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MUSIC THERAPY FOR YOUNG CHILDREN WHO HAVE SPECIAL NEEDS:
THE MUSIC THERAPY EXPERIENCE FROM THE PERSPECTIVES OF
CARERS AND PROFESSIONALS

Thesis in partial fulfilment of the requirements of the degree of

Master of Music Therapy

At The New Zealand School of Music, Wellington

New Zealand

Jenny Yu Kuan Chiang

2008

ABSTRACT

This project aims to investigate how carers and other professionals perceive the music therapy process over time. Music therapy has been used to address a wide range of diagnoses and developmental issues of young children. The research was conducted during my clinical placement working with young children who have been referred to a child development team. The participants in this project were carers with children with special needs. The children were diagnosed with various disabilities and required different support and developmental goals. Each child attended individual music therapy sessions once a week over a period of three to nine months. It was speculated that many other changes or developmental progress could occur along with the goals and objectives set by me in the music therapy process. To understand fully what other changes or progress the children have made with the input of music therapy, the research was designed using open-ended interviews to find out what the carers and a professional witnessed during and in between the sessions. Three carers were involved in a one-on-one in-depth interview in which they were encouraged to talk about their observation and perception of music therapy. A speech-language therapist was also invited to participate in an in-depth interview. Data derived from the interviews was analysed using a thematic analysis approach. The findings compare themes generated from the clinical notes and interview data. The results showed some shared experiences amongst the participants as well as exceptions influenced by parental differences and the children's conditions. Examination of the similarities and differences between the clinical notes and the interview data helped me validate the outcome of music therapy intervention and gain more insights into effective practice.

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INTRODUCTION

This research project was carried out during my clinical placement¹ with a child development team. The child development team offers multi-disciplinary assessment and intervention for children aged between 0 and 16. The children referred to the centre are those who have, or are at risk of, an identified disability or developmental delay. As a music therapy student in the team, my role was to see how music therapy could assist their development along with other interventions. I began to work with a visiting neurodevelopmental therapist who visited children under the age of five. As my experience grew, I began some solo visits to the children. The sessions aimed to promote child development particularly in the areas of needs identified by the team. The sessions were planned and recorded on the standard report sheets used by the child development team.

As I was working closely with another professional and some carers², it appeared to me that communication played an important role in this context of work. I realised that the ability to listen to the carers, discuss issues and share joys of their child's progress was an essential skill to acquire for delivering effective sessions. This drew out my interest of exploring how the carers viewed their shared music therapy experience with their child; how meaningful it was for them; and what they observed during and after the sessions that were not recorded on the clinical notes. Furthermore, the opportunity to work collaboratively with other professionals elicited my thoughts on finding out more about how music therapy is placed and perceived in the multidisciplinary team. Therefore, this project aims to investigate how carers and another professional perceive the music therapy process they have witnessed over time. The clinical focus and notes do not always provide a complete picture of the process of development and change. Taking into account the carers and another professional's observations and their insights of what happened in the sessions may help me, as a music therapy student and researcher, to understand the process more fully.

¹ The clinical placement was part of course requirements for a master degree in music therapy. The clinical practice was supported and supervised by a clinical liaison on site, a visiting registered music therapist and a personal tutor with a support group.

² The term 'carer' refers to the child's primary caregiver either in their homes or at the childcare centres. In this project, it often refers to parents since the three participants are mothers of the children.

A. The context of the research

A.1 Multidisciplinary team

The child development team is a multi-disciplinary team which is made up of developmental paediatricians, occupational therapists, physiotherapists, clinical psychologists, speech-language therapists (SLT), visiting neurodevelopmental therapists (VNNDT) and social workers. During my placement with the child development team I had the opportunity to work with some therapists from different disciplines, namely the VNNDT, the SLT, occupational therapists and physiotherapists. For the first half of my clinical placement I worked closely with a VNNDT who provided home/community-based developmental assessment and intervention for children and infants under the age of five. In addition, the VNNDT provided assessment for equipment; provided family support; liaised with other health professionals and community agencies on behalf of the family, and suggested strategies for enhancing children's development for carers. For the second half of the placement I was working collaboratively with a SLT from the team with some children. The SLT provided assessment and help for children with feeding and swallowing problems, as well as delays in language development. Both the VNNDT and the SLT provided support and feedback after each joint session. The collaborative work with the SLT for one of the children in this research project was carried out on an 'integrated level'³, whereby the SLT and I both led activities simultaneously or alternately during the sessions.

A.2 Home-based visits

The majority of the visits took place in the children's homes (some sessions were held at the child development centre or childcare centres). There were some advantages of home-based visits. First, it was convenient for the family, saving both carer and child from travelling to the sessions (which could sometimes be long-distance trips). Second, it allowed opportunities for other family members to be involved and get to know what music therapy was about. Moreover, it was presumed that music therapy in a home environment could help enhance the child-parent bond (Alvin, 1991). Third, it may be beneficial for some children to have therapy in a familiar and comfortable space.

³ As described by Twyford (2007). Refer to *Music therapy in a multidisciplinary team* in the literature review (page 19).

B. The purpose of the research

B.1 Empower carers and other professionals

Carers play an important role in the child's life and development. When the carers' perspectives are valued it prevents them from being treated as a separate group from the children. The willingness to listen and work with the carers' point of view leads to successful partnerships between the carer and the therapist (Dale, 1996; Hooper & Umansky, 2009; Twyford & Watson, 2008). Interviewing carers in this project provided an opportunity for them to reflect on their child's music therapy experience; what the experience meant to them; what they thought was useful or not in the sessions. Moreover, the interviews offered the time and space for the carers to reflect and explore their feelings of the difficulties they and their child had experienced.

This project was conducted in collaboration with a multidisciplinary team. I considered it important to understand other professionals' perceptions of music therapy – how it works and what it can offer to facilitate children's development. This project provided the opportunity for another professional to observe and/or work collaboratively with the music therapy student. The interviews invited them to give feedback on the effects of music therapy based on their observation. Importantly, it allowed them to reflect on how they could integrate music or use music activities in their sessions.

B.2 Insight into the researcher's clinical practice

It may be a common knowledge that “music is good for children” and “children respond well to music”. Many carers perceived music as something that had good effects on their children, perhaps from seeing how much the children enjoyed singing, moving and listening. For a music therapy student, it is important to ask the questions of why and how.

Not only has music therapy been used to address specific goals in child development it is also a holistic approach in which the therapist works with whatever the child brings to the session. Carer's and other professionals' views are invaluable for reassessing or validating music therapy clinical practice. This project aimed to find out the carers and other professionals' perspectives and thoughts about music therapy

as they have witnessed it. Understanding what else happens along with the set goals and objectives would allow me to see the bigger picture of my own clinical practice

Three main questions were addressed when conducting this research project:

- a)* How do carers perceive music therapy from their observation of the child's music therapy experience?
- b)* How does another professional perceive music therapy from her observation of music therapy sessions (or joint sessions)?
- c)* What are the similarities and differences between carers' and another professional's observations and the researcher/music therapy student's own observation on the child's progress and change?

LITERATURE REVIEW

A. Young children with special needs

The term ‘special needs’ is often used to refer to children (or adults) who have disabilities. In this research project, it refers to young children who have one or more of the following disabilities: speech and language disorders; orthopaedic impairments; visual impairment; hearing impairment; autistic spectrum disorder (ASD); traumatic brain injury (TBI); mental retardation; global developmental delay; emotional disturbance and/or multiple disabilities.

To identify the needs for a young child with disabilities, it is essential to understand how children progress within typical developmental patterns and how the developments evolve. This knowledge helps professionals distinguish between normal individual differences and extreme differences in child development in order to identify children who may have special needs and require extra support (Umansky, 2009). Understanding the process of a particular developmental area also allows professionals to address a child’s special needs appropriately. Furthermore, Schwartz (2008) pointed out that while working on those identified areas of needs it is important to bear in mind that the real need of a child is to develop into a full person. Young children with special needs have the same basic needs as any other children who develop normally.

B. Families with a child who has special needs

Parents with special needs children often experience feelings of grief, fear, guilt and frustration (Weaver, 1999). For many, raising a special needs child is exhausting and overwhelming. For some parents, the experience of raising a child with disabilities comes unexpectedly as a “sudden and shattering shock” (Wigram, 1995). For parents to come to terms with their child’s disability is usually a long and painful process. Therefore, gaining support and understanding from others such as families, friends or professionals is crucial for coping with the stress and unknown. Weaver (1999) suggested that providing opportunities for parents with special needs children to talk about their situation and concerns openly is often one of the best ways to offer them support. Moreover, “I know how you feel” or “Everything is going to be fine” is not the appropriate way of offering support, but an open, honest attitude and practical assistance are.

C. Music therapy for young children with special needs

There is considerable literature discussing and investigating the application of music therapy with young children. Children's interest in music and their positive responses to music leads to many music therapists devoting themselves to the practice and study of music therapy with children. Wigram, Pedersen & Bonde (2002) noted that music therapy for children "had been a popular and immediately valued area of work because of children's positive and enjoyable experience of music". Music therapy has been used to address a wide range of diagnoses such as autistic spectrum disorder, Down Syndrome, visual impairment, hearing impairment, global developmental delay, cerebral palsy and learning difficulties. It has been widely reported to play an important role in stimulating and facilitating learning and development of young children with special needs (Bunt 2006; Schwartz, 2008; Oldfield, 2006; Wigram et al., 2002). A pilot study conducted by Aldridge et al. (1995) suggested that developmental changes were more likely to occur for children who had received music therapy than those who had not. Aldridge's research, using crossover design⁴, found that there were significant differences between the developmental change the children in the treatment group and those who were on the waiting list group. The results also showed that when the children on the waiting list received music therapy they began to catch up speedily with the initial treatment group.

Music serves as a stimulating and fun medium which helps engage children in the activities promoting developmental skills (Kennelly, 2000). Music provides enjoyable experiences that motivate children to participate and further initiate. Many children with special needs have difficulties in speech and language. It is believed that children are motivated to learn through music because it offers an easier way of communication than spoken language (Boxill & Chase, 2007; Donald & Janet, 1991; Oldfield, 2006). Motivation is often enhanced by increasing self-awareness and awareness of self and others. Improvement in self-awareness can be achieved by the therapist mirroring and reflecting⁵ a child's movements or vocal sounds. As an example, the therapist may play on the piano or guitar whilst copying, matching or reflecting the rhythms the child plays on an instrument (e.g. drum) or the verbal/non-verbal sounds he/she makes.

⁴ A research design in which the subjects from both experimental group and control group receive treatment in succession

⁵ The music therapist copies or imitates what a child does. As described by Boxill (2007) the technique involves "instantaneous playback of vocal, instrumental, and bodily movement of the here-and-now person that is structured by the music therapist into musical forms".

Early intervention is believed to be beneficial in helping young children with special needs reach their full potential. Integrating music in early intervention programmes has been suggested to be effective in enhancing various areas of child development (Kern & Wolery, 2001; Humpal, 1990; Humpal, 1991). For example, Sing & Grow music therapy programme developed by Abad and Williams (2007) was reported to successfully promote positive bonding, communication skills and parent-child interactions. Kern's (2001) work in early intervention showed that developmental skills such as social interactions between preschoolers and peers/adults could be enhanced through the adaptation of musical activities in the playground. Evidently, the use of songs to guide autistic children to follow the class routine independently facilitated a smooth transition from home to the school setting as well as increased peer interactions (Kern, Wolery & Aldridge, 2007).

In music therapy clinical practice, there are a broad range of goals and objectives set to meet different needs of children. Music therapists often assess individual children holistically to examine how they respond to music and in order to identify the effective goals and objectives for intervention.

C.1 Music therapy goals and objectives

The flexibility and versatility of music allows music therapy to address a wide range of therapeutic goals including physical, mental, social and emotional needs (Adamek & Darrow, 2005; Bunt, 2006; Paul, 1984). Music therapists understand that each individual child has a unique personality and environment. They observe and evaluate the child's strengths and weaknesses in order to adjust the therapeutic goals and objectives that are needed for the growth and well-being of the child (Wigram et al., 2002). Music therapy can address both musical and non-musical goals. Schwartz (2008) stated that "specific musical responses can be recognised as being indicators of development". A music activity can allow the child to work on various skills through singing, listening, moving and playing. For example, a singing activity may involve choosing preferred songs, vocalising targeted sounds or words, expressing thoughts and ideas, imitating or anticipating movements to the song. Common music therapy goals and objectives in the literature are discussed below:

a) Motor development

Music therapy may be employed to address physical developmental goals such as fine motor skills (Brunk, 1999), gross motor skills (Kennelly, 2000) and physical

coordination (Aldridge, Gustroff & Neugebauer, 1995; Alvin, 1976; Boxill & Chase, 2007; Klein & Winkelstein, 1996). Music therapy can help children with physical limitations, for example, those associated with cerebral palsy; and those with visual impairment who may have difficulty understanding space in relation to their body to increase their mobility and orientation skills (Alvin, 1976; Coddling, 1984; Adamek & Darrow, 2005). In the case of children with cerebral palsy, Weigl (1954; cited in Alvin, 1976) believed that music helped regulate and co-ordinate movements through action songs or rhythmical music to achieve better outcomes. As movements involve the exploration of space, musical activities with movements enable children with visual impairment increase their body and spatial awareness (Adamek & Darrow, 2005; Coddling, 1984).

Music therapists may use a variety of musical instruments to meet each child's individual needs in motor development. By playing musical instruments, children can be exposed to different kinds of physical movements such as grasping a beater/shaker egg, reaching out to play the extreme end of keyboard instruments (Alvin, 1976), moving hands up and down to strum the guitar and moving hands sideways to play the wind chimes. Instruments can also be positioned in different ways to encourage certain motor skills. Moreover, the repeated movement involved in playing an instrument helps improve motor control and coordination (Adamek & Darrow, 2005; Alvin, 1976; Boxill & Chase, 2007).

b) Communication and language development

It has been found that the development of music skills and speech/language appear to follow similar patterns (Donald & Janet, 1991). Literature shows that music, when used therapeutically, has meaningful effects in assisting children with speech-language delays to progress their language skills (Oldfield, 2006; Adamek & Darrow, 2005; Donald & Janet, 1991; Stevenson, 2003; Wigram, Pedersen & Bonde, 2002). Musical activities can be used to address the following areas of communication development:

- Non-verbal communication/Pre-verbal communication:

One of the unique characteristics of music therapy is that it can provide a non-verbal way of communication. Music therapy can encourage communicative behaviour for children who have difficulties with verbal language or a lack of awareness of self and others (Aldridge, Gustroff & Neugebauer, 1995; Boxill & Chase, 2007; Donald & Janet, 1991; Klein & Winkelstein, 1996). Various music

therapy techniques can be used to elicit the use of hand gestures for communication, eye contact, body movement (e.g. turning head) to indicate needs, reactions to verbal commands, the understanding of turn-taking and choice making. Instruments can be used as transitional objects to facilitate communication skills (Bunt, 2002; Hibben, 1992; Oldfield, 2008) Bunt (2002) described a case study in which the child, Suzanna, developed indirect communication through shared music-making during the initial music therapy sessions. It was noticed that the instruments served as a non-threatening medium; a safe object that Suzanna could focus on when she found direct interaction with the music therapist too overwhelming. Communication skills were promoted as Suzanna learned to communicate how she wanted the music to be. On the other hand, it allowed the therapist to find out how much sensory and emotional stimulation she could tolerate. Hibben's case study (1992) suggested that music-making helped enhance communication between parents and their child which in turn strengthens parent-child relationship. For example, engaging in musical dialogues with instruments increased the interactions between the father and the child in the case study. Furthermore, music therapy encourages children to vocalise or verbalise through singing familiar songs; or through improvised singing.

- Receptive language:

Children who lack receptive language skills have difficulties understanding what is said to them. In music therapy receptive language can be developed through improving auditory skills (Carter, 1984; Donald & Janet, 1991). Children are encouraged to listen to targeted sounds or words, follow spoken or sung directions, identify or distinguish various objects, imitate different rhythmic patterns and/or discriminate between sound/silence, fast/slow, loud/soft...etc. For children who are still at pre-verbal stage, music can help increase their auditory awareness when they listen to various musical instruments and different vocal sounds (Adamek & Darrow, 2005; Alvin, 1976). Children can learn to locate, track or identify a source of sound. Alvin (1976) stated that "the child learns to discriminate between musical sounds in the same way as he learns to discriminate between verbal sounds in language".

- Expressive language

Children who have expressive language problems are not able to express themselves with spoken language appropriate to their same aged peers. To promote expressive language skills, music therapists might first encourage a child

to vocalise a targeted sound (e.g. an animal sound) and then progress to a targeted word (Donald & Janet, 1991). Expressive language skills can also be enhanced through musical activities such as naming objects in categories or filling the gaps in a song with spoken/sung words or sentences. For children that are non-verbal or have hearing impairment music can be used to reinforce the learning of sign language with songs (Donald & Janet, 1991).

c) Social development

Promoting social skills is one of the most important goals in the work of music therapy. A child first needs to develop a sense of self and the awareness of self and others before further social interactions can occur. Children with special needs often lack this awareness due to their physical, cognitive or emotional limitation. This self-others awareness is often achieved by establishing the therapist-client relationship (Adamek & Darrow, 2005) and improving parent-child interactions. In music therapy practice, various techniques such as reflection and turn-taking are used to elicit children's responses and increase awareness of their direct environment (Boxill & Chase, 2004; Wigram, Pedersen & Bonde, 2002).

Social awareness and appropriate social behaviour is an essential developmental goal for preschool children. Some examples in the music therapy literature reveal that group music therapy can effectively help engage children in social interactions and communication (Wigram et al., 2002). Peer interaction may be enhanced through musical activities such as greeting songs, taking turns to play an instrument, passing an object around accompanied by singing, shared music-making and so on. Music provides a non-threatening and non-verbal way of interaction that makes it easier for children to practice simple but important social skills.

d) Emotional development

Music is a medium for expression of feelings and emotions. When used therapeutically, it encourages self-expression for children who are non-verbal, limited in speech/language or emotionally disturbed (Alvin, 1976; Boxill & Chase, 2007). Music therapists may use various musical elements in music-making, movement with music and/or improvised music with language to help children externalise their emotions that can be unspeakable and confused (Alvin, 1976; Boxill & Chase, 2007; Wigram et al., 2002). Many children respond positively to music which encourages the experience of positive emotions such as happiness, joy and security. Music also

allows them to express negative emotions such as anger, frustration and sadness which may otherwise be suppressed in everyday life (Wigram et al., 2002). The exploration of different emotions is important in helping children to relate and develop as it fosters the overall well-being of children with special needs.

e) Cognitive development

Literature shows that music therapy can facilitate cognitive development (Boxill & Case, 2007; Darrow, 2005; Wigram et al., 2002), particularly along with the communication development goals. Music activities can be used to reinforce the concepts necessary in language acquisition such as prepositions of in/out, under/above; understanding of big/small, same/difference; and/or identification of colours, numbers and shapes. It is common for the music therapists to use musical elements to help children understand the concepts of fast/slow, loud/soft or high/low.

C.2 Music therapy approaches

Music therapists use different approaches when attempting to meet the needs of individuals. According to Bunt & Hoskyns (2002) there are six different approaches involved in music therapy practice, namely, physiological, developmental, supportive, psychodynamic, humanistic and transpersonal. An appropriate approach is determined by the context the therapist is working in and the needs of the client. Whatever approach is employed, therapists need to consider the following aspects in order to provide effective intervention:

a) Establishing client-therapist relationship

Establishing a positive and trusting client-therapist relationship is essential in delivering effective music therapy intervention (Boxill & Chase, 2007). A therapeutic relationship is built with music therapists being open-minded, receptive and accepting of whatever the child brings to the sessions. In other words, music therapists foster therapeutic relationships without the expectation of how the child should respond. In music therapy, it is fundamental for music therapists to have the ability to be 'in the present' with the child in order to understand his/her needs and strengths fully (Boxill & Chase, 2007; Bunt & Hoskyns, 2002; Orff, 1989). It requires the music therapist to be able to observe and listen attentively to the child. One useful technique used in music therapy is for the therapist to increase the child's awareness of self and others by imitating what the child does. Familiarity and continuity can also foster the

relationship between the child and the therapist. Orff (1989) stated that “trust grows out of the feeling of security instilled in the child” when they are exposed to the same structure in each session. It is believed that changes and progress can occur when a positive client-therapist relationship is established (Hughes, 1995).

b) Seeing the child holistically

Music therapy is a humanistic approach which not only deals with the specific problems a child has but also treats him/her as a whole human being. Boxill (2007) described how this holistic approach is employed in music therapy practice:

Therefore, the therapist studies the total person: impulses unique to that individual, behaviours and responses characteristic of the person’s condition, and variables causing moment-to-moment changes as well as changes the therapy is effecting. This means that the therapist must not only deal with identified disorders but must also be sensitive to and attentive to all behaviours and responses.

