hannah played using one finger with many pitch repeats and a changing pulse. Cathy played with many repeated pitch notes on the white keys and ended with a mini glissando.

Flute relaxation

The students lay down and settled when the music therapist began to play. They became quiet and Kevin moved across the room. The group managed to achieve a settled and calm feeling with minimal restlessness.

Bye Song

The group sang the *Bye Song*. The students were restless and moved around somewhat on the floor. The music therapist gave each student a card with an individual message that the students enjoyed. Simon raised his card for the camera. The teacher asked the students to sit in front of Dianne and they brought her a card. Kevin explained that they had made the card with glitter, stars, feathers and music notes. All the students had signed their names and they had written inside that they will miss the music and would like the music therapist to return next year. Hannah brought flowers.

Appendix E

Maria Movie Description

This description supports the viewing of the *Maria Movie* that was edited from the 20 clinical music therapy sessions conducted in the research. Excerpts from across the sessions have been used to provide a window into the clinical work. The *Maria Movie* includes examples of each of the students engaged in different musical activities. The most common activities applied during sessions are represented in the movie and include: greeting, drum improvisation, singing, improvised drumming and keyboard playing. Songs include: *Hello Song*, *I Want Song*, *Sing Song* and *Bye Song*. The movie is approximately nine minutes in duration.

It should be noted that the *Maria Movie* was created to support the research. It also provided tangible feedback for the participant students in a form that they could enjoy. Examples are included of student skills that may be observed by other educators or therapists. The *Maria Movie* does not necessarily include the best examples of any of the students' participation; instead, it provides a realistic view of the clinical work within the context.

Audio track

The opening audio behind the credits is the chorus from a song that was a product of the clinical sessions. The music therapy group developed lyrics; each student contributed a verse that comprised four short lines of lyrics. All other sections of the video include the audio that accompanied the excerpt from the original video material.

Camera

During the sessions, the students were initially interested in the video camera, especially when the teacher stood behind it to move it. I assured the teacher that the view from the fixed camera would be adequate for the purposes of the research. The students quickly learnt to treat the camera as merely another piece of furniture in the room that required no extra attention.

The next paragraphs describe the video by briefly outlining each musical activity via the activity or student involved.

Greeting Song

In the greeting song: *Hello Song*, each student takes turns waving, acknowledging or/and singing in response to their individual greetings at the beginning of sessions.

I Want Song

In this song, each student sings their name, then articulates their musical choice; for example: *My name is… and I want to play the drum*.

Drumming

Students can be observed improvising individually with the therapist working at different levels of competency.

Cathy

We see the spontaneity of her playing and the characteristic joy with which she approaches her musical activities. Her awareness socially and understanding of the music being created with the keyboard can also be observed. She is interested to see if the other students are watching her play and turns to engage them with her smiles. Cathy plays loudly with a certain abandon and at times appears to have less than full control of the sticks. Her playing indicates a rhythmic awareness and although uneven there seems to be some sense of pulse shown by the way that the keyboard is able to adapt to her beating.

Kevin

Kevin uses both hands but seems more focused on the other group members than on his own playing. He is playing the side of the drum with one stick. His rhythm is uneven and loud and regular pulse is hinted at but not captured. It seems that the effort to play loudly may interfere with the sense of rhythm. He is aware of the keyboard part and shows this with recognition of the ending clues from the keyboard and a shared ending, beating in time with the keyboard chords, however, he remains distracted by the response of other students in the group.

Ned

Ned is able to share a pulse and beat quite rhythmically at times; here we observe him focusing on the therapist and concentrating on his beating. He plays with both hands and at a moderate and gentle dynamic. Ned shows his musical awareness as he recognises a musical ending and joins in with his drumming to synchronise with the keyboard.

Greg

Greg plays at a moderate dynamic and shows his social ties in his attention to other students in the group. Greg is able to maintain a section of regular beating in this excerpt; we see a smile indicating some satisfaction with his contribution. We observe him repeating a regular rhythmic motive in time with the keyboard.

Hannah

Hannah's drumming has an underlying pulse and she varies her rhythmic patterns here. We also observe a characteristic ending that includes a short roll and some performing style. Hannah recognises the keyboard phrases coming to an end and adds her own 'coda' Hannah style.

Jarred

Jarred focuses on repeated rhythms with some unevenness in the pulse. He looks up as he recognises an ending approaching and is able to share an ending with the keyboard in a musical way. During this improvisation, we also observe some non-musical behaviour from several students with the 'socks on ears' game.

Kevin

Kevin is concentrating with a serious focus here. He shows some rhythmic awareness, although seems to concentrate on the co-ordination of the sticks and loses some consistency.

Simon

Simon displays rhythmic awareness and seems to have a regular internal rhythmic sense. He uses a mixture of different rhythms and works easily with the keyboard accompaniment. Simon shows his musicality with phrase endings and some contrasting and rhythmic accents.

Hannah

Hannah shows her enjoyment of playing with a downward curving smile; with one hand she manages a mostly secure rhythmic pattern. She focuses completely on her playing. The nearby group members also enjoy her playing and support her with positive attention.

Keyboard experimentation

Simon plays a secure rhythmic pattern, perhaps reminiscent of some previously learned material. He shows his broader awareness by arriving on knees with a lunge after a drum improvisation with the phrase, *Goin' to be a rock star!*

Conducting

Hannah begins this section by directing the percussion playing with a beater. The 'conducting game' is a way of giving all group members a role and facilitating a composing-like role for the conductor to create the music. Primarily, it is a directed percussion improvisation. Hannah indicates to different students including the therapist that she would like them to play and mostly it works, showing that she enjoys the conducting role.

Sing Song

In this section, we observe different versions of the *Sing Song* with singing and some percussion.

Greg

Greg begins with a soft voice; full visual attention on the therapist and smiling broadly as he takes visibly exaggerated breaths to support his lyrics. During Greg's singing, other classroom sounds are audible and Kevin's speaking voice is evident in the background.

Cathy

Cathy participates with full engagement, showing rhythmic and pitch awareness. Her recognition of the end of the phrase is also obvious with a slightly reduced dynamic and slowing. She works closely with the accompaniment and watches the therapist for clues.

Kevin

Kevin sings next, much to Cathy's delight: we can hear her saying his name and clapping as if announcing the next performer. Kevin approaches this activity seriously, with concentration and a somewhat shy approach. He holds his arms behind him and focuses on the therapist. He uses a soft voice; this is the only instance in the 20 sessions in which Kevin uses a true singing voice as he characteristically uses an artificial, cartoon-like voice. His singing in this excerpt shows some pitch awareness and his rhythm is accurate, a sincere attempt at an activity that shows Kevin's musical awareness.

Simon

We observe Simon playing the hand cymbals with rhythmic understanding to accompany the *Sing Song*. He adds a variation by playing on every beat in the last bar. The rhythmic understanding can also be observed in his full body movement as he moves to support the rhythm of the music.

Kevin

This version of the *Sing Song* includes Kevin playing the hand cymbals mostly with a sense of the rhythm and Simon using a confident voice in the foreground.

Maria Song

The students can be observed joining in with strong voices in the *Maria Song* which includes their own lyrics. The students took great enjoyment in participating in this song, often enjoying singing their own lyrics with pride. We added a drum fill between the chorus and the next verse repeats and all students were keen to play this. It was an activity that attracted Jarred more fully into sessions. If Jarred was separated from the group, an invitation to play the fill in the *Maria Song* consistently encouraged his participation. Simon's voice leads in the first excerpt. Cathy's loud voice can be heard, using confidence and her own version of the melody line. The students enjoyed being reminded about whose lyrics we were singing.

Flute relaxation

In order to adjust the energy levels and calm students after participating so that their transition back to class activities would be smooth, I integrated a brief listening focused time in which students could lie or sit and listen with eyes closed if they chose to some gentle flute improvisation. The length and quality of the improvisation was dependent on what I judged necessary to suit the mood of the group and to assist the teacher and aide to work easily with the students following music therapy.

In this example, one student is lying and others are sitting. The students appear to be 'held' in the therapeutic sense and are mostly focused and listening. There is a musical moment for Jarred, in which he moves his head from side to side appearing to recognise the vibrato and the sustained note.

Bye Song

The last excerpt includes a progression to the *Bye Song* to conclude the session, with Hannah still in her relaxation position. We hear the other students verbally join in the goodbye. We also hear Greg repeat my 'goodbye to Joker' phrase; Joker is the class budgie that is particularly important to Jarred, so recognising the budgie in sessions provided some common ground for engagement with Jarred, who initially found it difficult to be a full participant in the group.

Student characteristics

Particular characteristics of the students are obvious from the movie. The functioning of each student may be observed, including their mostly competent gross motor skills, competence with language, social skills, ability to follow instructions, initiate and be creative. Their specific musical behaviours are also glimpsed through the chosen excerpts.

Appendix F
CD *Maria Movie*

See inside back cover

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