Miller (1984) gave an example regarding the treatment of children with speech impairment in which she explained that speech could be promoted by the improvement of other aspects of developments. Improvement in motor control, sensory perception and discrimination, auditory skills and emotional development can all contribute to the growth of speech and language abilities (Perkins, 1960 & Breinholt & Schoepfle, 1960; cited in Miller, 1984). Moreover, when treatments focus on the child holistically, it helps elicit their potential and resources that may have been hidden due to their disabilities and/or the environment (Wigram et al., 2002). Music therapists observe the healthy parts of the child and reinforce what they can do through music (Bunt, 2006)

D. Music therapy in a multidisciplinary team

Twyford (2007 & 2008) wrote extensively on the integration of music therapy in multidisciplinary teams for children with special needs and the importance of collaborative approaches in delivering effective team working for meeting children’s needs. Collaboration was defined by Register (2002) as “the process of working jointly with others in an intellectual endeavour to bring about change, and it implies shared responsibility”. Working collaboratively creates the opportunities for other professionals to gain knowledge about music therapy practice and witness how

music therapy can support other disciplines and contribute effectively to a child's development. It is believed that giving feedback and sharing expertise with each other in a multidisciplinary team is beneficial for client progress. In addition, there can be four different levels of collaborative work in a team (Tywford, 2004, cited in Tywford 2007): communicative (sharing of information); interactive (sharing of goals but working independently); facilitative/observational (being present in each other's session but only one person leads); and integrated (working simultaneously in a session).

In this project, the joint sessions of music therapy and speech language therapy described in case three were carried out on the communicative and integrated levels. The joint effort in collaborative work may provide better intervention for the clients. This treatment approach requires openness to share information and effective communication between the professionals. Geist, McCarthy, Rodgers-Smith and Porter (2008) described a case study in which the music therapists and the language therapists worked together to develop treatment plans. This study showed how music therapy and speech language could be integrated in a classroom setting. Although the outcome of this work was positive, it only presented one model of collaborative work – music therapists supported speech language therapy goals during music therapy sessions while speech language therapists acted as a consultant for communication strategies. Further exploration of different co-treatment models will help define the role of music therapists and the effectiveness in this collaborative approach.

E. Music therapy through the eyes of carers and professionals

Among the music therapy research literature with young children, carers' perspectives of music therapy programmes were investigated, particularly in the aspect of parent-child relationship (Archer, 2004; Ayson, 2007; Nicholson et al., 2008; Abad & Williams, 2007). Ayson's research suggested that parents viewed music therapy as beneficial and enjoyable for their hospitalised child. Parents reported how music therapy could support them by helping them gain understanding of their child's ability to learn through music and how they could use music to interact with their child. She further described how insightful parents could be about what happened during music therapy sessions and that "parent interviews elicited more and differing themes than the clinical notes". Nicholson et al. (2008) employed some validated measurement tools (e.g. the Child Rearing Questionnaire, Parental Perceptions and

Behaviours Scale) to examine the effects of music therapy on improving child-carer relationships in an early intervention setting. The results suggested that music therapy had potential benefits in promoting positive parenting and child developmental skills. Nicholson's research outcomes supported a qualitative research conducted by Archer. Archer (2004) investigated the effects of music therapy intervention on the changes in carer-child relationship within a centre-based early intervention programme. The primary carers involved in the research all reported that music therapy was a positive reinforcement for their relationship with the child, as well as the child's developmental progress. Archer's research findings were supported by the outcome of the music therapy programme, Sing & Grow, as carried out by Abad and Williams (2007). Music therapy was reported to help promote positive parenting behaviour and the child's mental health and well-being.

Carers' perspective of music therapy was described by some authors in the literature based on their long-term clinical experiences and interactions with the carers. Alvin (1991) stated that when a parent was willing to be involved in music therapy, it created a medium that strengthened the relationship between the child and the parent. She believed that the attitudes of the parents towards the child's musical experience determined how they related to the music therapist and could affect how their child responded to the music therapy intervention. She commented that "They [the parents] can measure the value of music in the pleasure the child experiences and the beneficial changes in his behaviour". Oldfield (2006) stressed the importance of carer involvement in music therapy sessions. Her clinical work with children with autistic spectrum disorder showed that many mothers found music therapy sessions enjoyable as it focused on what the child could do rather than on the disability itself. The joy and laughter shared between the child, parent and the therapist were meaningful moments for the parents who might have experienced many difficulties and frustrations raising a child with special needs (Alvin, 1991; Oldfield, 2006). Nevertheless it is important to note that parents' perception of the intervention outcome can also be influenced by the condition of the parents. In other words, how they feel about their child influences how accurately they remember and interpret their child's behaviour in the sessions (Oldfield, Adams & Bunce, 2003).

METHOD

Qualitative research methods were employed to investigate how carers and other professionals perceive the music therapy process they have witnessed. To find out what the carers and other professionals thought and felt about the shared music therapy experience with their child, open-ended interviews were considered as the appropriate tool of data collection for this project.

A. Participants

There were four participants involved in this research projects:

- a) 3 carers
- b) 1 professional

The carer participants were mothers of children who were under five years old and were referred to the child development team for their special needs. The staff participant was a speech-language therapist (SLT) from the Child Development team who has observed and worked collaboratively with me on placement. This project was conducted as part of a course requirement during my clinical placement.

Criteria for inclusion

This project proposed to invite six potential participants including one professional. The potential carer participants were those whose children attended regular music therapy sessions and were present at least 80% of the total sessions. If all five potential carer participants agreed to participate in the interview, to ensure diversity three participants would be selected with consideration of the following criteria:

- a) The child's gender
- b) The child's diagnosis
- c) The child's cultural background

Due to some children's limited availability for music therapy sessions only four carers were approached. The information sheets⁶ about this research project and the consent forms⁷ were given out by my clinical liaison to the potential carer

⁶ Refer to appendix 1 for information sheets for the carers and appendix 2 for the professionals.

⁷ Refer to appendix 3 for the carers consent form and appendix 4 for the professionals consent form.

participants. They were given two weeks to decide whether they would like to participate. Of the four carers, one did not express interest in participating in the interview and the other three agreed and gave written consent to partake in the interviews. The participants' children had various diagnoses, namely, cerebral palsy, language delay and mild hemiplegia, and traumatic brain injury. They were all boys aged between two and four years old and were of Caucasian ethnic background.

B. Procedure and data collection

In this project each participant participated in a semi-structured interview. The interviews were carried out at a place where it was suitable and convenient for the participants. Interview guidelines consisted of open-ended questions to elicit the relevant information. The participants were also encouraged to talk freely about their views of music therapy from their own experience. This method of interviewing allowed the participants to express their thoughts as much as possible without my overlaying assumptions as a researcher. The participants were asked questions based on the following themes⁸:

- a) Participants' observation of the music therapy sessions in general
- b) Participants' observation of changes in the child's progress (if any)
- c) Participants' views about the music activities used in the sessions
- d) Participants' description of significant moments they experienced in the sessions (if there was any)
- e) Any other thoughts about music therapy that the participants want to talk about

Each interview was recorded and lasted approximately thirty minutes (except one interview which lasted longer due to the presence of the child).

Clinical notes were also used to compare with the findings from the interview data. Clinical notes were written by the music therapy student after each individual session to record what the child's responses during the sessions, some feedback from the carers, personal thoughts and action plan for the next session. All the clinical notes related to the three participants in this research were reviewed: 23 sessions from participant A (over the period of 8 months); 12 sessions from participant B (over the period of 3 months); and 6 sessions from participant C (over the period of 3 months).

⁸ Refer to appendix 5 for interview guidelines for carers and appendix 6 for professionals.

C. Ethical issues

When recruiting the participants, this project ensured that the participation was voluntary and the participants understood that they were not required to provide any reasons if they decided to withdraw from the research. The participants' and their children's identities were protected and pseudonyms have been used in this dissertation. The same principles applied to the professional participant.

Ethical approval was sought prior to the recruitment of participants to ensure that any critical ethical issues had been addressed and dealt with appropriately. For example, the carers needed to be advised that their decision to participate or not would not affect their child's involvement in music therapy in any way; a written consent was obtained from each individual participant; and the project would not put any forms of stress on the participants. The research proposal was approved by Central Regional Ethics Committee (Ref No: CEN/08/09/048).

D. Music therapy sessions

The research project was part of the ongoing practice on my music therapy placement. The participants' children in this project received one individual music therapy session per week for a period of at least 3 months. The music therapy sessions were held in the children's homes where the environment was familiar and comfortable for them. A discussion meeting with the SLT or VDNT usually took place prior to each session to discuss my observation from the previous session and identify areas of needs for each individual child. Goals for each individual child would be set according to the area of development they needed to work on. These might include communication skills, social skills, motor skills, cognitive development, emotional expression and/or perceptual awareness. Each session would aim to work towards some specific objectives. For example, I could be working on increasing the child's vocalisation, increasing motor control (e.g. move hands up and down to strum the guitar with support or independently) and understanding choice making (e.g. the child was encouraged to communicate his preferences verbally or non-verbally). The sessions were framed with a hello song at the beginning and a good-bye song at the end. Activities may involve instrument playing, movement with music (e.g. action songs), listening and singing (I often used voice and singing to encourage vocalisation; reflection on what the child is doing; and/or give instruction).

E. Procedure for data analysis

Thematic analysis was used to draw meanings and analyse the raw data from the interview transcripts. The analysis process included the following steps to allow frequent and/or important themes to derive from the data:

- **Preparation of raw data files:**
The interviews were recorded with the permission of participants. The interview contents were then transcribed verbatim into an electronic file format.
- **Writing margin notes:**
Ideas emerging during the transcription were noted down next to the related text.
- **Participants verification:**
Written transcripts were given to each participant for verification. Participants were asked to amend, delete or add any information they wanted on the transcripts. This was to ensure that the participants were happy with the contents of what was said during the interviews.
- **Close reading of the text and development of meaning units:**
Once the interview transcripts were checked and returned by the participants, changes were made on the original data in accordance to the verified transcripts. Amended transcripts were carefully read with underlining the information that was likely to be related to the research topic.
- **Creation of categories and themes:**
The verbal dialogue from the transcripts were organised into categories. Categories were searched for frequent or exceptional themes.
- **Continuing revision and refinement of category system:**
Search for contradictory point of view or new insights within each category.

The clinical notes were analysed following the steps described below:

- The session notes recorded on the standard forms, which are used by the child development team, were typed onto an electronic format. This was to ensure confidentiality for the purpose of this research.
- Each individual child's clinical notes were read through whilst related observations were highlighted and emerging ideas were noted.
- Ideas were organised into categories.
- Categories were searched for frequent or exceptional themes.

FINDINGS

A. Case 1

A.1 Background Information

Participant: Janet

Relationship to the client: Mother

Client's name: Eric

Eric was 2 years and 9 months when I first visited him with the VDNT. Eric's mother, Janet, was involved in a car accident whilst he was still in utero. Janet was immediately taken to the hospital for emergency Caesarean. Eric was later diagnosed with cerebral palsy with very limited control of voluntary movements; he was blind and suffered from various types of seizures. Eric's parents were told by the doctor that he would never walk or talk. Eric lives with his parents and his seven-year-old sister Cathy. At the time of the interview Janet was about to give birth to a baby girl.

Eric was referred to music therapy because his parents thought it was beneficial and he seemed to enjoy previous sessions with another music therapy student. At the time of the interview, Eric had already had about 9 months of individual music therapy with me. Eric's parents were both very supportive of him having music therapy and would take turns to join in the sessions. The initial sessions involved integrating music into neurodevelopmental therapy and later the sessions focused solely on music therapy activities. The sessions were held once a week and lasted for approximately one and a half hours. It was felt that long sessions were needed as it took time for Eric to initiate a movement or a vocal sound, therefore, giving sufficient time for responses was necessary. After the initial visit to Eric, long-term goals and short-term objectives were formulated. Two main goals underpinned his music therapy sessions: to promote gross and fine motor skills and to facilitate communication skills. Specific objectives generated from the sessions over time included:

- Participate in action songs involving various bodily movements
- Explore different motor motions and increasing motor strength by playing various instruments with hands or legs
- Increase vocalisation / Vocalising targeted sounds
- Develop oral-motor skills – blowing
- Make choices/preferences

- Take turns to play an instrument

A.2 Observation from clinical notes⁹

The clinical notes were reviewed and summarised to find out what occurred during the music therapy sessions. This information would be used to compare the researcher's observations to the participant's perspective of their child's music therapy experience. Themes drawn out from the clinical notes are presented below:

Music therapy promoted vocalisation and communication skills

Eric was non-verbal and had very limited range of vocal sounds. The sessions gradually included activities that encouraged vocalisation and communication skills particularly in the last three months. Eric was encouraged to vocalise the targeted sound 'o', using the nursery rhymes 'Old McDonald' and 'BINGO'. Eric was able to make distinct sound of 'o' several times. Improvised songs using the sounds Eric initiated were also employed in the session to provoke awareness and more vocalisation. Eric also participated in activities promoting communicative behaviour such as choosing his preferred instrument by reaching for, or turning his head towards it; playing wind chimes for the word 'star' during 'Twinkle, Twinkle Little Star'; taking turns to strum the guitar with musical cues. Janet suggested working on his oral-motor skills at one stage hence songs involving blowing/breathing exercises were included in the sessions.

Music therapy helped develop motor skills

The initial music therapy goals focused on physical movements and body awareness as Eric had very limited motor skills and could not see what was around him. Young children learn through sensory input (e.g. touching, looking and listening) by being in contact with their immediate environment. This is particularly important for children with visual impairment like Eric. However, Eric's restricted motor movements prevented him from receiving same level of sensory stimulation as his same-aged peers. Therefore, the music therapy sessions involved many music-making activities to create opportunities for intentional motor movements. These in turn increased his tangible sensory stimulation both in an auditory and a tactile way. Eric was encouraged to play various instruments using either his hands or legs. Instruments such as guitar, keyboard, shaker eggs, cymbals (small pairs/large one with beaters),

⁹ An example of the clinical notes for case 1 can be found in appendix 7.

wind chimes, drums, ocean drum and tambourines were used to explore motor motions, improving motor control and strength. Eric became very good at moving his legs after he realised he could make sounds on tambourines when we placed one under each foot.

The sessions changed with more hand-oriented activities during music-making after Janet expressed her concerns about Eric not practicing hand movements adequately outside music therapy sessions. The family also tried to encourage more hand movements outside the sessions. For example, they would often place the wind chimes by his hands rather than his feet. The practice of leg movements was with the physiotherapist who involved exercises such as getting up to stand. To help increase Eric's awareness of his own movements, action songs were used as well as the adaptation of Music and Attuned Movement Therapy (Fearn & O'Conner, 2004). I would place the end of my flute in Eric's lap whilst I improvised tunes that mirrored and reflected his body movements, breathing or vocal sounds. Whilst Eric's breathing and body movements were reflected by the flute playing, his facial expressions would also change in response to the music. For example, when the music varied in duration – he would make long and/or short sounds.

It was noted that Eric was often tight-fisted. Strumming the guitar encouraged him to try to open his hands. Initially, Eric would often need support from us to open his hands by stretching out his fingers or rubbing the back of his hands (as suggested by the VDNT). Slowly, Eric's hands would become more relaxed and stay open for longer periods of time. I noticed that he would also use different fingers to pluck or strum the strings. Instrument playing also helped increase hand grasping strength. Contrary to what is described above about Eric relaxing his hands from tight-fists, Eric's hands would on occasion be quite floppy. Encouraging him to hold beaters or small instruments such as egg shakers appeared to be useful in promoting fine motor skills.

Home-based music therapy offered opportunities for family involvement

The clinical notes indicate that Eric's parents were actively involved in the sessions. When either of them was present in the sessions, they often joined in the activities, brainstormed ideas and made suggestions. For example, on one occasion Janet asked if we could try to encourage Eric to blow. She explained that they tried to do it before but unsuccessfully, therefore, she wondered if I had any music activities or techniques that might help Eric understand how to blow. Eric's father, Kevin, was

usually very enthusiastic when he joined in the sessions. He commented on some occasions that he would ‘practice’ making animal sounds (e.g. elephant sound) so he could do it properly for Eric.

Music therapy supported parental learning

The sessions attempted to involve the parents as much as possible which created opportunities for them to observe how I worked and interacted with Eric. It was noted in one clinical report that Kevin picked up a technique I used in the previous session himself and tried to carry it on. As Eric was blind, when I introduced a new instrument the first time I would let him touch different parts of that instrument along with a verbal description before he tried to play it. Kevin then used this technique when he encouraged Eric to play an instrument in the following sessions. On one occasion, Kevin said at the end of the session that it was great to have music therapy because they were running out of ideas of what else they could do with Eric.

A. 3 Findings from the interview¹⁰

Music captivated the child’s attention and promoted arousal

Eric’s limited mobility and the constant seizures make it difficult for him to respond actively and be ‘in the present’ in his immediate environment. Janet commented that whilst the therapy encouraged Eric to participate in various musical activities, music has increased his awareness of his surroundings. He seemed to be more alert when the music was played to him. Janet thought that even though Eric was not able to play some of the musical instruments, the unique sounds of the instruments still captured his attention and encouraged active listening: “And you know like that flute he can’t blow or anything...even then [it is] still really nice [because] he really stopped and listened for that cos it’s a whole different noise he wouldn’t normally hear” (J, 01:00).

Music therapy supported parental learning and helped reduce parental stress

Janet said that from watching how I worked with Eric, they would try to do those activities that he responded well to with the instruments they have at home: “He has two shakers of those egg shakers that when I saw you do that and get him to lift his hands up we gave him those a lot now, probably more than what we used to” (J,

¹⁰ Interview transcript for case 1 can be found in appendix 10.

05:53). Janet thought the singing activities which encouraged Eric to vocalise a particular sound worked very well and it was a great activity to carry on. Eric enjoyed singing and would carry that on after the session as well. Participating in the activities and observing how I interacted with Eric opened a channel that helped Janet to see what other ways they could interact with him. She found that singing provided a medium that allowed interaction to occur. The family would now sing to Eric and found that he would join in.

Janet explained that it could be very stressful being a parent with a child with cerebral palsy. However, music therapy has been an enjoyable learning experience for both Eric and herself: “From that perspective [a fun way to learn], that’s fantastic cos being his mum [we have] so many appointments, a hard work plan. I mean really full on and they’re not really enjoyable...[we are] expected to do hard stuff. So it’s really nice I think” (J, 10:48). Seeing Eric develop new skills through musical activities and carry them on after the sessions was very important to the parents: “I really think it’s really important... it’s a lot more beneficial. You see a lot more from it...and you know that vocalising [in the sessions]... when we were told he’d never walk or talk we would just say it would be nice if he could just say a few words...if he could communicate with us” (J, 21:12). The discovery of potential during the sessions provided a sense of relief and hope for Janet. She mentioned several times during the interview that music therapy assisted Eric to do what was originally thought to be impossible to achieve. It has been a huge step with Eric being able to strum the guitar that Eric’s father Kevin “was raving about it” (J, 08:54), and with the new communication skills. Music therapy activities enabled Eric to expand his vocalisation. The sessions made Janet realise that Eric was able to make particular sounds such as ‘o’ when encouraged. This was an area of development that seemed mostly unstimulated in the past.

Music therapy increased awareness of self and others which helped develop socialisation skills

Janet commented that the musical activities in the sessions helped Eric increase his awareness in relation to others. When leaving gaps in a song for Eric to fill in by vocalising a particular sound or playing on an instrument enabled him to gradually understand that “he was expected to do something back” (J, 01:44). Janet was amazed to see Eric was able to listen and respond appropriately during music-making activities: “You know [when] you said ‘shake’ and he lifted both his hands up, that was really impressive” (J: 09:30). This awareness of self and others was developed

gradually after Eric started to have music therapy sessions: “You know a year ago he couldn’t have done that. He would not have registered that you were waiting for noise from him” (J, 01:44).

Music therapy provided opportunities to learn in a fun way

Janet mentioned a few times in the interview that Eric really loved music and enjoyed participating in musical activities. She commented that the music therapy sessions were “like working but it’s not hard work like physio...he gets cranky with physio. He’s really stretched. It’s really hard work whereas music therapy he’s working but he doesn’t realise he is” (J, 10:48). Music therapy made it more fun when working on achieving non-music goals. Activities involving fill-in-the-blanks with his vocal sounds “really taught him in a fun way” (J, 01:44) to improve his communication skills and social interaction.

Music therapy helped develop motor skills

It was a challenge for Eric to initiate movements and use his hands purposefully. Janet commented that having opportunities for Eric to develop intentional hand movements was very important for him. Activities that involved moving hands upwards or sideways to play the wind chimes or raising up his hands to strum the guitar were very useful for developing motor skills. Janet thought that engaging Eric in instrument playing was the only time that he would really try hard to move his hands purposefully.

Music therapy motivated and elicited positive responses

Janet mentioned several times in the interview that music therapy had been a special experience and that Eric “gets a lot from it”. During the music therapy sessions, she noticed that instrument playing offered instant responses which made it easier to encourage him to participate: “That he would actually move for that [wind chimes] whereas before he wouldn’t have...you have to really try to get him to move his hands for something” (J, 01:44). Eric was particularly fond of guitar because he “gets instant reaction from that” and realised that he could move his hands to make something happen. Janet pointed out that music seemed to motivate Eric to work on something more effectively than some non-musical activities: “You know with physio he spends the whole time trying to get out of it and trying not do what he’s meant to

do...he sort of yawns and carries on and cries a bit, all that kind of stuff but with music he really does seem to get in a zone and really try hard” (J, 10:48).

Janet commented that even though when Eric did not seem to participate actively in playing the instrument such as the guitar she felt that he was still motivated to try to lift his hands and move towards the guitar to strum/pluck the strings. Janet also commented that even though there were times that Eric did not feel well in the sessions he would still make efforts to interact with us. Eric’s positive responses to music can also be observed outside music therapy sessions as Janet said that “You can put anything musical now in front of him and he will try [to play it]...he really enjoys the sounds and will try to make it work” (J, 03:15).

Home-based music therapy offered opportunities for family involvement

As music therapy sessions were held at home, Janet commented on how it allowed the family to get involved and that they “all thought about learning the guitar” (J, 05:36). Janet said that “Eric’s uncle plays fabulous guitar so we’ll get him down [to play guitar with Eric]” (J, 05:53). Eric’s aunt Kelly was present in one session. She was impressed about how much Eric responded to music and wanted to try some of the activities herself with Eric. Janet said that as Kelly was a musician herself she found Kelly’s observation of the sessions interesting: “She [Kelly] thought that the way you do it, gently and not sort of in his face, she thought that was really nice cos that gave him the opportunity to do something. And that musically it was a really nice sound and he really responded well to it” (J, 28:16). Janet also described how music therapy offered opportunities for sibling interactions both during and after the sessions: “Cathy [Eric’s big sister] takes a lot on board. She does a lot of games with him that she’s seen you do” (J, 06:52). There were activities that they could do together as a family as Janet commented: “The ‘Old McDonald’ had a farm that’s just a real song now in our house at the moment to a point he’s making the pig noise without us singing to him and he waits for us to sing. That’s really funny” (J, 05:53).

Music therapy promoted vocalisation and communication skills

Janet said that music therapy had encouraged Eric to vocalise more through singing. She was impressed to see that Eric started to sing with me during the last few sessions. She also noticed that Eric could make a wider range of vocal sounds: “That [making different vocal sounds] would have to be working with music because we haven’t seen much of the speech language therapist. He’s definitely making different

sounds than he used to. A lot more I would say” (J, 14:41). Janet noticed that Eric’s vocal sounds had expanded from only making ‘a-goo’ sounds to “now he sort of makes ‘m’ noises and he makes different types of sounds, and the ‘o’...he can do the “o”. That kind of thing and that’s very new. He couldn’t do that before I think” (J, 14:41).

Eric was able to use his voice more purposefully. There was a distinct difference between his singing and conversational vocalisation: “His chat gets a bit serious and his frown comes on...you know he has a little bit of conversation. But the singing is really high-pitched” (J, 04:55). Janet noticed that when Eric attempted to make different sounds in order to engage in a conversation with others. She thought it was a huge step forward he had made in his development even though she was unsure how much we could extend his vocalisation skills. Although Eric did not always respond when he was encouraged to make a particular sound in a song, Janet said that his participation in singing itself had been “really huge” (J, 09:30). Janet further explained that communication had always been the skills they were hoping for Eric to develop and music therapy had contributed to the progress of his communication development. She felt that music therapy seemed to be “a real in road” (J, 21:41) for children who have speech and language difficulties.

Music therapy encouraged initiation for play and social interaction

Janet explained that Eric used to be unresponsive to his environment: “[He] just sat there and blended in and people talked around and he wouldn’t respond” (J, 12:30). However, he has become more alert and interested in the people and what is happening around him: “[Eric] likes to be heard and he has new things to say as well so he puts them in which is really good” (J, 12:30). Janet commented that as Eric’s confidence grew with his vocalisation he would now use his voice to ‘teach’ them how to play with him. Eric started to initiate social play with them such as requesting the song ‘Old McDonald’ by making pig sounds. Janet felt that the increased vocalisation provided a channel for kids and other adults to know how to interact with Eric: “I mean they [other kids] still wonder why he doesn’t talk but he starts making hilarious noises and they now find that’s really quite funny. So it’s good for the interaction otherwise it wouldn’t happen you know. So that is good. And that probably is music related actually, you know, that whole...you getting to use his voice” (J, 14:10).

Music therapy helped increase confidence in various areas of development

Janet used to wonder if it was Eric's hearing capacity that made him less aware of or interested in his immediate environment. According to Janet, Eric had always been good with one-on-one interaction but would "get upset with lots of people" (J, 12:30). Janet noticed that as now Eric tended to "sing out" (J, 12:30) in a social setting that he wouldn't get upset when being in a big group.

A basic premise of music therapy is to work at the child's own pace

With Eric's physical and verbal limitation it was often necessary for the sessions to be directive. However, I was also aware of the importance of being sensitive to the Eric's own pace and give sufficient time and space to for him to respond. Janet commented that Eric's aunt, Kelly, described my approach as gentle and not pushy, allowing him the space and "the opportunity to do something" (J, 28:16).

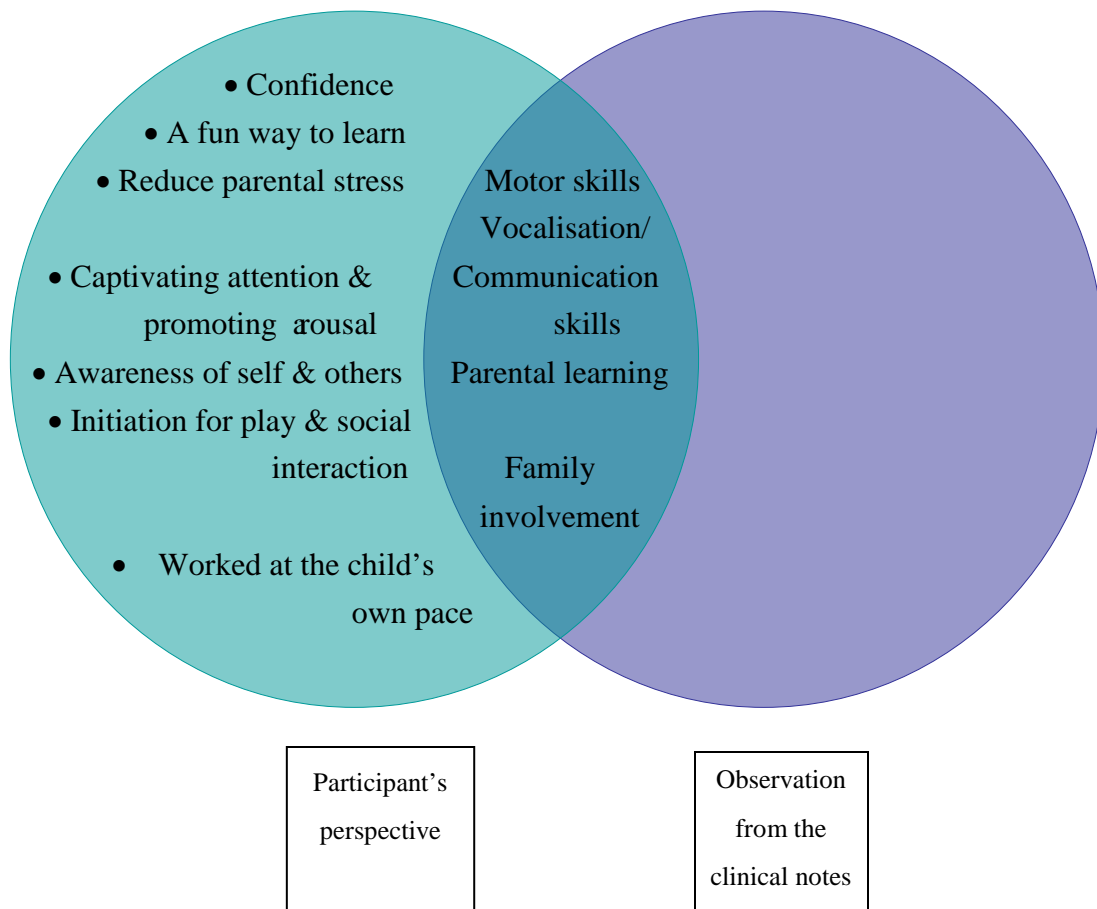
A.4 Comparing findings from the clinical notes and the interview

The differences and similarities of findings from the clinical notes and the participant's interview are shown in figure 1.

The observation from the clinical notes was well supported by the participant's views about music therapy and what she had seen in the sessions, and vice versa. The clinical notes recorded more detailed information about why certain objectives were employed. On the other hand, findings from the participant interview gave more insights into how the child generalised the skills after the sessions and the influence on the carers and family. The following points were noted when comparing the two findings:

- Janet commented that she was impressed to see how Eric responded appropriately to sung commands like 'shake' when playing the egg shakers. Interestingly, when reviewing the clinical notes, it showed that the egg shakers activity was used for the purpose of promoting gross motor and fine motor skills. This demonstrated that even though the activity was focused on one area of development, it subsequently influenced other areas of learning.

Figure 1. Themes derived from the clinical notes and the interview data



- Both the clinical notes and the interview data revealed that Eric's parents found that music therapy provided fun and useful activities they could carry on after the sessions. The clinical notes recorded that Kevin spoke highly about music therapy because it gave him ideas of new activities he could do with Eric. Janet commented in the interview that now they started to sing to/with Eric and do more instrument playing (e.g. wind chimes, shakers).
- Both the clinical notes and the interview data reflected the parental involvement in the session planning. The clinical notes recorded how Janet was hoping for Eric to develop oral-motor skills and suggested sessions to include blowing activities. The interview findings indicated that sessions became more hand-oriented during instrument playing after Janet expressed concerns about Eric being unmotivated to use his hands.

B. Case 2

B.1 Background Information

Participant: Vicky

Relationship to the client: Mother

Client's name: Ryan

Ryan had mild hemiplegia affecting his right limbs and was monitored by the VNDR. He was later referred to a SLT to address the concerns about his language development. When I first visited Ryan with the SLT he was 3 years and 8 months and had been at kindergarten for approximately two months. He was an active little boy who loved to move and laugh. My first impression was that despite Ryan's lively personality he used few vocalisations to communicate. Ryan lived with his parents, older sister Jessie and older brother Jason.

Ryan was referred to music therapy to support his speech-language therapy goals. At the time of the interview, Ryan had already had individual music therapy sessions for 3 months. The sessions were held once a week and lasted for one hour. Ryan's mother, Vicky, was always present in the sessions. Initially Ryan would only respond with one-word utterances and frequently hesitated when asked to answer a question or repeat a word or phrase. The music therapy goal was to facilitate the development of expressive language, increase confidence in speaking and enhance motor skills. Specific objectives included:

- Increase confidence in saying two- to three-word utterances
- Increase ability of naming objects in categories
- Develop listening skills – follow direction/sequence
- Increase confidence in using both hands to play various instruments

I

B.2 Observation from clinical notes¹¹

Music therapy promoted vocalisation/verbalisation and communication skills

The music activities were designed to model some two to three-word phrases and Ryan was encouraged to repeat the therapists. Ryan was also encouraged to use verbal language for making choices or requesting an activity. For example, during the 'Parachute Song' Ryan was asked to choose a preferred movement from a choice of

¹¹ An example of clinical notes for case 2 can be found in appendix 8.

two, say, 'round and around' or 'up and down', by repeating the one he wanted. It was noted in the initial clinical notes that Vicky commented Ryan's speech had improved since he started kindergarten. She felt that his understanding had improved and he had started to say sentences. Nevertheless, during the initial music therapy session Ryan's spoken language was quite limited and mostly one-word utterances. He would usually use one word to express his spontaneous thoughts or respond to a question he was asked. For example, he would say "funny" when we were being playful in an activity; and "nothing" when he wanted an activity to end. In music-making activities, when asked whether we should all 'bang up high' or 'bang down low', he would respond with one word 'high/low'. When encouraged, he sometimes responded with two- to three-word phrases hesitantly and unclearly.

It was evident that Ryan's speaking during music therapy sessions improved over time. Gradually he seemed to become less hesitant and confident in saying two- to three-word utterances when encouraged. He also started to say longer sentences, such as "Where is the other one?" in the last two sessions. It was noticed that in the last few sessions, Ryan would respond verbally to the choices of movements he wanted to do during the 'Parachute Song' without hesitation. The familiarity and the repetition of the activity may have contributed to the improvement. Ryan also demonstrated increased spontaneous speech. It seemed that he was more comfortable in using spoken language, as opposed to using only hand gestures and body movements, to communicate with others and express his thoughts. In the last few sessions we had, Ryan started to sing along with us and enjoyed choosing the song he liked to sing by naming the title of the songs on picture cards.

Music therapy helped develop motor skills

Ryan loved playing the drums. He was encouraged to play with two hands alternatively or simultaneously by following the picture cards. The game made it natural and fun for Ryan to use both hands rather than just focusing on exercising his weak hand (right hand). Interestingly, in the initial session I noticed that Ryan loved playing the drum very loudly. When we worked on listening to commands, such as 'play loudly/quietly' and 'play fast/slow', he seemed reluctant to play quietly. I also noticed that his left hand usually banged on the drum louder than his right hand. Through this listening activity it was revealed that Ryan probably found it difficult and awkward to do small movements. In addition, it was noted that on one occasion Ryan seemed quite self-conscious about using his right hand that he tried to 'hide' his right hand as well as the beater. This attitude gradually changed over sessions. In later

sessions, Ryan seemed more comfortable when asked to play the drum with both hands (simultaneously and alternately) as though he realised 'it was okay' to use his right hand. He also looked more comfortable when he was asked to play softly on an instrument, either with beater on the drum or with his hand tapping on the tambourine. He usually looked very focused when he was trying to play soft sounds.

Music therapy improved attention and listening skills

To promote listening skills, activities involving auditory discrimination and choice making were used in the sessions. For example, Ryan would be asked to tell us verbally whether he wanted to play 'loudly or softly', 'fast or slow', 'up high or down low' on an instrument. In this activity, he would need to listen carefully to the two choices given to him and then decide which one he preferred. It was noted in the initial clinical notes that Ryan tended to say 'loud' each time when he was asked to make a choice. For example, he said 'loud' when I asked him to choose between 'soft' and 'slow'. He was then encouraged to stop and listen again carefully to the words I said. Moreover, Ryan enjoyed the activities which he had to follow a sequence of movements or instruments shown on picture cards by listening to the sung directions. Although prompts were needed to help Ryan respond to the commands appropriately, he was very attentive throughout the activities.

Music therapy helped improve impulse control

Whilst Ryan's listening skills improved and he was able to respond appropriately to the commands such as 'stop', it helped him understand that there were times when he had to stop, listen and wait. Ryan was initially more impulsive and would sometimes become angry when he was not able to do what he wanted to straightaway, for instance, when he was told to wait for an activity to end before we moved to play the drum. The increased impulse control during the sessions might have developed from the listening activities in which he had to stop when the music stopped or when he heard the word 'stop'. The turn-taking activities might also contribute to the increased ability to wait (for his turn).

B.3 Findings from the interview¹²

Music therapy supported parental learning and helped reduce parental stress

Vicky indicated that the progress Ryan had made in the music therapy sessions gave her a sense of relief. She said that it had been quite a slow start with Ryan's development this year and she got to a point where she began to wonder whether he was going to make any progress with his talking. However, in retrospect Vicky thought that participating in each music therapy session allowed her to see Ryan's developmental potentials, "there have been little windows of you know just glance of "Oh yeah, you are making good progress" you know" (V, 23:17). With the positive progress Ryan has made she thought that "It's all good from my point of view and huge relief basically...from where we were starting" (V, 44:07). By seeing the progress, music therapy became a positive experience for both Ryan and Vicky.

In retrospect, Vicky felt that music therapy had also made her aware of the effects of music in relation to her own experience. She said that whilst she always enjoyed music herself, participating in the music therapy sessions made her appreciate music on a different level. She had been reflecting on how people could be influenced by the power of music. She said that she started to think about how listening to music could change her mood and stated that "singing and music is something to really make room for in your life" (V, 47:37). From her perspective, "music is therapy in any form" (V, 48:50).

Music therapy helped develop motor skills

Vicky observed that instrument playing, even though it was not "so much the speech things", was beneficial in terms of improving motor skills. Ryan loved playing the big drum and it was often the first thing he wanted to do when he saw me walk into the room. He would sometimes become self-conscious and refused to use his right hand (his weak hand) to play the drum with the beater. This behaviour gradually decreased and as Vicky commented: "Actually the drum is also useful in a different way, I thought of using his right hand as well with the cards because just worked on the actual...his motor skills on that side" (V, 03:45).

¹² Interview transcript for case 2 can be found in appendix 11.

Music therapy elicited positive responses and motivation to learn

Vicky commented that “when I think you take an interest in an instrument you are more likely to...you know respond positively and learn more” (V, 05:11). She thought that Ryan responded well to music and was interested in exploring the various instruments I brought to the sessions. Music was the “right stimulus for him” (V, 44:07) particularly with the combination of music and movement in the sessions.

Home-based music therapy offered opportunities for family involvement

Vicky thought that it had been helpful to have music therapy sessions in their home. She commented that giving Ryan the opportunities to learn with a small group (involving Vicky and sometimes the Speech Language Therapist) in a familiar environment “really helped sort of giving him confidence...in sort of home environment...group setting you know, where he felt comfortable and could explore the instruments” (V, 00:20). Vicky further commented that being “in his turf” rather than “going to external place” really helped break through his shyness at the beginning, which would normally draw him back from participating.

Ryan’s big sister Jessie and brother Jason were present in one session during a school holiday. They were very excited about playing the instruments. Their participation seemed to make Ryan feel more comfortable and he took more initiatives. Vicky said that she wanted to provide opportunities for her children to learn musical instruments such as guitar and keyboard so they could continue to have “music in the house”. Her aim was to have “lot of music in the house and kids to learn some instruments. Cos it’s fantastic part of life really” (V, 46:16).

Music therapy promotes verbalisation/vocalisation/communication skills

Vicky noticed a significant improvement in Ryan’s speech and communication skills: “He has expanded his talking a lot from when he first started this year, he was only saying one word when pushed really. And...so now he’s saying 5 words easily and communicating...more freely than he was before. I think yeah just great huge improvement this year and the music therapy definitely helped that” (V, 00:20). Vicky also thought that the activities with animal voices were useful for helping Ryan to “feel relaxed about vocalising” (V, 06:31) which in turn encouraged him to talk.

Vicky noticed that through music therapy Ryan started to take more initiatives in verbalising his own thoughts and ideas: “There has been times recently where he sort of initiated...he started to initiate variation in his...what he’s going to say...Yeah so I thought that was quite a significant moment I thought cos he...before you know didn’t even get anything out of him” (V, 21:43).

Music therapy helped increase confidence in various areas of development

Ryan seemed to start generalising some of the skills he developed in music therapy to other situations. Vicky said that Ryan had recently been going to a community music group. She was pleased to find that he would volunteer to do the action songs in front of the group. Vicky thought the confidence to do so came from the music therapy: “He’s confident enough to go up in front of the group if they ask for volunteer children for them to do the action songs. And he’s put his hand up and wanted to go up. I think that confidence has come from the sessions here with you so that’s really sort of helps sort of extend...build on what he’s getting here” (V, 16:14). Ryan’s increase confidence in a group situation was also shown at kindergarten: “I was picking him up a little bit early [at kindergarten] and they had the dance, they were doing dancing on the mat. He would be getting up there and dancing and just sort of partaking in a song so I think that really helped sort of giving him confidence, in sort of home environment [in a] group setting” (V, 00:20). Music seemed to be able to bring him out of shyness as Vicky observed that Ryan tended to “thaw out” when it was his turn to sing during Hello Song (we would ask him to tell us who’s turn it was to sing and he often had his turn at last).

Music therapy allowed the child to feel in control through musical activities

Ryan’s delay in expressive language skills was likely to make him feel less in control over communicating with people around him. Vicky liked the way music therapy gave Ryan opportunities to make choices, in other words, to tell others what he wanted within a music framework. She observed that the activities worked well when he was given the chance to identify and choose his preferred songs or instruments: “I think the ones that worked the best are the ones that he likes, the songs that he likes. You know with the cards that we were using ‘Baa Baa Black Sheep’ and ‘Row Your Boat’. Choosing the ones he quite likes himself” (V, 03:10). Vicky commented that it was a positive experience for Ryan to develop the ability for decision making. The activities were fun while at the same time helped Ryan to feel confident enough to “initiate things”. Vicky also spoke positively about the child-led

imitation activities which Ryan enjoyed doing: “The mimicking thing we did with the instruments that was quite good. [It was] not so much from a speech point of view but from the confidence, leading something. Remember he moved the cymbals around and we followed his lead spontaneously, things like that. I think it was a diversion from what we were doing but I think they were quite good little examples of just increasing his general confidence” (V, 37:20).

Long term music therapy increased familiarity and consistency which provided a sense of security for growth

Vicky thought that it was helpful to have the continuity of music therapy sessions over a period of time. It allowed the client-therapist relationship grow with trust and confidence: “Continuity’s been good too, getting to know you helped with the confidence too. Having it regularly” (V, 02:27). The familiarity and the structure of the sessions helped Ryan lose his initial shyness and move forward: “He seemed reluctant at the beginning so that sort of continuity [of the same session structure] with starting the sessions, he knows what to expect” (V, 08:56). Vicky felt that with the regular music therapy sessions she could see consistent improvement in his talking and confidence. She thought the change Ryan had made did not happen all of a sudden (for example, saying ten word phrases out of the blue) but rather “incrementally improving” (V, 23:17). She realised that she was able to see little progress in each session. She described it as if she was seeing the whole process through little windows and realised that Ryan was actually making good progress.

B.4 Comparing findings from the clinical notes and the interview

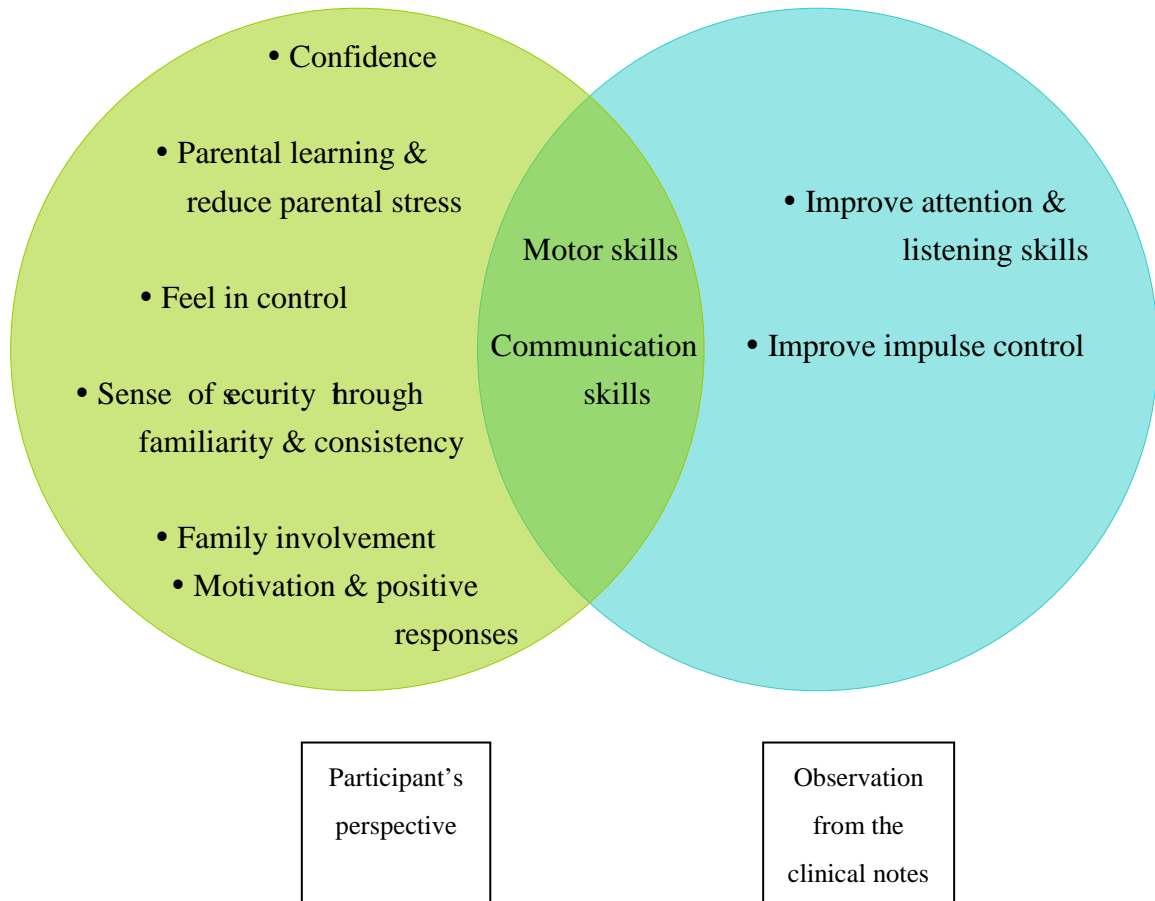
The differences and similarities of findings from the clinical notes and the participant’s interview are shown in figure 2.

The clinical notes showed that Ryan’s sessions were goal-oriented specifically to support the needs of his language development. On the other hand, the interview gave information that was not noted in the clinical notes, particularly on what happened after the sessions and what the music therapy experience meant for Vicky. The following points were noted when comparing the two findings:

- The clinical notes recorded extensive information about how music therapy facilitated Ryan’s language development and motor skills. This was supported by the interview data as Vicky commented that music therapy had

contributed to the progress. Both clinical notes and the interview data indicated that Ryan improved from having little confidence in his speech to having much clearer articulation and longer utterances. Furthermore, Vicky observed how music-making, such as playing the drum, promoted motor skills even though it was not one of the main objectives in the sessions.

Figure 2. Themes derived from the clinical notes and the interview data



- The interview elicited Vicky’s thoughts about the effects of music and her own enjoyment with music. She revealed that she loved singing and the time when she used to sing in a church choir. These were unexpected responses during the interview as it was not recorded in the clinical notes. The limited time for each session did not provide opportunity for Vicky to reflect on how music therapy associated with her own experience.
- The clinical notes recorded how Ryan’s siblings joined in the session on one occasion – how his siblings interacted with him during the activities and how

he copied what his siblings did. The interview data gave more depth information about sibling involvement in music therapy. It revealed that Vicky started to think about having her child involved more in musical activities, particularly to encourage Ryan's sister to learn keyboard.

C. Case 3

C.1 Background Information

Participant: Karen

Relationship to the client: Mother

Client's name: Justin

Justin was a 2-year-old boy who suffered from traumatic brain injury due to medical negligence after childbirth; he was non-verbal and had low vision. It had not been expected that Justin would be able to walk nor have much improvement in his vision in later development. However, despite often stumbling he was walking and running and had some vision when I first visited him with the SLT. Justin had been having music therapy sessions with a qualified music therapist named Cynthia, at the time of my initial visit. He was referred to Cynthia by a service offering support for children with visual impairment. It was discussed that my role was to support his speech-language therapy and that I would only do joint sessions with the SLT. Justin was the only child. He was looked after by a nanny during the day who was often present in Cynthia's music therapy sessions. Justin's mother, Karen, was usually present in our joint sessions.

At the time of the interview, I had been visiting Justin for about 4 months. The SLT and I worked collaboratively in these sessions. The music therapy was integrated to support speech-language therapy goals; to facilitate Justin's communication development. A planning meeting would be held prior to each session to discuss the objectives and structure appropriate activities. Our respective clinical notes were compared in order to see what was achieved in the previous session; which activities or techniques worked and which did not. I would also discuss Justin's progress with Cynthia and share information about the activities we used in the sessions. Specific objectives over the joint music therapy and speech-language therapy sessions included:

- Make choices with non-verbal communication – reaching for the preferred instrument or item
- Increase vocalisation through singing
- Use sign language/purposeful hand gestures to communicate
- Develop oral-motor skills
- Use BIGmack switch and visual aids (e.g. picture cards/tactile cards) to increase communicative behaviour in musical activities

- Develop listening skills

The progress was probably promoted by various factors. For example, the initial joint sessions focused on the vocalisation of targeted sounds ‘f’ and ‘g’, oral-motor skills such as blowing activities and communication skills (e.g. choice making). The techniques employed repeatedly in the sessions included hand to hand imitation during action songs and fill-in-the-blanks in a song. For example, the music would stop at the word ‘star’ in the song ‘Twinkle, Twinkle Little Star’ for Justin to fill in the gap by either pressing the switch (BIGmack) or verbalising ‘star’.

C.2 Observation from clinical notes¹³

Music therapy promoted vocalisation/verbalisation and communication skills

Justin’s vocalisation had expanded since the initial joint session. He progressed from not having much vocalisation at all to making ‘f’ sounds and then saying ‘ta’, ‘car’ and ‘star’ during singing activities. For example, Justin would make the sound ‘f’ in the ‘Fishy song’ and say ‘car’ in ‘The Wheels on the “Car”’ when the music paused for him to fill in. Justin’s improvement in expressive language skills seemed to occur more abruptly rather than progressively in comparison to some children. When we noticed that Justin was able to identify objects by pointing on the pictures we started to use picture cards to facilitate his communication skills. Justin would be asked to choose his preferred song, instrument or toy by touching its corresponding card. Considering his vision impairment, this was thought to indicate significant progress.

Music therapy helped increase alertness

It was noted in the initial clinical notes that, based on the past observation from the SLT, Justin was often shy and could be withdrawn at times. Nevertheless, the SLT was impressed to see that he was doing the hand movement for the action song ‘Open, Shut Them’ that he learned to do in music therapy sessions with Cynthia. Although Justin’s progress had often fluctuated, he seemed to gradually have become more alert since he started to have joint speech-language therapy and music therapy sessions. In our last few sessions, Justin seemed to have developed physically and cognitively. I noticed that he was more aware of the objects in his path when he was walking or running in the room. He seemed happier and would smile when he was proud of

¹³ An example of clinical notes for case 3 can be found in appendix 9.

something he had done accurately in the activities, for instance, when he pressed the BIGmack switch for a particular word/phrase at the appropriate place in a song.

Music captivated and maintained the child's attention

I was told prior to my first visit with the SLT that Justin had the tendency to wander around the room. However, during the initial session I noticed that he was very interested in the guitar and would only wander around the room when the adults were talking between the activities. Because of Justin's visual impairment, he was not able to learn through visual imitation which is crucial in child development. Using hand gestures or sign language to facilitate communication appeared to be ineffective since it might be difficult for him to trace the motion of a movement. However, Justin showed increased attention when hand-over-hand imitation was used in action songs such as 'The Wheels on the Bus'. We noticed that with repetition of the song and the movements, Justin would attempt to do the actions himself.

C.3 Findings from the interview¹⁴

Music therapy captivated the child's attention and promoted arousal

Karen realised how much Justin liked music by noting his very attentive and joyful responses from when Justin first started having music therapy with another therapist. She thought that music was an effective tool for drawing his attention: "He loves music so much it always captures him inside. I think it's a great way for him to learn...Music is a way I guess [of] capturing his attention and then building from there" (K, 00:49). Karen observed that through music therapy Justin had become a lot more attentive to the tasks than he used to be. Karen thought it was fantastic that Justin had developed an appreciation for music. She observed that when Justin heard music from the advertisement on TV he would stop and listen to it intently.

Music therapy supported parental learning and helped reduce parental stress

Karen found that it was helpful to observe the music therapy sessions and showed her a way of being creative with the activities she could do with Justin between sessions: "Choosing between the songs and then the latest cards, you know, the favourites that sort of thing. So we've been doing that at home... I guess I didn't realise how you could...you know with the songs, teach him to learn and sing a song.

¹⁴ Interview transcript for case 3 can be found in appendix 12.

That whole choices [and] the matching, for example, the exercise of the clothes, when he pulls the clothes out of a bag and matches it to a picture and we sing a song. I haven't realised that you sort of could do all of that" (K, 00:49).

It was not easy for Karen to acknowledge the challenges Justin would be facing with his development. However, Karen was thrilled about his recent progress which in turn increased her confidence about his possible potential for development. She mentioned a few times in the interview that she was surprised to discover that Justin could actively participate in musical activities: "I was surprised I didn't think he could do that so that's really good. And then I guess the big thing would be now his few words" (K, 11:29). Karen spoke positively in that even though coping with Justin's disabilities had been a difficult path right from the beginning, music therapy had offered a great start for his development. She was grateful that Justin had the opportunity to have music therapy because it allowed her to witness things they didn't think were possible.

Music therapy increased awareness of self and others which promote socialisation skills

Karen commented that music activities increased Justin's awareness of self and others which helped him engage in social play: "He can anticipate and knows the song and can participate in the songs. 'Old McDonald' you know with his 'woof' thing" (K, 02:19). This was carried on after the sessions: "I was surprised again one day I just did Ring-a-ring O' Roses with him not knowing he's done it at music and he knew to fall down with music. I was so surprised! That was fantastic!" (K, 03:33) It was considered huge progress for Justin to understand how to participate and respond appropriately in play. Karen further commented that turn-taking was a useful skill Justin acquired from music therapy: "He definitely learned that [turn-taking] from music with Cynthia [Justin's music therapist] first off. How to take turns when it was his turn, when to stop...mostly he stopped" (K, 04:14).

Music therapy provided opportunities to learn in a fun way

Karen emphasised several times in the interview that Justin loved music and enjoyed music therapy very much. She thought that Justin's enjoyment was "the most important thing" (K, 5:11) for him. When Justin found activities fun it helped engage him in participation.

Music therapy motivated and elicited positive responses

By being in the sessions, Karen realised how much Justin loved and responded to music. After watching how much he liked strumming the guitar and engaged in guitar playing for long periods of time, she decided to buy him a ukelele. Karen commented that Justin not only loved playing the guitar but was also willing to try to play various instruments. Karen also noticed that when music was used with speech language therapy it seemed to motivate him to participate more: “I sort of think that he spoke a lot more since music has been involved with it. He just seems to be more attentive” (K, 7:13). Karen thought that music helped Justin to learn: “I can see how much he responded to music. He really has learned through music. He loves music but he is learning through it and it’s a really positive experience” (K, 15:19). Karen said that music therapy was special in terms of providing opportunities for Justin to actively participate in playing different instruments: “I love the whole music therapy thing with the different instruments, get him to try things. I mean gosh where else is he going to get to do that” (K, 17:27).

Home-based music therapy offered opportunities for family involvement

Karen explained that Justin’s father Robert came from a musical family so they valued the opportunities for Justin to be exposed to different types of music and instruments. Music provided a medium that brought parents and the child together through sharing, interacting or just being together in fun activities. Justin’s interest in the ukelele led Robert to have ukelele lessons so he could play it to Justin.

Music therapy promoted vocalisation/verbalisation and communication skills

Karen commented that music therapy enabled Justin to learn how to make choices of what he wanted. He was able to look at the options given and reached for the preferred items: “He’s learning and been able to make those choices it’s a really big thing and communicating with the cards...that’s real positive too. [It’s] been really good” (K, 03:05). Karen found improvement in both his receptive language and expressive language development. Justin was able to respond appropriately to what was being said to him: “I think he knows what they are now you know when you say where’s the tambourine he knows the tambourine, and the shakers. I’m pretty sure he’s pretty confident” (K, 04:36). Karen was delighted with Justin’s increased verbalisation: “The big thing would be now his few words” (K, 11:29). She said that it

was fantastic that now he was able to say the word “star” in ‘Twinkle Twinkle Little Star’ when the music paused for him to fill in the word.

Long term music therapy increased familiarity and consistency which provided a sense of security for growth

Karen thought that regular music therapy allowed Justin to familiarise with the structure of the sessions which helped increase his awareness of what he was expected to do: “He knows the routines now with the music. He knows the hello song and the goodbye song...he waves [for hello and goodbye]” (K, 00:21). She could see him progress and grow as he was “learning more and more each session” (K, 01:39). Karen commented that regular music therapy sessions helped Justin to develop his confidence and he’s become more relaxed during the sessions.

Music therapy provided a positive experience that helped enhance the rate of development

Karen spoke highly about the effects of music therapy for Justin. She commented that it had been “really beneficial” (K, 14:55) and “a really positive experience” (K, 15:19). She thought that Justin had made some significant changes through music therapy and it had been tremendous and worthwhile for his development. Karen further stressed that this positive experience with music therapy was what “speeded his development along” (K, 04:36).

C.4 Comparing findings from the clinical notes and the interview

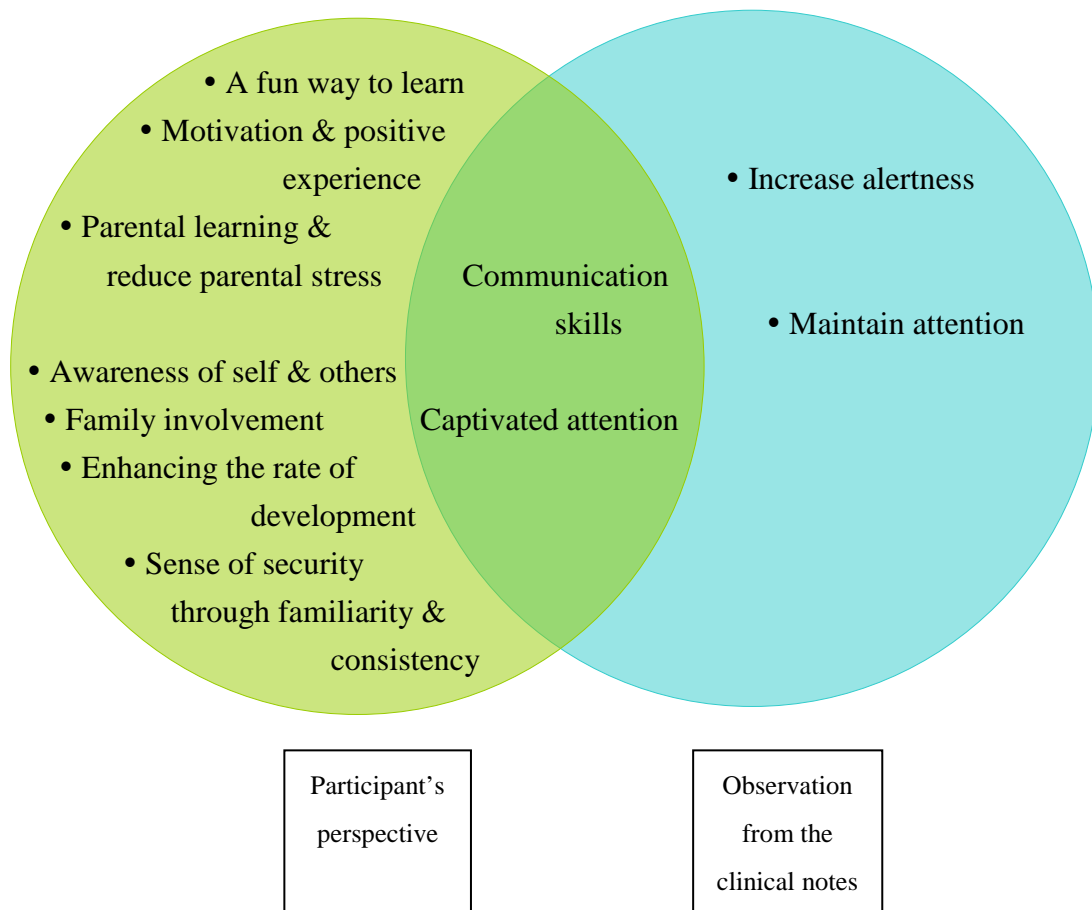
The differences and similarities of findings from the clinical notes and the participant’s interview are shown in figure 3.

The clinical notes showed that since Justin’s sessions were joint sessions with speech-language therapy, they were goal-oriented and structured to support the needs of his language development. On the other hand, the interview gave information that was not noted in the clinical notes, particularly around what happened after the sessions and Karen’s appreciation of having exposure to music therapy. The following points were noted when comparing the two findings:

- Both the clinical notes and the interview data suggested that music had positive effects through drawing Justin’s attention to tasks. The clinical notes revealed that music not only helped maintain his attention for a longer period

of time but also increased his alertness in general. This led to an improvement in awareness of objects around him and helped him move around without stumbling into things.

Figure 3. Themes derived from the clinical notes and the interview data



- Both the clinical notes and the interview data showed that there was a significant progress in Justin's expressive and receptive language skills. Music therapy provided activities that encouraged him to vocalise targeted sounds/words as well as identify objects by touching/pointing.
- The interview data revealed what it meant for the family to see the progress Justin had made through the assistance of music therapy. This was not recorded in the clinical notes as the discussion with Karen during the sessions focused mainly on the activities and how to facilitate Justin's development. The interview provided an opportunity for Karen to express her feelings and appreciation of what music therapy had brought to Justin.

D. Professional interview

D.1 Background information

To answer the research question of how another professional might perceive music therapy, I invited staff who had observed my work for at least one music therapy session. Rachel, my clinical liaison and a SLT from the child development team was approached to find out her interest in participating in an interview. Rachel's role was to oversee my work with the children, provide feedback and support. We visited some children together and worked collaboratively to meet their developmental needs. Justin in case 3 is an example of our collaborative work. Rachel agreed to partake in the interview to talk about her views on music therapy based on her observation of my work and the experience of working with a music therapy student.

D.2 Findings from the interview¹⁵

Music therapy captivated children's attention and promoted arousal

Rachel observed that music could attract children's attention and helped them to maintain focus on tasks: "They listen and they remain focused for a long time" (R, 00:18).

Music therapy motivated and elicited positive responses

Having input from music therapy in the joint sessions made Rachel realise that children really love music: "I didn't really realise how much kids love musical instruments. I didn't. And they REALLY love them" (R, 06:22). Observing the ways children responded positively to music, Rachel would like to "use more music in my sessions" (R, 06:22).

Music therapy promoted communication skills

Rachel pointed out that music therapy facilitated the development of receptive language by improving children's listening skills. She said that "listening skills got much better through music" which enable children to "follow longer directions" (R, 01:58). In addition, Rachel thought that music therapy helped enhance preverbal

¹⁵ The SLT interview transcript can be found in appendix 13.

communication skills through music-making. For some children “working with instruments was easier than singing because they didn’t have to commit to saying something which is quite hard for them” (R, 02:51). Music-making could be a non-threatening medium that encouraged children to communicate with others in an indirect way as described by Bunt (2002) in the literature review.

Music can be used as a transitional object that helped enhance therapist-client relationship

Music provided a safe and non-threatening medium that helped establish the relationship between the child and the music therapist. Rachel observed that when the children were attracted to the instruments and loved exploring their sounds they decided that they also liked the therapist. She commented that music was a helpful medium to build a “good rapport” with children at the initial stage because they associated the fun and interesting activities and instruments with the music therapist: “You’re this woman who arrives with things like guitar and drums and interesting things. It’s all very exciting” (R, 00:18). In other words, children’s positive reaction to music helped “foster the relationship” with the therapist.

Music therapy improved impulse control

Rachel commented on how the music activities helped increase children’s ability to stop, wait and listen to commands. She gave an example of one of the children who “initially found it really hard to listen to a sequence of things. After just a few sessions he got better at waiting and listening to several directions at once before he responded whereas he was very impulsive initially” (R, 01:58).

Music therapy encouraged initiation for play and social interaction

Rachel observed that music therapy used some techniques to encourage participation and the development of turn-taking skills: “In songs when you leave a gap or with the instruments...you leave a gap for them to play...they got much better at participating in a timely way in an interaction” (R, 00:18).

Music therapy helped increase confidence in various areas of development

It was significant for Rachel to see how music therapy helped children build up their confidence through active participation, particularly for children who were

initially shy and uncertain: “To see him [Justin, from case 3] develop a real interest in the instruments, he really enjoyed playing them with you and developing that social confidence with you, that was really significant for me I think. I guess that was more of a music therapy thing. That was because of working with music that he particularly developed that” (R, 05:42).

The music therapist is sensitive to the client’s individual needs and values ‘being with’ the client

Rachel commented on how I used different type of activities to meet each child’s different needs and at the same time “challenged them to the level they could work at” (R, 02:51). She gave examples of how I did a lot of instrument playing with Justin (in case 3) whereas I focused on filling the words in songs with another child. “With Justin [the child in case 3] you did a lot with the instruments and Elizabeth [a child we did joint sessions with] more...for instance when she had to say something in the song more often” (R, 02:51). Rachel spoke positively about how ‘being in the present’ approach helped children feel secure in the sessions because “you’re there with the children without any very high pressure or expectation” (R, 06:22). She explained that “You didn’t come and say ‘now we’re going to this and then we’re going to do this. And I expect you to perform’. But you pretty much came and said ‘Oh...what shall we do today?’ and very much um...encouraging the child to be present and participate straightaway” (R, 06:22).

Music therapy integrated positively with Speech-Language Therapy

Rachel noticed that there were many similarities between speech-language therapy and music therapy. She observed how music could integrate with speech-language therapy: “You almost blended speech therapy and music therapy to me...the way that you used pictures and sequencing and stories and songs” (R, 17:16). She felt that she was encouraged to use more music in her sessions. Rachel commented that educating other professionals about what music therapy was and regular communication with them would be very helpful for strengthening the role of music therapy in a multidisciplinary team

Music therapy employs broad, holistic approach

Rachel thought that music therapy was “a very interesting field” and “very broad” as it also involved dealing with the aspects of children’s emotions: “you look at anger

and you look at control and...sadness and happiness” (R, 17:16). She felt that being able to be sensitive to clients’ needs was “a whole art” that the music therapists were trained in. Interestingly, Rachel also raised a question about whether or not music therapy would have specific aims to conduct a session, similar to speech-language therapy, within this holistic approach.

E. Results

It was felt that even though the children’s progress could fluctuate the overall impression of their responses in the music therapy sessions was positive. Music therapy was “a positive experience” to the participants and their child. Themes generated from the case studies are presented below:

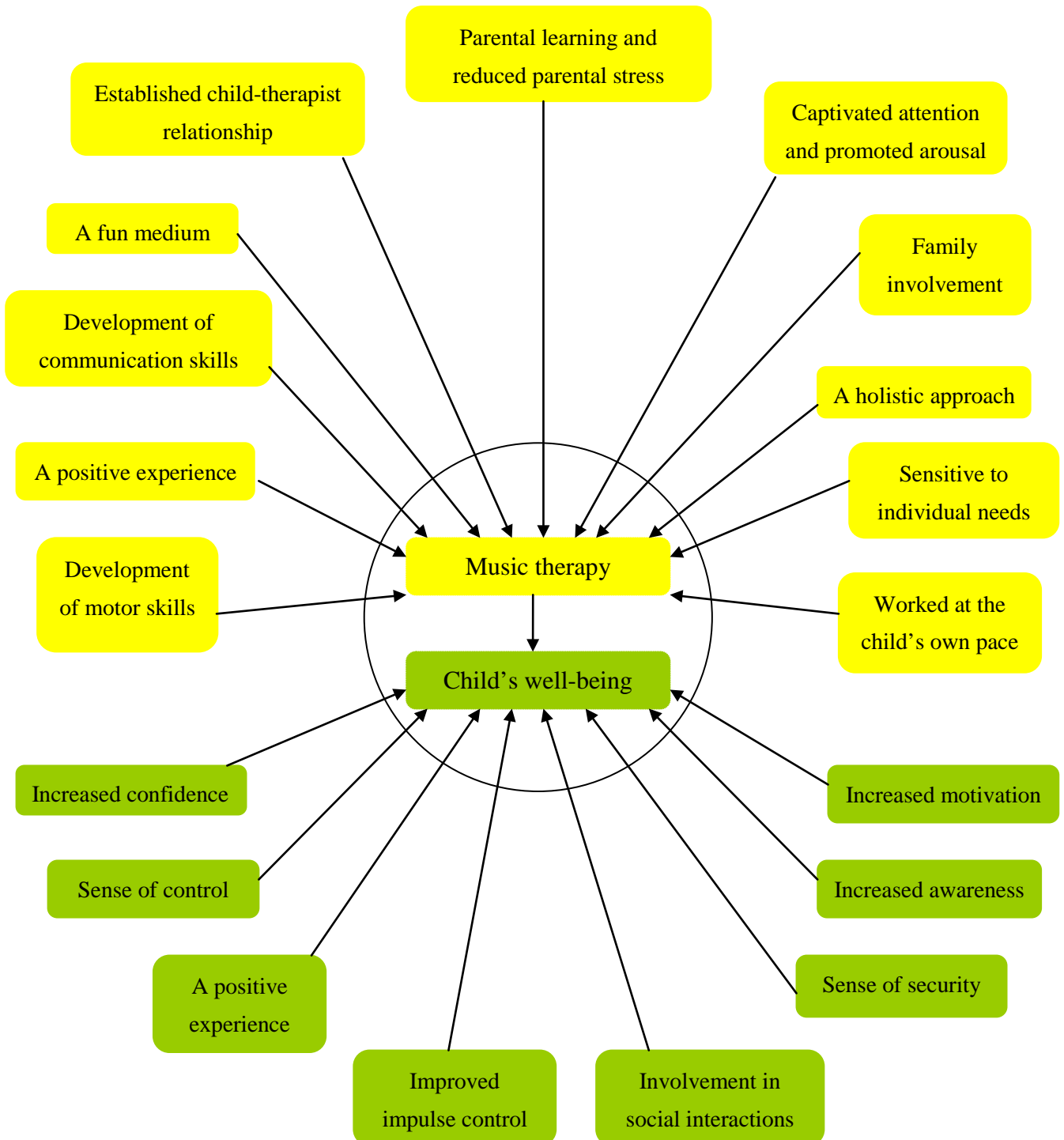
Table 1. Carers and the professional’s views on music therapy - Common and exceptional themes

Participants’ shared views on the child’s music therapy experience	Participants’ individual views on the child’s music therapy experience
<ul style="list-style-type: none"> • Music captivated the child’s attention and promoted arousal • Music therapy supported parental learning and helped reduce parental stress • Music therapy increased awareness of self and others which helped promote socialisation skills • Music therapy provided opportunities to learn in a fun way • Music therapy helped develop motor skills • Music therapy motivated and elicited positive responses • Home-based music therapy offered opportunities for family involvement • Music therapy promoted vocalisation/verbalisation and communication skills • Music therapy encouraged initiation for play and social interaction • Music therapy helped increase confidence in various areas of development • Long term music therapy helped increased familiarity and consistency which provided a sense of security for growth 	<ul style="list-style-type: none"> • Music therapy allowed the child to feel in control through musical activities • Music therapy provided a positive experience that helped enhance the rate of development • Music therapy integrated positively with Speech-Language Therapy • Music can be used as a transitional object that helped enhance therapist-client relationship • Music therapy improved impulse control • The music therapist is sensitive to the client’s individual needs and values ‘being with’ the clients • Music therapy employs broad, holistic approach • A basic premise of music therapy is to work at the child’s own pace

Table 2. Common themes derived from the interviews and the clinical notes

	Case 1	Case 2	Case 3	Staff member	Clinical notes
Music captivated the child's attention and promoted arousal	✓		✓	✓	✓
Music therapy helped increase awareness of self and others which helped promote socialisation skills	✓		✓		
Music therapy provided opportunities to learn in a fun way	✓		✓		
Music therapy supported parental learning and helped reduce parental stress	✓	✓	✓		✓
Music therapy helped develop motor skills	✓	✓			✓
Music therapy motivated and elicited positive responses	✓	✓	✓	✓	
Home-based music therapy offered opportunities for family involvement	✓	✓	✓		✓
Music therapy promoted vocalisation/verbalisation/communication skills	✓	✓	✓	✓	✓
Music therapy encouraged initiation for play and social interaction	✓			✓	
Music therapy helped increase confidence in various areas of development	✓	✓		✓	✓

Figure 4. Outcome of the music therapy sessions – Looking from a humanistic view on the children’s development



DISCUSSION

The outcome of this research project will be discussed by exploring the findings in relation to the first two research questions: namely, “How do carers perceive their child’s music therapy experience” and “How do other professional perceive music therapy based on their observation”. Additional thoughts and issues relating to research question three, generated from the research process and findings will also be discussed at the end of this section.

A. Carers’ perspective of music therapy

A.1 “Music therapy is fun and enjoyable”

The participants (including the SLT) all mentioned at least once in the interviews that they thought music was fun and enjoyable. The findings of this project generated two meanings of the ideas that music as fun and enjoyable – to increase motivation and reduce parental stress.

a) Increase motivation

According to behavioural perspective, when an activity is associated with pleasurable emotions it may act as a reinforcer that encourages the person to repeat the same behaviour. Likewise, when music therapy activities were found enjoyable it was more likely to maintain the child’s motivation to participate and anticipate in the activities. All of the participants involved in this project described their observation on how music acted as a motivator that encouraged their child to participate¹⁶. Because music was fun and non-threatening, the children were likely to find the experience rewarding and wanted to repeat the same experience again. Carter (1984) pointed out that when repetition was required in learning, particularly for children with mental retardation, enjoyable music therapy activities were easier to be repeated and utilised for fostering development and learning.

b) Reduce parental stress

When music therapy offered fun and meaningful activities it was more likely to help the carers relax in participating and interacting with their child. The stress of

¹⁶ Table 2 shows that the theme “Music therapy motivated and elicited positive responses” was derived from all the four interview data.

being the carer of a child with special needs may often restrain them from ‘having fun’ with their child. Music therapy served as a medium which brought the child and the carer together in enjoyable activities. In case 1, Eric’s enjoyment in music therapy seemed to have transference effects on Janet. Janet expressed her feelings of being stressed with many appointments they had to go to and the reluctance that Eric had to ‘work’ in the therapies. Therefore, it was “really nice” when she observed how Eric was motivated in music and developed through music activities in enjoyment. Furthermore, music interactions helped strengthen parent-child relationships in a fun way. Hibben (1992) suggested that music helped enhance the communication between the child and the parents. A case study conducted by Hibben found that the songs could often be used to strengthen family alliances. This was echoed by Janet in the interview when she described how the family started to sing with Eric, particularly the song ‘Old McDonald’. It was a rewarding experience for both the carers and the child when they were able to engage in reciprocal play.

It was interesting to note that Vicky from case 2, did not seem to emphasise the aspect of having fun in music therapy as the other two carers did in the interviews¹⁷. In retrospect, there are two possible reasons for this difference. First, when comparing the conditions and diagnoses of the three children in this study, Ryan from case 2 was less disabled than Eric and Justin from case 1 and case 2. Both Eric and Justin’s carers (Janet and Karen) were told by the medical professionals at an early stage that they would not be able to walk, talk or see. Their deprived sensory input means that they were both unable to develop at the same rate as their same aged peers. Janet and Karen were facing the demands of caring for their child with multiple disabilities and busy schedules. Therefore, it might be relatively more important for them to have the opportunity to enjoy doing something with their child. Moreover, since Eric and Justin were often unresponsive, seeing them actively participate in an activity and show enjoyment with smiles was a joy and relief for both mothers. In contrast, although Vicky too is likely to value “having fun” highly, Ryan has many more opportunities to engage in enjoyable play and his pleasure in music-making was therefore less pronounced.

Second, parenting styles might contribute to the differences in what they would look for in the sessions. Vicky from case 2 was quite concerned about Ryan’s slow progress with his language development. Apart from the speech-language therapy

¹⁷ Table 2 shows that the theme “Music therapy provided opportunities to learn in a fun way” was derived from case 1 and case 3 interview data but not case 2. Even though Vicky from case 2 mentioned about having fun activities in the sessions, the information was not adequate to draw out as a theme.

sessions, she would plan and do fun activities herself, such as naming colours, counting and story telling, with Ryan outside therapy sessions. The music therapy seemed to act as a reinforcement of what she had already been doing with Ryan. When she was asked in the interview what music activities she thought she could do with Ryan between the sessions she answered that she could do what they would normally do. Therefore, it was likely that she was more goal-oriented in terms of her child's learning and development, specifically the development of speech.

A. 2 Effects of music therapy on the development of language skills

The findings showed that communication development was a desirable goal amongst the carer participants.¹⁸ Carers with a child who is non-verbal or delayed in speech and language development can often feel frustrated or disempowered for not being able to understand their child's needs and behaviour. Aldridge et al. (1995) stated that the acquisition of speech and the ability to communicate with others is fundamental in child development. Therefore, witnessing improvement in any form of language development can be an encouraging experience for carers. Janet (in case 1) was impressed with Eric's wider range of vocal sounds and motivation to use them for social interactions. In case two, Ryan's increased ability of speaking longer sentences and confidence in communication was a relief for Vicky. Karen from case three was delighted to witness Justin's ability to utter spoken words. The examples from the findings showed that communication was one of the major areas of development that the carers wanted for their child. It enabled verbal or non-verbal interactions between the carers and the child strengthening carer-child relationship.

As I was working closely with the SLT, particularly with the children in case two and three, it is natural that there would be a focus on achieving communication goals through music therapy. The findings demonstrated some identical statements between the carer participants and the clinical notes. This indicated that music was a powerful tool for facilitating language development. It supported the findings in music therapy literature in which the evidence of music therapy promoting communication development have been discussed extensively (Alvin, 1976 & 1991; Bunt, 2002; Boxill & Chase, 2007; Hughes, 1995; Miller, 1995; Oldfield, 2006; Wigram et al., 2002).

¹⁸ Table 2 shows that the theme "Music therapy promoted vocalisation/verbalisation and communication skills" was emerged from each interview.

A.3 Treatment as process

When the participants were asked about whether there were any significant moments in the music therapy sessions they could recall, their responses were interesting. They all seemed to try to pin point the particular things they saw their child did either during or between the sessions. Even though some could point out specific moments and things the child might suddenly achieve, the improvement happened incrementally and the child seemed to have come a long way. For example, Vicky, in case 2, thought that the significant moments came from those little moments of improvement in each session. Those moments were like “little windows” that let her realise Ryan was in fact making good progress. Music therapy provided those little moments of achievement that made the intervention meaningful for the carers and their child. The music therapy process offered the opportunity for carers to see what their child could achieve with the resources they had. In other words, it helped them to see beyond their child’s disabilities and discover their potential in the process of a shared music experience. Boxill (2007) stated that the music therapist helped the client progress with a “pattern of small successes, giving direct reinforcement, and identifying the client’s accomplishments in ways that can be received, understood, and assimilated, and the momentum for reaching objectives and goals is created”.

Some participants witnessed their child participating in music activities in a way they had never seen before or responding in a way that might not have been thought possible. Music therapy seemed to uncover the unknown abilities and discover the unstimulated parts of the child. In case 1, Janet described how Eric changed from having very limited vocalisation to making conversational vocal sounds or singing voice, to attract attention and initiate interactions. The music-making or singing activities that involved fill-in-the-blanks seemed to awaken his understanding of communication and social interactions. Janet was delighted that now Eric had things he wanted to say and he wanted his voice heard. Wigram et al. (2002) pointed out that when children learned how to initiate social interactions and engage with their external world it increased their developmental potential. Karen, in case 3, was delighted to see the changes Justin had made in music therapy and the joint music therapy and speech-language therapy sessions, probably through the encouragement of participation, anticipation, initiation and communication. The most important thing was for Karen to witness how music motivated Justin to ‘do things’, especially the things that she thought would be difficult to achieve.

Music therapy contributed to the achievement of non-musical goals and allowed children to learn desired skills in a fun way. When the children were interested and motivated to explore and learn, they seemed to move faster in the process of development. Both Vicky and Karen (in case 2 & 3) felt that the input and support of music therapy seemed to 'speed up' their child's development.

A.4 One-on-one music therapy prepares children for group participation

It was noted in the findings that all the three carers in this research value the opportunity for one-on-one music therapy sessions. The carers mentioned in the interviews that their child responded well when engaging in one-on-one interactions during the individual sessions. For example, Karen in case 3 observed that Justin participated better in individual music therapy at home than in a community music group. She thought it was probably because he received one-on-one attention in music therapy. This observation may appropriately link to the theme "Music therapy helped increase confidence in various areas of development". For many children with special needs, being in a group social setting can be stressful and overwhelming. Based on the findings of this research, it can be assumed that when the children experienced success through one-to-one, child-therapist interactions or child-parent interactions, their confidence increased and the transition to a social situation was then possible. This assumption is supported by the carers' belief that their child's social confidence and skills development in music therapy sessions are gradually transferred to a group setting. In case 1, Janet noticed that Eric was no longer upset when placed in a big group at his childcare centre. In case 2, Ryan was reported to enjoy the child-led imitation activities in music therapy and become confident enough to go to the front of a music group to lead action songs.

A.5 Long-term music therapy

The findings show that the advantages of having long-term music therapy were recognised by the carers. All of the three children involved in this project received music therapy once a week for at least three months. In the content of the interviews, the participants indicated that having long term music therapy seemed to be helpful in promoting progress. In case 3, Karen observed that Justin knew the structure of the sessions through regular music therapy. It helped him gain confidence in participating, particularly the increase of anticipation and social initiation, and he became familiar with the activities. Moreover, long term music therapy can be beneficial in terms of building child-therapist relationship necessary for the therapy to be effective.

Likewise, in case 2, Vicky pointed out that having regular music therapy was helpful for Ryan to get to know me hence trust and confidence between us was able to develop.

A.6 Home-based music therapy and family involvement

There are both advantages and disadvantages of home-based therapies. For some children, having therapies in their homes may not be appropriate due to various factors such as family conditions or parental issues. The results of the interviews in this project reveal some advantages of home-based music therapy. First, when the sessions were held in a familiar, home environment, it increased the sense of security required in enhancing development. When the child felt comfortable and supported, learning was more likely to occur. Second, when music therapy was held in a home environment it increased the opportunities for family involvement. It provided a medium not only for enhancing child-parent relationship but also the relationship with the child's siblings. In case A, when Eric's sister Cathy was involved in the sessions, she learned new ways of interacting with Eric through music activities which she seemed to naturally carry on doing after the sessions.

B. Professionals' perspective of music therapy

B.1 Holistic approach and specific aims in music therapy

In the interview with the SLT, two thoughts arise with regard to the holistic approach of music therapy and the planning of specific aims for each session. The SLT pointed out that based on her observation of my work with young children, music therapy seemed to work with whatever the child brought to the sessions. Spontaneity was then required in meeting the children's spontaneous behaviour in music therapy. She observed how the approach of "low pressure" elicited positive responses from the children because they were not "expected to perform". Boxill (2007) claimed that it was an essential task for music therapists to learn "not to make the error of expecting another person to act in a predictable way". The SLT felt that music therapy covered a broad range of areas of development and had a sense of wholeness in its approach. Music, when used therapeutically, can lead children to grow in all domains of functioning. There was a question from the SLT about whether or not music therapy had specific aims in a similar way to the speech-language therapy approach. It was felt that since music therapy often dealt with the child's general development as a whole, it might not be as specific in terms of session planning and developmental

objectives. The observation of ‘being present with’ the children and the question of having specific aims in therapy led to the exploration of another question – directive and nondirective approaches. Should the therapy be nondirective and child-centred with the therapist waiting for the child to initiate and then following whatever the child does; or should it be directive with the therapist leading the child in order to achieve specific aims? In retrospect, the balance between the two was an art and could only be developed through direct clinical experience. There were times when I could only engage a child by following and imitating what he/she did. By using the resources the child demonstrated and putting them into a musical framework, they could be directed or encouraged to follow my lead when they were ready. On the whole, music therapy can focus on specific aims within the framework of a holistic approach.

B.2 Meeting each child’s different needs

Each individual child is unique in the sense of their genetic make-up and the particular environment they are in. The interview with the SLT revealed that each music therapy activity could be useful when utilised appropriately for meeting children’s different needs. For some children, music-making could be very useful in promoting communication skills, particularly for children who were non-verbal, because “they didn’t have to commit to saying something which is quite hard for them”. Singing could be helpful in facilitating the child’s speech ability such as naming objects in a song.

B.3 Music therapy in a multidisciplinary team

As music therapy is a relatively new discipline and it is still at the stage of infancy in New Zealand, knowledge about what music therapy is and how it can benefit children’s development is often limited among other professionals. Working in a multidisciplinary team provided valuable opportunities for the knowledge and application of music therapy to be shared with other professionals in the team. Moreover, the sharing of expertise and skills is reciprocal. In the context of this project, working in a multidisciplinary team created the opportunities to educate other professionals, particularly when working collaboratively, about the possibilities of integrating music into therapies. The SLT mentioned that her music therapy experience encouraged her to consider using more music in speech-language therapy sessions and that she even considered taking guitar lessons. It showed her the effects of music and how it could be used therapeutically, for example, the improvement in

listening skills. On the other hand, it helped reinforce my knowledge about child development in different domains and define what I could do to facilitate the progress of non-musical goals.

The SLT suggested that when working in a multidisciplinary team, it would be helpful for both the music therapist and other team member if a music therapy workshop could be presented at the initial stage; and possibly once every year if the work was committed long term. She pointed out that many staff members might not be able to see how music therapy worked and how it could benefit the child in developmental progress. They might think that the music therapist just “comes and plays the guitar and sings a few songs” if the purpose and the meaning of the music activities were not explained.

C. Music therapy from the perspectives of carers/professionals and the music therapy student – differences and similarities

The results of this research revealed some interesting similarities and differences between the information recorded on my clinical notes and the findings from the interview data. The comparison of these two sources of data provokes further questions of why there are similarities and differences and how they relate to my music therapy practice. During the music therapy process, the carers and I observed how their child responded to music and progressed with the planned objectives. The discussion with the carers during and/or after the sessions allowed us to work cooperatively towards the same goals. In other words, it helped us to focus on the same goals when the purpose of using an activity was explained and the carers’ input was considered. This approach of working together was likely to encourage the carers I worked with to focus on the strengths their child have. This may lead to the similarities in the observation on the development of communication skills and motor skills; increase of attention/arousal and confidence; and the importance of family involvement and parental learning as derived from research findings. These similarities help validate the outcome of the intended music therapy goals and objectives.

The findings show that there are more themes generated from the interview data than the information on the clinical notes. On the other hand, some observations in the clinical notes were not noted by the carer participants. This could be for a number of reasons: firstly, I had limited time to spend with each individual child in the same setting. On the contrary, the carers had opportunities to observe their child outside

therapy sessions in various situations. They were more likely to witness how their child generalised the skills they learnt from the music therapy sessions; how other family members used music to interact with the child; and how the music therapy experience influenced the way their child integrated in social groups. Secondly, the carers and I both played different roles in the sessions. The different dynamics of child-therapist interaction and child-carer interaction, as well as the carer's own expectation of the child may contribute to the differences in what we saw in the sessions. Thirdly, the clinical notes did not attempt to record how the carers perceive music. The interviews naturally elicited the carers' reflection on their personal experience with music and how they viewed the values of using music for promoting their child's development and well-being.

D. Limitations of the research procedures

Although the research design and process of this project attempted to be as inclusive and diligent as possible the findings have their limitations. First, I had two roles in this research project – the provider of music therapy sessions and the researcher/interviewer. This was likely to affect content of the interviews. Since the children have had music therapy sessions with me for a period of time and the carers were often involved in the sessions, a rapport was established between the carers and myself before the interview took place. The established relationship might help the interviewees to feel comfortable during the interviews. However, they might also feel uncomfortable expressing some thoughts and feelings at the same time. It is possible that they might want to make some comments about the sessions but were afraid to offend me. Further, when the participants had good rapport with me, they were likely to say positive things about the music therapy sessions because they wanted the research to be 'successful'.

Although the research procedures attempted to be inclusive there were unforeseen circumstances that limited the sample population when recruiting potential participants. These included the children's or carers' unavailability to continue the music therapy sessions; mutual agreement to hold the sessions without the presence of the carers; and the different arrangement for the visits due to the change of clinical liaison. The limited sample population did not have the desired diversity in ethnic backgrounds and gender of the participant's children. Three boys' carers who were from similar ethnic background were recruited for as the interview sample. This project involved only a small number of participants and children who received music therapy in particular format and methods. The participants' perspective of music

therapy was based on their personal experience, hence the findings could not be generalised to represent other carers or professionals' views.

The condition the participants were at the time of the interview influenced their responses to the interview questions. For example, Janet from case 1 was due to give birth to her baby daughter at the time of the interview. She mentioned that she was feeling tired during the interview. She felt that she had more to talk about but did not have enough energy to do so. Where the interview took place could also influence the interview procedure. For example, the interview with Vicky from case 2 was arranged at her home to meet her availability. With the presence of Ryan, the interview was interrupted several times to attend to his needs (e.g. morning tea). To meet the availability of Karen, from case 3, the interview had to be carried out in a café. The environment did not seem to affect the interview process but the occasional noises on the dictaphone made some parts of the interview difficult to transcribe.

My lack of research experience and limited skills in conducting interviews might have influenced the results of this project. In retrospect, the interviews did not explore further some important comments made by the participants. However, the interviews were also restrained by the length of time allocated (30 minutes). In addition, the subjective nature of the data generated from the interviews and the clinical notes means the findings can not be generalised. In other words, the participants' views in this research do not necessarily represent the views of other carers and their music therapy experience. Moreover, videotape and/or the use of structured observational measures to record clinical data might have provided more objective data.

Despite the limitations as mentioned above, this research project generated rich data and valuable information about how carers and other professionals perceive music therapy. Some of the experiences and thoughts mentioned by the participants might resonate with other carers who have children with special needs and professionals who work with them.

E. Implications for future research

This project provided unique opportunities for the carers and one professional to be involved in an extensive interview to talk about their music therapy. It helped expand music therapy literature on the effects of music therapy as perceived by the carers and professionals and what it meant to the family to be involved in music therapy. The interviews generated a broad range of themes and each of them can be

taken for further investigation. For example, the theme “Music therapy encouraged initiation for play and social interaction” can be further explored on what it means when a child does or does not initiate within child-therapist interactions; or what occurs in music therapy sessions that increases a child’s initiative. Furthermore, future research may consider involving a third party to interview the participants. It would avoid conflict of interest between the therapist and the participants and might enable participants to feel more comfortable to express themselves.

The findings also raise some interesting questions that could be further explored. Firstly, under what circumstances would it be appropriate or not appropriate to include carers in music therapy sessions. A comparison of sessions with and without carer participation and the reasons for the arrangements could be examined. Secondly, a potential research question can focus on how music therapists work effectively in partnership and supporting carers with young children with special needs. Exploration of areas such as communication, collaboration and understanding their needs could generate useful information for music therapy practice. Thirdly, the findings of the professional’s perspective on music therapy provided useful references for further evaluation on the integration of music therapy in a multidisciplinary team. This research reinforces Twyford’s (2007) suggestion that it would be beneficial to investigate how collaborative approaches can evolve as well as identify the need for collaboration between music therapy and other disciplines.

Collaborative work can also involve working collaboratively with carers. Investigation on collaborative work with carers, that is, consulting and discussing appropriate/desired goals for their child may add to the depth of the understanding of triad relationship of the carer, the child and the therapist. Future research and/or practice may look into the question of how clinicians might empower carers by encouraging active engagement in the music therapy process.

CONCLUSION

The findings of this research project show that the carer's and the professional's perspective added to the depth of information recorded on the clinical notes. It provided a platform for me, as a music therapy provider, to reflect on my own practice and thoughts in relation to the carers and other professionals' music therapy experience. The rich data and various themes derived from the interviews reveal that music therapy can influence many aspects of children's development using specific goals and objectives set by the therapist. The themes cover a broad range of developmental domains, namely, motor, communication, cognitive, emotion and social. The results support the statement that music therapy is a holistic approach in that a child is treated as a whole person.

The interviews provided a unique opportunity for the carers to express their thoughts on their observation of the music therapy sessions in an extensive interview. It also gave space for them to reflect on the effects of music therapy on a personal level. The interviews elicited thoughts on their appreciation of music in general, their past music experiences and how they would like to have more music in the family. Most importantly, it empowered the carers in a way that helped them reflect on how they could continue doing the music activities with the child themselves. Listening to, and communicating with the carers allowed collaboration to occur in the music therapy process.

In retrospect, the research process helped develop important skills that allowed me to look deeper into what carers and other professionals were trying to communicate. It is essential for music therapy practitioners to be insightful with their own clinical practice. Analysing clinical notes and making links between the themes derived from the interviews contributes to the development of reflective skills for delivering effective professional practice.

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APPENDIX 1

Information Sheet for Carers



Project title: Music therapy for infants and young children who have special needs:
The music therapy experience from the perspective of carers and professionals.

Researcher:

Jenny Yu Kuan Chiang

Master of Music Therapy student

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021 0508 745

Email: kuan0721@gmail.com

Research supervisor:

Daphne Rickson

Music Therapy Lecturer & Clinical Placement Coordinator

New Zealand School of Music

Ph. (04) 801 5799 ext.6979

Email: D.Rickson@massey.ac.nz

You are invited to participate in a project that will explore the process of music therapy intervention for infants and young children from the perspective of carers. This project aims to understand how carers perceive the music therapy experience their children have had. As carers are important people in their children's lives and development, your views about music therapy intervention can be invaluable for reassessing or validating clinical practice carried out by the music therapy student (hereby known as the 'researcher'). This project is being undertaken as part of a Master of Music Therapy Programme. It is conducted under the supervision of Daphne Rickson, Music Therapy Lecturer and Clinical Placement Coordinator at the New Zealand School of Music in Wellington.

As you have attended at least 6 music therapy sessions with your child, you are one of the five carers who are invited to participate in this project. Your decision will not in any way affect the continuity of your child's music therapy intervention. If all five carers decide to participate, I will select three to participate based on the diversity of the children's gender, diagnosis, age and background.

If you are selected to be a participant for this project, I will arrange an interview time with you. The interview will take approximately 30 minutes in the place where the

usual music therapy sessions occur. Your participation in this research project is entirely voluntary. This means that you can withdraw from the project at anytime and you will not be asked for a reason for withdrawal.

The interview aims to provide opportunities for you to talk about what you saw during the music therapy sessions; your views about the activities used in the sessions (e.g. useful or not); any other changes or significant moments you have noticed. With your permission, the interview will be recorded so that it can be accurately transcribed. You may request to have the recording and/or a copy of the transcript. You may also correct, edit or add information to the transcript if you wish before it is analysed.

This research project will ensure that you and your child's identities are well protected. Your real names, as well as your child's, will not be used in any of the reports for this project. The data collected during this project will be stored securely at the New Zealand School of Music and will be destroyed after ten years. Only the researcher and the research supervisor will have access to the data.

The results of this study will be published in a dissertation. A copy of the dissertation will be kept at the Massey University library. You may request for a copy of the results of the research project once it has been completed. If you wish to discuss outcomes of the study relevant to you and your child, I will be more than happy to arrange a time with you for a meeting.

This project has been approved by Central Regional Ethics Committee. If you have any queries or concerns regarding your rights as a participant in this study, you may wish to contact a Health and Disability Advocate on 04 494 7900 or 0800 11 22 33. This is a free service provided under the Health and Disability Commissioner Act. Please note that in the unlikely event of a physical injury as a result of your participation in this study, you may be covered by ACC under the Injury Prevention, Rehabilitation and Compensation Act.

Please feel free to contact me if you have any other questions about participation in this project or would like more information.

Warmest regards,
Jenny Chiang

APPENDIX 2

Information Sheet for Professionals



Project title: Music therapy for infants and young children who have special needs:
The music therapy experience from the perspectives of carers and professionals.

Researcher:

Jenny Yu Kuan Chiang

Master of Music Therapy student

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Research supervisor:

Daphne Rickson

Music Therapy Lecturer & Clinical Placement Coordinator

New Zealand School of Music

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Email: D.Rickson@massey.ac.nz

You are invited to participate in a project that will explore the process of music therapy intervention for infants and young children from the perspectives of carers. This project aims to understand how carers perceive the music therapy experience their children have had. As professionals are important people who provide intervention and treatments for children with special needs, your views about music therapy intervention can be invaluable for reassessing or validating clinical practice carried out by the music therapy student (the researcher). This project is being undertaken as part of a Master of Music Therapy Programme. It is conducted under the supervision of Daphne Rickson, Music Therapy Lecturer and Clinical Placement Coordinator at the New Zealand School of Music in Wellington.

I would like to engage you in an interview to talk about your perception of music therapy based on your observation of my clinical practice in general. The interview will take approximately 30 minutes in the place where the usual music therapy sessions take place. Your participation in this research project is entirely voluntary. This means that you can withdraw from the project at anytime and you will not be

asked for reason for withdrawal. Please also note that your withdrawal from the study will not affect my academic progress.

The interview aims to provide opportunities for you to talk about what you saw during the music therapy sessions; your views about the activities used in the sessions (e.g. useful or not); and any other changes or significant moments you have noticed. With your permission, the interview will be recorded so it can be accurately transcribed. You may request to have the recording and/or a copy of the transcript. You may also correct, edit or add information of the transcript if you wish before it is analysed.

No materials which could personally identify you will be used in any reports on this study. The reports and dissertation will use pseudonym to ensure privacy and confidentiality. The data collected during this project will be stored securely at the New Zealand School of Music and will be destroyed after ten years. Only the researcher and the research supervisor will have access to the data.

The results of this study will be published in a thesis. A copy of the dissertation will be kept at the Massey University and Victoria libraries. You may request for a copy of the results of the research project once it has been completed. If you wish to discuss outcomes of the study relevant to your interview, I will be more than happy to arrange a time with you for a meeting.

This project has been approved by Health and Disability Ethics Committees before it is carried out. If you have any queries or concerns regarding your rights as a participant in this study, you may wish to contact a Health and Disability Advocate on 04 4947900 or 0800 11 22 33. This is a free service provided under the Health and Disability Commissioner Act. Please note that in the unlikely event of a physical injury as a result of your participation in this study, you may be covered by ACC under the Injury Prevention, Rehabilitation and Compensation Act.

Please feel free to contact me if you have any other questions about participation in this project or would like more information.

Warmest regards,
Jenny Chiang

APPENDIX 3

Consent to Participate in Music Therapy Research Project (Carers)



Project title: Music therapy for infants and young children who have special needs:
The music therapy experience from the perspectives of carers and professionals.

I _____ (full name of carer) have read the Information Sheet for volunteers to take part in the research project to investigate how carers perceive the music therapy process they have witnessed during the course of music therapy intervention.

I have had the details of the study explained to me and my questions have been answered to my satisfaction. I understand that I may ask further questions at any time.

I understand that I can withdraw from the study at anytime. I understand that withdrawing from the study will not affect my child's eligibility to continue receiving music therapy intervention.

I understand the information provided from my participation may be shared with the researcher's supervisor and the study will be presented by the researcher as a project towards the qualification of Master of Music Therapy, New Zealand School of Music.

I understand that any information relating to my participation in this study will remain confidential. All personal identifying information regarding my participation will not be used on this study.

I have been given adequate time to consider whether or not I will take part in this study.

I have been given information about who to contact if I have any questions or concerns with regard to this project.

I give consent for the interview to be audiotaped: YES / NO

I give consent for the researcher's clinical notes and research diary relating to the interview to be used: YES / NO

I understand if I request it, I can receive the audio-recording from the interview after it has been transcribed as well as a copy of the results of this study.

Signature of participant: _____

Date: _____

Signature of witness: _____ **Date:** _____

Full Name – printed: _____

APPENDIX 4

Consent to Participate in Music Therapy Research Project

(Professionals)



Project title: Music therapy for infants and young children who have special needs:
The music therapy experience from the perspectives of carers and professionals.

I _____ (full name of staff member) have read the Information Sheet for volunteers to take part in the research project to investigate how professionals perceive the music therapy process they have witnessed during the course of music therapy intervention.

I have had the details of the study explained to me and my questions have been answered to my satisfaction. I understand that I may ask further questions at any time.

I understand that it is my choice to take part in this study and I can withdraw from the study at anytime.

I understand the information provided from my participation may be shared with the researcher's supervisor and the study will be presented by the researcher as a project towards the qualification of Master of Music Therapy, New Zealand School of Music.

I understand that any information relating to my participation in this study will remain confidential. All personal identifying information regarding my participation will not be used on this study.

I have been given adequate time to consider whether or not I will take part in this study.

I have been given information about who to contact if I have any questions or concerns with regard to this project.

I give consent for the interview to be audiotaped: YES / NO

I give consent for the researcher's clinical notes and research diary relating to the interview to be used: YES / NO

I understand if I request it, I can receive the audio-recording from the interview after it has been transcribed as well as a copy of the results of this study.

Signature of participant: _____

Date: _____

Signature of witness: _____ **Date:** _____

Full Name – printed: _____

APPENDIX 5

Interview Guidelines for Carer Participants

The research is not aimed to prove the ideas the researcher has about the ways that music therapy helps to support the children's development and their immediate environment. A semi-structured interview will be applied. Within a framework, participants will be encouraged to talk freely about their perception of music therapy process based on the experiences their children have had.

The following questions might be used to guide the participants:

- Can you describe what you observe during the music therapy sessions your child had over the last few weeks?
- What changes have you noticed in your child (if any) during the music therapy sessions?
- What activities did you notice your child engage with during the session?
OR
What activities did you find you were able to continue with between sessions?
- Are there any significant moments you or your child experienced during music therapy sessions? Would you like to talk about them?
- Is there anything else you would like to tell me with regard to your views about your child's experience in music therapy intervention?

APPENDIX 6

Interview Guidelines for Professional Participant

The research is not aimed to prove the ideas the researcher has about the ways that music therapy helps to support the children's development and their immediate environment. A semi-structured interview will be applied. Within a framework, the professional participant will be encouraged to talk freely about his/her perception of music therapy process based on his/her observation of the music therapy student's clinical practice.

The following questions might be used to guide the participant:

- What changes have you noticed in the children (if any) during the music therapy sessions?
- What activities did you find useful or not useful, and why?
- Could you talk about any significant moments (if any) you have witnessed during the music therapy sessions?
- Do you have any suggestions for the music therapy student in terms of providing effective music therapy intervention?
- Is there anything else you would like to discuss regarding the music therapy intervention?

APPENDIX 7

An Example of Clinical Notes for Case 1

Name: Eric	Date: 19-09-08
Present: Eric, Janet, Cathy, Jenny	

Subjective:

There will be no visit next week as Janet is taking Eric to join Cathy for her school's Spring Festival.

Observation:

- *Gross/Fine motor skills*
 - Guitar: Less initiation of hand movement to strum the strings compared with the previous session. Tried to move both hands towards the guitar when encouraged to play with 2 hands. When initiating the hand movements, hand would open up and strum with different fingers.
 - Cymbal: a hair band was used to tie the beater on Eric's hand (Janet's idea). This worked well and made it easier for Eric to beat the cymbal without assistance. Eric tried to move his hand up and down to beat the cymbal with success a few times.
 - Wind chimes: moved both his hands and legs to hit the chime bars. Very active when playing this instrument.
- *Vocalisation*
 - Increased vocalisation during the session. Eric could get very excited sometimes when he sang – He would raise his head up and sang loud and long sounds, usually 'gu' or 'u'.
 - Though Eric got very excited at the beginning of the song 'Old McDonald', there was less vocalisation during the song. He only tried to sing 'O' once.
- *Making choices*
 - When asked to reach for the preferred instrument, placed on each side, it was not clear which one Eric wanted as the hand movement was too subtle. Janet said that Eric wanted the cymbal as he smiled each time I played it.
- *Oral-motor skills*
 - The technique of hand to hand contact was used. It was difficult for Eric to figure how to blow. He licked whatever was placed on his lips, E.g. my hand, a whistle, the mouthpiece of the flute.

Other Comments

- Eric had quite a few slow type of seizures during the guitar activity. It was

distractive and Eric was less motivated to move his hands himself to strum the strings. Eric would smile when I sang or played the guitar louder after a pause, which seemed to motivate him to play.

- Eric likes the sharp, high-pitched sounds such as the cymbal and the wind chimes. Using those instruments motivated him to play on his own. The hand movement required for playing the cymbal was very challenging. Janet had never seen him do such movement with his hand. Eric showed potential to do it without assistance and this could be an important skill for him to acquire.
- Although Eric's smiles were an indication of his choice of instrument, it is still important to encourage him to reach out his hand for what he wants.

Action Plan

- Blowing
 - Try short straw which can make sound.
 - Make vowel sounds into a small empty tin.
- Play glockenspiels to practice the same hand movements as required for playing the cymbal.

APPENDIX 8

An Example of Clinical Notes for Case 2

Name: Ryan	Date: 03-09-08
Present: Ryan, Vicky, Jenny	

Subjective:

Vicky said that Ryan wasn't feeling well and might not be participating well in the activities. However, she later commented that Ryan had done very well in the session despite having a cold. Vicky said that Ryan had been doing counting and identifying shapes/colours.

Observation:

2-3 word phrases/Verbalisation

- Hello Song – Ryan sat in Vicky's lap and listened to my singing attentively. Became self-conscious and acted up a bit (rolling on the floor) when I sang about him. Ryan said 'dance...(?)', and 'chips' when I sang about what he liked to do and his favourite food.
- Ryan wanted to play the drum when we were about to sing the last verse of the 'Parachute Song'. He put on an angry face and said something like 'funny' (or maybe 'not funny') when we continued with the song. When we asked him to choose a movement, he said 'nothing' – we later realised that he would use this word whenever he wanted an activity to end. E.g. playing the small cymbals.
- Ryan said 'I want cymbals' when encouraged. The word 'cymbals' was not clear.

Naming objects

- Ryan went straight to the drum at the beginning of the session before the Hello Song and said something that sounded like 'beater' (he later called it 'stick'). It was clear that he was asking for the beater so that he could play the drum even though he didn't say it clearly.
- 'Old McDonald' – Ryan identified each animal and made the animal sounds accurately. However, there was some hesitation with 'moo' and 'tractor'.
- 'Three Little Ducks' – Ryan pointed to the little duck and said 'baby duck'.
Counting: Ryan tended to rush and counted from 1 to 4 (there were only 3 ducks). He counted correctly when asked to count again slowly one by one with pointing. He said 'none' when all the baby ducks were put away.

Responses to music

- Ryan demonstrated good anticipation during the familiar song, the 'Parachute Song'. E.g. Slowed down and stretched out his arms to the side with parachute for the last phrase and stopped when we sang 'stop'.
- Client-led imitation with small cymbals – very creative, lots of initiation of different movement, playing (different dynamics ie. Loud/soft) and some words, e.g. 'looking, looking, looking, BOOM!', '1, 2, 3...(play)', 'cow song (put cymbals on his head). Encouraged him to tell us what he did but he wasn't able to do so.

Other Comments

- Ryan's listening skills obviously improved. E.g. Stopped when I sang 'stop'; followed the commands I sang to him.
- Ryan enjoyed leading the activities and deciding when to end an activity. He showed confidence and more spontaneous verbalisation.
- Ryan was able to sit nicely and listened attentively to my singing.
- Ryan demonstrated better control of fine motor movements with his left hand – with which his playing was more skillful.
- The duck is Ryan's favourite animal.

Action Plan

- Left/Right, Together – encourage use of his right hand.
- Verbal responses – counting, conducting
- Adjective/describing words, vocab 'none/all, gone, favourite, sad/happy, I like ___'
- Child-led imitation
- Listening – act accordingly

APPENDIX 9

An Example of Clinical Notes for Case 3

Name: Justin	Date: 09-10-08
Present: Justin, Karen, Jenny	

Observation:

Expressive Language

- Making Choices
 - Clear choice of preferred object. Justin would look at the two pictures presented in front of him and reached for the one he wanted.
 - When presented 3 cards, Justin initially grabbed 2 of them and later put one down when we told him to just pick up one.
- Sign
 - Justin attended to the sign visually today – looking at the sign for dog and cow. He patted his lap (sign for dog) once while we sang about cow.
- Vocalisation
 - Increased vocalisation.
 - Justin enjoyed filling the gaps for the dog’s voice ‘woof’ in the song ‘Old McDonald’. Justin would usually make one ‘woof’ sound when prompted but today he said ‘woof’ 3 or 4 times in a row when prompted musically. Justin also made ‘m..’ sound once when prompted to make ‘moo’ sound.

Receptive Language

- Matching – wasn’t clear whether Justin understood the differences between the object and the picture. He seemed to think that the object on the picture was the 3-dimensional object.
- Identify objects
 - Justin put the picture of the crown on his head on one occasion. It showed that he remembered what we did with that object earlier on. He later touched my head to indicate that he wanted me to wear the crown again. When the crown was given to him, he put it on my head. It was excellent communication.
 - Justin understood the function of some objects. He put the balloon in his mouth and nose and blew on it a couple of times. Karen said that he understood how to blow his nose.
 - Justin often looked at the pictures intently. He demonstrated the understanding of the function of unfamiliar objects on the pictures by way of touching them. E.g. he

touched the handle of the sword on the picture.

Other Comments

- Justin's facial expression and responses showed that he understood the fun of dressing up/pretend play.
- Justin did his funny face spontaneously once when we were singing 'Old McDonald'. He usually only does this upon request.
- Justin has more initiative in doing the movements for the action songs. During 'Twinkle Twinkle', he anticipated the moving up for the sky as well as putting his hands down just before the song ended.

Analysis

Justin was very responsive today and showed interest in the objects we played with. He was communicative non-verbally. Picture cards seemed to work well for Justin who showed interest in them. He also showed potential to make new sounds. Improved attending behaviour.

Action Plan

- Song choices – 3 cards.
- 'Pointing Song' – listen and identify objects.
- Matching – pointing to the preferred picture (not giving him the picture), and then giving him the chosen object.
- Dressing up
- Animal sounds (dog + cow) with sign.

APPENDIX 10**Case 1 Interview Transcript**

Interviewer = C

Interviewee = J

Date: 4th November 2008

Time: 12:30 pm

Venue: Participant's home

00:02 **C:** Can you describe what you observed during music therapy sessions that Eric had over the last few months?

00:18 **J:** Do you mean the benefits he got from it...or just what I've seen?

C: What you saw.

00:22 **J:** Ok um...well there's been a lot of guitar works that making Eric move his hands up to play on the strings...it's been really good and he really enjoyed that I think. Um...the shakers were another one

C: The shakers?

00:38 **J:** Yep, the shakers in his hands that he behaved once but that was really great to see. Um and...what have we been doing? Singing songs and trying get him to sing a particular word, that's been good too. Sometimes he mouthed without any noise coming out but you can see he was really trying hard to do it.

C: The "O" sound.

01:00 **J:** Yeah, and I think...you know...he does work during the music sessions but just hearing the music he really...music wakes him up and he does really love it, he gets a lot out of it I think. And you know like that flute he can't blow or anything um...even then still really nice he really stopped and listened for that cos it's a whole different noise he wouldn't normally hear so...

01:26 **C:** Um...so do you think you noticed any changes that Eric had, like you know, during the music therapy sessions or outside...

01:44 **J:** That he hung on to afterwards? Yeah well I mean he teaches us too, you know, how to play with him and so we all do this just singing and trying to get him to...you know make a sound and that definitely works and it's a great thing to carry on and he could never have...you know a year ago he couldn't have done that. He would not have registered that you were waiting for noise from him so

that's been...that's really taught him in a fun way...you know that he was expected to do something back so that's been quite amazing. And his hands...I mean his hands were really good at one point and then they became quite tight again. So um...we...the only thing...you know in the background he can be playing his chimes, that kind of thing is the only time he really uses his hands so it's definitely music related...(not clear). That he would actually move for that whereas before he wouldn't have...you know...you have to really try to get him to move his hands for something.

C: Oh OK

02:57 **J:** It's such an instant response music I think. He knows sound, it's really important for him.

03:03 **C:** And do you feel like he was motivated to move his hands?

J: Before or after music?

C: After music definitely.

03:15 **J:** You can put anything musical now in front of him and he will try...he really enjoys the sounds and will try to make it work. Um whereas...I'll try to think of another example...like um...you know even water he's not that interested in. Whilst he can, you know, different textures you can put in front of him and he likes the feel of them but he doesn't work as hard as he does when he's got music in front of him.

C: Oh Ok.

J: So definitely different. Definitely it's quite different.

03:46 **C:** Um...So what activities do you think like during the music therapy sessions that engaged him very well?

J: More so than others?

C: Yes.

04:06 **J:** The guitar really seems to...you know...especially when it's his lap and...you know sometimes he doesn't do anything with it but he definitely lifts his hands or tries to get that moving...to get that working. Um...the keyboard is the other one especially when you put it to his feet. He used to love that, didn't he? He's kicked like mad thing and made the music go. Yeah um...and the singing I think he does like...like the few times...you know for the last month he's been singing with you...you know...that's been amazing. I know it didn't last you know he's been sick but he was really singing that was so cute and he's never done that before and

he carried that on after the session as well. We sing to him and he sings with us.

C: Oh Ok.

04:55 **J:** So it's definitely a singing. You know, he's not having a chat. His chat gets a bit serious and his frown comes on...you know he has a little bit of conversation. But the singing is really high-pitched and...so he loves that too I think. I play the guitar and singing with him will probably be good.

C: So Eric would sing with you...

J: Yeah

C: if you sing to him?

05:20 **J:** If we start singing he would sing as well. Like he does with you...you know...in the session it's really cute. Even if we asked him to sort of sing a sound, it's a bit hard but if he's just allowed to sing along he just started...very cute.

05:36 **C:** So my next question...what activities that you think you can carry on after the sessions?

J: We all thought about learning the guitar.

(Laughed)

05:53 **J:** It's because he loves so much. But we haven't quite done it yet whereas his uncle plays fabulous guitar so we'll get him down. Um...the shakers definitely, he has two shakers of those egg shakers that when I saw you do that and get him to lift his hands up we gave him those a lot now, probably more than what we used to. Um...the 'Old McDonald' had a farm that's just a real song now in our house at the moment to a point he's making the pig noise without us singing to him and...

C: Oh really.

J: And he waits for the...wait for us to sing. That's really funny.

C: Oh I didn't know that.

06:29 **J:** Remember I was holding his nose and he was doing the pig noises. He worked out how to do it himself I think.

C: Fantastic.

J: Quite funny. That's we would do all the time.

C: That just happened recently cos...

06:40 **J:** Yeah remember me holding his...I showed you sort of thing...we sort of discovered it and I mean probably helps that he's been slightly congested but he does it all the time. It's very funny.

- C:** Oh great...
- 06:52 **J:** Yep, so we all sing when he does that, you know, so still related to that song so he's making a noise. So that's been a really fun activity. Um...other ones would be...I mean Cathy she takes a lot on board. She does a lot of...does a lot of games with him that she's seen you do. That's more chimes that kind of thing I think. You know that kind of things.
- C:** And tambourine...
- 07:19 **J:** We don't have any tambourines. That was quite good actually. One under each foot, that was...we've been really trying to bring it up to his hands I have to admit so...
- C:** Yeah that's why we haven't...used the tambourine for a while...
- 07:31 **J:** And we haven't either. Like even when we put him under the chimes we always put it over by his hands because his legs just go anyway so we think he really needs to work on it so...haven't done a lot of that sort of music underneath his feet actually.
- 07:48 **C:** But um Lisa [physiotherapist]...
- J:** She works on his feet, that's right and so do we.
- C:** Only or...?
- J:** Only really. Um...no she does a bit of rolling and stretching out to make music go. Um...but she definitely more feet orientated. Try to get him to stand that kind of thing.
- C:** So I guess it's good that you know the music therapy...
- J:** It's working on...
- C+J:** on his hands.
- 08:14 **J:** Well it's only thing really. That it's really focusing on his hands. Because...I mean it's really important that he starts to stand up now and...or learn...you know (...not clear) so doesn't need to have another operation so that's really important cos she has to leave the hands and if you weren't be doing it he'll never get any hand motion only what we did you know.
- 08:54 **C:** Do you think there are any significant moments um...you know, you saw during the sessions?
- J:** Yep, recently, we're definitely better with strumming the guitar, that was huge...you know...Kevin was here for that and was raving about it. That was really big. You know... he's never done anything...you know...he put his fingers out and strumming. He often does that to...so that's...

- C:** The index finger...sometimes with other fingers as well.
- 09:30 **J:** Sometimes too but you know the OT would say that's a really good thing because he's pointing and when he points we're meant to sort of kiss his fingers or acknowledge that he's pointing or something. And this is same with the guitar so he gets instant reaction from that. So that was quite amazing. And um...the shakers that was amazing although that hasn't really happened again but...you know...you said "shake" and he lifted both his hands up. That was really impressive. And the singing, I just...I know he doesn't always behave when he's meant to sing his word but just singing generally is really, he's really enjoying it himself. That's been really huge as well. So those three things jump into my mind I think. They are the most significant things he's done.
- 10:30 **C:** Is there anything else you would like to talk about um...like regarding your views about music therapy...you know like the experience Eric had?
- 10:48 **J:** Um...I think he gets a lot from it. I think more than we would see I think...really. Because it's so enjoyable and he does really love it. It's like working but it's not hard work like physio you know, like he gets cranky with physio. He's really stretched. It's really hard work whereas music therapy he's working but he doesn't realise he is...you know...it's quite enjoyable. From that perspective, that's fantastic cos being his mum you know...so many appointments, a hard work plan, I mean really full on and they're not really enjoyable you know. We go to xxx and expected to do hard stuff. So it's really nice I think. I mean it's really special and he...obviously gets lots out of it, I mean he...sure he has his bad days, he's not always well but he interacts a lot I think. With...you know with physio he spends the whole time trying to get out of it and trying not do what he's meant to do...you know...he sort of yawns and carries on and cries a bit, all that kind of stuff but...with music he really does seem to get in a zone and really try hard.
- 12:04 **C:** Um...did you mention about um...you know like he...interacting with other children...was it you or Kevin?
- J:** Might have been him.
- C:** Like how he uses his voice now...
- J:** Compare to before?
- C:** Yeah, helping him interact and like you know draw attention...

J: To him?

C: Yeah.

12:30 **J:** Definitely. He definitely does. I guess it's quite a new thing. I can't really remember when that...started but I mean it would've been after music therapy. He's been having that for over a year and before that he didn't really say much at all. But now he...yeah if you're in a room and these kids playing...or even adults are talking and he gets a little bored or he...especially if you could make high-pitched noises or laughing or something, he joins in and get...you know...started talking and...um...so yeah I think he's definitely interacting more with them. He's always good at one on one actually but now he's hearing seems to...I always think because of his hearing...it might not have been...I don't know. He definitely now...yeah one on one he would've been really good and he's listening to a child talking to him whereas now you can put him in a big group and he won't get upset. He just sings out and...so he used to get upset with lots of people. So um yeah...I don't quite know what that means but he definitely enjoys it a lot more. Sings away and yeah...he can't...it's really cute actually, it's really good and it's good for everyone else who doesn't really understand him because he sings out, you know, whereas he used to just sit there and blend in and people talked around and he wouldn't respond whereas now he likes to be heard and he has new things to say as well so he puts them in you know (laughed)...which is really good.

14:10 **C:** Yeah, it's really good communication.

J: Yeah, cos otherwise especially kids they just sort of don't get it and think he's a baby you know. I mean they still wonder why he doesn't talk but he starts making hilarious noises and they now find that's really quite funny. So it's good for the interaction otherwise it wouldn't happen you know. So that is good. And that probably is music related actually, you know, that whole...you getting to use his voice. (pause)

14:41 **J:** It's been...another few changes actually that would have to be working with music because we haven't seen much of the speech language therapist and that was making different sounds. He's definitely making different sounds than he used to. A lot more I would say...to a point I will ask her to come back and sort of see if she could work on it as well. You know he used to just

make...”a-goo” was his word and that’s he’s ever said and now he sort of makes “m” noises and... you know he makes different types of sounds, and the “O”...he can do the “O”. That kind of thing and that’s very new. He couldn’t do that before I think.

15:19 **C:** And like with different pitch...high and low...

J: And now, I’d say when he has a chat he gets his frown, he really has a chat you know. He makes all different...um...sounds that’s not just sort of the singing sounds, which is probably what we’ve done before you know...he would make a few different sounds so that’s really good too. I don’t know how much we could work on that but it’s better than what he could do before so....

15:45 **C:** So does...um...Emily [speech-language therapist]?

J: Yeah

C: Does she come...?

15:51 **J:** We don’t see her a lot, it’s been...you know...in all fairness it hasn’t been a lot of need to see him you know. Whereas now we have asked Emily if she could come and spend a bit more time with him and concentrate on that. Before now it’s been feeding orientated when we see her. Never really...I just think he was so far from it you know and now all of a sudden he can make different noises. So we try work on that you know.

C: Yeah to expand you know the...(not clear)

16:21 **J:** That’s right. Cos definitely is so...you know...he’s definitely... will be great if we could get him to say a few words.

C: Yes.

16:32 **J:** He’s said “no” last night hasn’t he? That was very cute.

16:36 **J:** Once. He said it and I was telling Cathy and Kevin at the table...being silly. We were teasing each other and I was saying something then he went...and I was saying “It’s not true, blah blah blah”. And they were saying “yes yes yes...”. He went “No!”. And I was like “See! Everyone. King’s spoken.”

(Laughed)

C:Is it right Eric?

J: But he went...“Oh? Oh? Did I do that but...?” That was very cute. We were all laughing. It definitely was a...you know...it was definitely that noise. He might have...I didn’t see him say it so I don’t know what shape of his mouth was in but it definitely was a “no”. It’s quite funny.

(Cathy came over to talk to the mum)

19:33 **C:** Is Eric practicing walking?

J: He's got a walking frame but um to be honest...I think the problem is...is that one hip worked in the operation and one hip didn't so I think the one that's still dislocated starting to hurt him a bit now and also subluxes which means when he stands on it too much it goes back up into his hip. And so when we put him in the walking frame one is 2 inches longer than the other, I mean how can you really walk you know? So one either drags and the other one is this crazy loose leg all over everywhere. Or you can set it so the other one is bent and you can't get it around so it's really... whereas if they were the same he probably could keep going on it.

C: Yes.

20:21 **J:** But the first time we put him in he stepped one foot after the other, after the other, after the other, it was amazing but since then one leg is getting shorter all the time...so probably have to have that done again I think.

C: Have um another operation?

20:38 **J:** Um...Well definitely dislocated and you wonder if his hips have been sore actually cos sometimes in bed when he cries at night, you move him he would stop crying so quickly...cos that is his dislocated leg...the one that he sleeps better on I think it starts to get a bit sore.

21:04 **C:** OK, I think it's all I need to ask...unless you've got anything else that you...

21:12 **J:** No, I really think it's great. I really think it's really important. Like I was saying to you (...not clear) than occupational therapy actually. I think you give...it's a lot more beneficial. You see a lot more from it. It's a lot more enjoyable for him and you know that vocalising...as a parent...if...he...like when we were told he'd never walk or talk we would just say it would be nice if he could just say a few words that...if he could communicate with us that...

C: Oh so you were told that...

21:43 **J:** Yeah he would never walk or talk. So that was um....you know for us the communication has always been all we really wanted for him you know. If that's all he could do that would be great and the music therapy is the only thing so far that he's woken that up. Not even the speech-language therapy, nothing else that has done

anything so far so I think it's really important. Especially for kids that have real difficulty talking you know or communicating I think., it's a real in road for some reason. I don't know why but it's definitely...it's definitely made a difference for him.

- 22:31 **C:** Yeah you know like explore different sounds, hear different sounds and...
- J:** That's right and it's enjoyable you know.
- C:** Knowing that he can make different sounds...
- J:** That's right.
(Phone rang then talked with Cathy)
- 25:54 **J:** Do you think I've answered your questions alright or do you want to give a rewind.
- C:** Um...I think you've answered the...you know...my questions very well.
- J:** Anything I haven't said today and I've said before just pop it in there I don't mind.
- C:** Um....What will I do is I will transcribe, you know, our conversation today and then if you like...and I'll show you and if you like you can delete or add anything...
- J:** OK.
- 26:29 **J:** Cos I'm quite tired and irate today so let me have a read and I might think of other beneficial things to say.
- C:** Even if it's...you know you can say things that's even not so beneficial...just to get the two...different
- J:** The points across, yeah.
- C:** That's alright too.
- 26:50 **J:** No we do love it. We definitely love it. We don't want it to stop. If it stops we'll pay for privately I think.
- C:** Um...
- 26:57 **J:** But before we knew you were coming we were gonna try Natalie, you know the one before you? That's how much benefit it is I think.
- C:** Well, did she um...what kind of activities did she use?
- J:** She's quite different to you and um...as everyone would be, she's really loud and...really in his face. Um...she did...she would just sing to him with the guitar. She never got him strumming the guitar.
- C:** Oh OK.
- 27:31 **J:** She would do things like him holding onto the stick and hitting

the triangle...that kind of thing. A lot of games, like on the floor she put marbles on his tummy and got him to roll over. So she's very sound orientated as opposed to just music possibly. Um...yeah I didn't work a lot with her actually. It was Kevin's time so I worked with her a couple of times. Can't think what else she did...she didn't...have a keyboard. She brought one time this new piece of equipment that she's got and if he waved his hands over and touched it slightly it made a noise

C: Oh OK.

J: Like an old record turntable

C: Oh yeah?

28:16 **J:** But it has electric cords all around and um...he could get a...to make a piano sound or drum sound that kind of thing but I don't know how beneficial that was actually. I don't know. She brought it a few times and then didn't bring it again. Um...yeah...she didn't...I guess she did more like...the shakers...I'll ask Kevin actually and then on Friday I'll tell you cos he definitely...at that period of time that's when we switched and he took Friday mornings off so he sort of did every session. I only sort of worked with her twice I think so not very often. She's just very different as well I mean when someone is sort of very loud it's interesting...you can't avoid it really and Hannah [visiting neurodevelopmental therapist] found her extremely hard to work with but...I think that was because Natalie sort of shout her up a bit if you like. If Hannah wasn't doing much she just sort of took over the session. But Kelly...Kelly what she thinks interesting because she's a musician she thought that the way you do it, as a more gently and...you know you're not sort of...in his face she thought that was really nice and a lot better cos that gave him the opportunity to do something you know. And that musically it was a really nice sound and he really responded well to it. And she's quite musical so that was really interesting.

29:46 **C:** Um...I think that's my main idea of...you know encouraging Eric to do something...

J: Yeah, because the sound is so nice isn't it? You've got to give him the time to do it I think.

C: Um.

30:01 **J:** Um...but yeah I'll ask him then I'll tell you cos it's probably

quite interesting for you. Cos you don't really get to work with any other music therapists really, do you?

C: Um...I am...after Hannah left...yeah I am...oh but it's more like observing what she does um...and sometimes I just kind of join in...play the guitar for them and...

30:25 **J:** Yeah...but at least you get to see some...you get to see other types of thing.

C: But her style is quite similar to mine but it sounds like Natalie's style is quite different.

30:40 **J:** It is quite...it was quite different yeah she's really quite strong and Hannah didn't it I think. But in a way was really good you know cos it really woke him up and...but you're doing the same thing. It's interesting you don't need to be like that I don't think you know cos you're getting the same responses from him, if not more. And you are not sort of you know...rawhhh in his face. I mean when I came home I could hear him and Natalie from down there singing...loudly...If I was Eric I wouldn't want to be like that.

C: Oh...that was loud...

31:22 **J:** It was...they were just...noisy...She plays in a band you know so it was very band like...was pretty full on. Yeah I would need a cup of tea and lie down after the session.

C: It's more like "Wake up, Eric!"

31:41 **J:** Yeah, was a bit like that. And you know maybe that time he was on different medication I think because before Christmas he was. And he was way (...not clear) this medication also...it's the best one he had that woken him up. So maybe they had to scream at him a bit more you know to wake him up...possibly, yeah, you know...it was very full on. There was no relaxing music being played in her sessions.

32:19 **C:** Oh OK. Oh Eric. Um...OK I think we'll finish here.

J: Great OK, yep..

32:24 **C:** Thank you.

APPENDIX 11

Case 2 Interview Transcript

Interviewer = C

Interviewee = V

Date: 3rd December 2008

Time: 09:30 am

Venue: Participant's home

00:05 C: Um...so what changes have you noticed um...that Ryan had during the music therapy sessions?

00:20 V: He has expanded his talking a lot from when he first started this year, he was only saying one word when pushed really. And...so now he's saying 5 words easily and communicating...more freely than he was before. And um...I think yeah just great huge improvement this year and the music therapy definitely helped that. (Ryan said "yeah" and laughed) You agree Ryan? Yeah. It's good, isn't it? And even um...at kindy, I was picking him up a little bit early and they had the dance, they were doing dancing on the mat. He would be getting up there and doing um...dancing and um...just sort of partaking in a song and whatnot...so I think that really helped sort of giving him confidence...in sort of home environment...group setting you know, where he felt comfortable and explored the instruments and...definitely.

01:39 C: Yeah. Did they have instruments at the preschool?

V: Um...(Ryan said "No"). Don't they have instruments? I think you have some. You have some instruments. I have to look actually and see what they are. Haven't seen them like...haven't seen them marching around...cos usually...um there at the end of the session but um...

02:07 C: You mean marching around...

V: With the instruments yeah like the instruments or anything.

C: Oh Ok, so they might have some...

V: Yeah they do have some. Um, but yes coming along very well.

C: Um...

02:27 V: And...continuity's been good too, having...getting to know you and...that helped with the confidence too, isn't it?

- C:** Yeah cos the familiar of the...you know...the sessions
- A:** Having it regularly, yes.
(Ryan shared his morning tea with us)
- 03:10 **C:** So um what activities did you find useful or not so useful in the sessions?
- V:** Um...which one...oh they're all good. Um...I think the ones that worked the best are the ones that he likes, like um the songs that he likes. You know with the cards that we were using um 'Baa Baa Black Sheep' and 'Row Your Boat'. Those sort of the ones that...
- C:** Oh, choosing the songs...
- 03:45 **V:** Choosing the ones he quite likes himself. It's a...I think it helps if he...you know initiate...helps him to initiate things and um sing along too. So that worked out quite good. And the drum...the drum is obviously very successful. Um...and actually the um drum also from um useful in a different way I thought for using his right hand as well with the cards because just um worked on the actual...his motor skills on that side. Um...that's not so much the speech...speech things though but that's still useful.
- 04:52 **C:** Yeah that was one of um...I tried to do that when um it's just the music therapy sessions. You know when Rachel came it was more like combine...
- V:** Yes, yeah no that was really good.
- C:** speech and music...
- 05:11 **V:** Cos um...when I think you take an interest in an instrument you are more likely to...you know respond positively and learn more aren't you? Um...so you like the drum, don't you Ryan? (Ryan said yes) Yeah you love the drum. What else? What else did we like? Um...ah yeah the various instruments as well actually that choosing instruments and changing the instruments, that was good, that was along similar lines, wasn't it? And the cards and the instruments, the triangle and the tambourine.
- 05:56 **C:** Put them in a sequence and you know followed the sequence of the cards. I think he responded quite well.
- V:** Yes. It's good, isn't it. Um...
(Talked to Ryan about him finishing his morning tea)
- 06:31 **V:** Oh and the animals too I think, isn't it? Um...quite useful with getting him to talk as well. Um...just to feel relaxed about

vocalising. Like roaring and the...the lions and the...snakes and whatnot.

(Went to get some snacks for Ryan's morning tea)

08:00 **V:** So yes the animals, that was good too. Um...just trying to think of something that wasn't...didn't seem quite so successful but um...what have we been doing...Can't think of anything that wasn't...didn't work well. I think that they all worked quite well. The parachute that's always...that's away been quite good too...I think that's a good ice breaker. And the...I think the um the hello song and um...that's always...sort of helped bring out of his initial shyness as well. I mean some sessions he was shy for a while, whatever reasons. But um he just tended to thaw out often by the time he gets to his turn, doesn't he?

C: Yeah.

08:56 **V:** Yeah he like seemed reluctant at the beginning but...so that sort of continuity with starting the sessions, he knows what to expect and...It's fun when um...you can get to choose your different colours you like or what you like to play. I think he quite enjoyed that. Didn't he? And what he liked to eat. Chips?

(Talked to Ryan).

09:40 **V:** Yes so...I think it's been really positive thing...experience. He's made a big, huge advance this year really. I mean he's quite um...he's quite good at um...I think he's quite proactive about...you know learning new words and whatnot...when I repeat words and I want him to repeat the sound, ask him to look at my mouth and he...you know, he has a go and you know he didn't sort of ignore me sort of thing, um...

10:20 **C:** I feel he's more...willing to you know repeat the words and...

V: Yeah less hesitation there, isn't it? Yep.

C: Used to be a bit, a little bit...

V: A lot of hesitation, yep. So he's come a long way.

(Talked to Ryan)

13:51 **C:** So do you think um...there were any activities that you can...um do like you know between the sessions?

V: Um...well I guess...we could do things that we normally would do like singing songs and making animal sounds that sort of things. Um...the nursery rhymes and row your boat type of stuff um...

C: So more like singing and

- V:** Yeah.
- C:** making um...just like different sounds...
- 15:00 **V:** Yeah um...helping him to be more relaxed to move his mouth around...silly sounds and silly talking actually, helps a bit of that that goes on, you know, just silly voices and accents and whatnot. Um...just general um...basically just...I find that I get more out of him if I...just ask him questions and just sort of...simple questions and he can actually have quite an extended conversation on “Why is this?” or...”What about that” and...just open-ended sort of stuff. Um...We go along to music, music class every week at the moment.
- C:** Oh?
- 16:14 **V:** Which will be...only be a couple of more sessions. And he’s showing, he’s confident enough to go up in front of the group if they want...if they ask for volunteer children for them to do the action songs. And he’s...you know he’s put his hand up and wanted to go up so he...
- C:** It’s great!
- 16:38 **V:** So that I think that um...that confidence has come from the sessions here with you so that’s really sort of helps sort of extend...build on what he’s getting here.
- C:** Yeah.
- V:** Yeah so I think that’s really good. Isn’t it (to Ryan)?
- 17:00 **C:** So is that a music school...
- V:** It’s Mainly Music. It’s um...I think...it’s Christian based cos they sing a few sort of old religious songs but basically it’s just a community sort of community um...
- 17:18 **C:** I know that one of the mothers mentioned about...is it in Wadestown?
- V:** They have all around, all around the place.
- C:** Oh OK.
- V:** Ours is just down the road in Ngaio.
- C:** Oh right.
- V:** Yeah. So they have um...
- C:** They live quite nearby too.
- V:** OK.
- C:** Oh but she said they go to Wadestown.
- 17:35 **V:** Right yeah. Yep so they have been around the place and um...they have a regular...they have that actions and singing so

um...that's been...that's helped...we've only fairly recently started that. (Asked Ryan) It's all helped, isn't it? You like Mainly Music, don't you? (Ryan replied "No") No?! You like going up to the front! Played with the muffin song, you went up to the front, and the lollipop song, didn't you? Remember? And we get a sticker at the end, don't we?

C: So like he did the actions...

V: Yes well normally just sits with me and we do the actions and he's an errand to the action, aren't you? Some you know...if it's his favourite so...

(Talked to Ryan)

21:43 **C:** And um...are there any um significant moments um...you or...you think you or Ryan experienced during the music therapy sessions? If there are any?

V: Um...you know I can't think of anything that I could pinpoint in the classes themselves but each week...each time we see you he seems to improve. Um...just a range of his talking and his confidence really. Um...the um...in the beginning song of...there has been times recently where he sort of initiated...he started to initiate variation in his...what he's going to say.

23:04 **C:** That's right.

V: Yeah so I thought that was quite a significant moment I thought cos he...before you know didn't even get anything out of him.

C: Yeah.

23:17 **V:** But he's actually saying something off his own bat...Or if we tried to prompt him with something that's in his flow that's something else, that was quite good...he does that...sort of...so little moments like that basically um...nothing that...I mean he hasn't...I don't think he sort of...you know a ten word sentence out of the blue. It's all been incrementally um improving. But there have been little, little um...windows of you know just glance of "Oh yeah, you are making good progress" you know. Yeah. And because I'm with him all the time I probably don't see you know...a huge progress but you know it's more sort of slow to me you know, just day by day, little by little. Whereas if you see him every couple of weeks sort of things or every week...

24:29 **C:** Or like Rachel (speech-language therapist) kind of things...**V:** Yeah she's like yeah...Um...we had...um...that has happened

when um...when we were seeing less of Rachel, she would see an improvement but in nothing for ages...definitely...definitely improved...yeah...It seems to have speeded up a lot I think.

25:07 **C:** He just seems to um...grow up a lot...

V: Just recently.

C: Oh just recently, oh OK. Oh I mean cos I've only seen him for the last few months...

V: Quite intensively yeah.

25:29 **C:** First time I came with Hannah (visiting neurodevelopmental therapist) in March and I can you know it's a big change...I mean basically he's grown up a lot.

V: And...I guess um he's going to kindy too, started kindy as well. But yeah it's been a great improvement.

(Talked and sang with Ryan)

37:20 **V:** Oh actually um that mimicking thing we did with the instruments that was quite good I thought that was...not so much from a speech point of view but from the confidence thing...leading something. Remember he moved the cymbals around and we followed his lead sort of thing spontaneously, things like that. I think it was a diversion from what we were doing but I think they were quite good little um examples of just increasing his general confidence.

37:54 **C:** I think he really enjoyed like leading...you know telling us what to do.

(Both laughed)

V: Exactly yes. And getting quite a kick out of it and just having fun with it.

(Sang another song as Ryan requested)

40:07 **C:** Shall we carry on or?

V: Yeah.

40:10 **C:** Oh yeah you were talking about like when Rachel...that he would count to 2 or...couldn't count past 2...?

V: With counting yes. That's been quite a...

C: You mean when Rachel just started...

V: Yeah a while ago yeah

40:29 **C:** Oh OK. Yeah remember that at the beginning we were doing only one to three. You know with the little ducks. (Ryan said "and the big duck") And then we...move on...

A: Yeah. You like that song (to Ryan). Yes, he's progressed from there.

(Talked to Ryan)

43:32 C: OK. I think I've only got one more question.

V: OK.

C: Um...is there anything else you would like to talk about um...you know in terms of what you saw in the sessions, or your views about music therapy, or having...your experience and Ryan's experience of music therapy?

44:07 V: Well not really I think I basically covered it...um by saying it's been a positive experience for us cos I was really beginning to wonder whether he was going to get there with his talking and it's been quite a slow start but um the progress this year been um very very positive. Um so I think it's all good from my point of view and huge relief basically...from where we were starting. But um...he's a positive little boy and he's sort of outgoing and um I think that helps. He sort of responds well to it and this is the right stimulus for him I think.

C: Um, yeah cos he is quite a...I think...I guess he's quite a physical child and...

45:12 V: Yes and the music um...yeah he likes to move and he likes music as well so just that combination of just...sort of really he really responded to very well.

C: And he likes to bang....

45:28 V: Um he likes noise and yeah instrument and sound, yes. So I think it's um been really really good.

C: And I guess like having you in the sessions would have helped a lot too...

45:45 V: Definitely. I mean there's been elements of shyness which I guess um...it's naturally. It's getting to know the adults that are coming in and out of the home sort of thing. But um...he sort of seems to break through that. It's still you know partially there but...we get through that quite quickly in the sessions generally.

C: Yes.

46:16 V: And yeah the familiar environment...his turf so I think it helped too as well rather than going to external place. Yes certainly made me um...appreciate music on a different level you know I normally cos I always enjoy it myself and um...I guess I sort of been

reflecting lately on how the power of music and positive...you know even just listen to music on the radio you know...a positive sort of a light song you know can really change your mood. Um...and I think um...the role of music...I'm trying to...my aim is have a...have lot of music in the house and kids to learn some instruments. Cos it's fantastic um...part of life really. Natural human needs I think with the rhythm and the...yeah the beats...the body is made to move and yeah...

C: Yeah that's right.

V: So yeah it actually made me think more about music as well.

C: Oh OK.

47:37 **V:** Funny enough? Even um...group singing. Like I was raised in Catholic and singing in church you know going to sing in church and that sort of...I really enjoyed that and...I just think you know singing and music is something to really make room for in your life sort of thing. You should see us when we've got the SingStar out. We borrow this SingStar from my sister sometimes. You can't get me off it. (laughed) I think you will love it too...Alan's the only one that's like...

C: Oh does, does he...

48:25 **V:** Alan likes music but he doesn't sing...like he's got that whole cupboard over there that's full of his records.

C: Oh really, wow.

V: So he like...hmm...he's always been into music as well but he's not into actually singing you know but um ,yeah, I think it's important...got an important role.

C: Yes, yeah.

48:50 **V:** It's therapy...music is therapy you know in any form really. Looking from an adult sort of point of rather than...that certainly helps.

49:00 **C:** I think it's certainly a therapy for me too, yeah, just you know...just with singing it makes me feel more open...and just feel really good.

V: Yeah, just sort of on a personal level you mean, just at home?

C: Yeah

49:22 **V:** We're having...I mean you obviously you learned piano didn't you?

C: Yeah.

- 49:29 **V:** Initially. Yeah. Just having that availability of knowing how to play instrument and having that knowledge...a repertoire of songs that you can you know. You probably make up your own songs, do you?
- C:** Um...yeah
- V:** Occasionally?
- 49:47 **C:** This year I have. They were children's songs.
- V:** Alright. Yeah yeah.
- C:** It's great fun.
(Ryan was singing in the toilet)
- V:** Singing in the toilet.
(Both laughed)
- 50:10 **C:** But it's also very good to you know like with instruments um you can improvise you know. It's a very nice feeling when you can do that.
- V:** Yes. So um...we've got a guitar in the house but um that green guitar I'm not sure about the tone of it.
- C:** Oh I remember...
- 50:32 **V:** Jessie's one, yes. But that doesn't sound that...I mean that's only a cheap guitar or the ukelele really, isn't it?
- C:** It is more a guitar.
- 50:42 **V:** It's more...more guitar yeah. Um...that reminds me... must get Jessie a...gonna get her um... manual that...I mean playing it. She's not doing any formal lessons or anything but...
- 51:01 **C:** Do you think...where do you think you can get...
- V:** Um Rewa Rewa school has. They've got a music school where you can hire instruments so um if you wanted to learn another...you can hire keyboards...that sort of thing. Um...so maybe look at that next year, will be quite good...maybe do lessons through the school, yeah. But they have to I mean they have to be able to...to want to do it, don't they? Just sort of to provide the opportunity. I'm sure she is...She's quite an open little girl so I'm sure she'll um...give it a go, yeah. But my son Jason might be a bit too young, he will be turning six so probably a bit young yet. But um...
- 51:58 **C:** Um...depends...yeah cos when I was working at the um at the private music school the youngest kids were only four.
- V:** Right.
- 52:12 **C:** Yeah so...with keyboard. I guess with keyboard...um also

depends on the child but you know it's always fun to just...learn how to play very a simple song um and just sing you know.

V: Yeah. Um...I think Jason's sort of...not quite as confident as Jessie in trying new things so he would step back so...um...better start off with Jessie probably better to see if you could...just give it a go you know...music in the house and...

(Went to see what Ryan was doing in the toilet)

(We sang two goodbye songs which was initiated by Ryan)

59:25 **C:** OK, I think we'll...finish the interview. Um...so I will transcribe

V: Oh OK.

C: the interview and I'll give it to you to check.

V: Oh OK. OK.

C: And feel free to add or delete...(laughed)

V: OK.

59:51 **C:** Thank you very much!

APPENDIX 12**Case 3 Interview Transcript**

Interviewer = C

Interviewee = K

Date: 27th November 2008

Time: 8:30 am

Venue: Café

00:30 **C:** Can you describe what you've seen in the um joint sessions um, with me and Rachel [speech-language therapist], that Justin had over the last few weeks.

00:21 **K:** Um...so...um well I guess I'm seeing him...he knows the routines now with the music. He knows the hello song and the goodbye song...he waves. Um...and I'm seeing him going more confident. Um...and he really enjoys it. He loves your guitar as you know.

C: Yes.

00:49 **K:** So he strums on it. Um...and I've seen him now he's able to make choices. Um...choosing between the songs and then the latest cards, you know, the favourites that sort of thing. So we've been doing that at home. So he's learning now to make those choices. Um...and he loves music so much it always captures him inside. I think it's a great way for him to learn. And you know I didn't, I guess I didn't realise how you could...you know with the songs, teach him to learn and sing a song...yeah that whole choices, the matching of um...like the...for example the exercise of the clothes, when he pulls the clothes out of a bag and...

C: Yes.

01:39 **K:** matches it to a picture and we sing a song you know and...I haven't realised that you sort of could do all of that. That's fantastic and he's learning from that so um...I guess what I've observed...he's learning more and more each session and growing um...and becoming more confident.

C: Yeah.

01:58 **K:** With the help of music I guess... That's good.

C: Um...

K: Is that what you mean?

02:03 **C:** Yes, yes. Um...so...um...yeah so what changes have you noticed um...like your know during the music therapy sessions?

- 02:19 **K:** Um...he's a lot more attentive. Much more attentive than what he used to be and...um...I think as I said you know he...he can anticipate and knows the song and can participate in the songs. 'Old McDonald' you know with his... 'woof' thing.
Q: Yes.
- 02:43 **K:** Um...and I think...um...he's just more relaxed and confident and...he just seems to really enjoy the sessions. I mean I'd say it's only been positive, having had a positive effect on him.
C: Yep.
- 03:05 **K:** And he's learning, he's learning and been able to make those choices it's a really big thing and communicate with the cards um...that's really big so...
C: Yeah he's quite good at
K: Yeah.
C: looking at the cards and...
K: And choosing what it is that he wants so um...that's real positive too that came out of...been really good
- 03:33 **C:** So um how about outside music therapy sessions...did you notice any...
K: Yeah, I'm...he's learning...because I haven't attended as many and I haven't attended many with you there but um...learning um...action songs you know that sort of thing and I was surprised again one day I just did Ring-a-ring O' Roses with him not knowing he's done it at music
C: Oh?
- 04:01 **K:** And he knew to fall down with music. I was so surprised! That was fantastic! You know um...so he knows how to participate in those things and turn taking...
C: Yep.
- 04:14 **K:** is another thing that...and I know he definitely learned that from music with Cynthia first off um...how to take turns when it was his turn, when to stop um...mostly he stopped.
C: (laughed)
- 04:28 **K:** Not always, but um...
C: Yeah sometimes he just wanted to keep playing.
K: Yeah, one more strum.
C: Yeah.
- 04:36 **K:** But um...he's learned...yeah...he's learned...and it's good different exposure to different instruments. He's learned about different instruments. And he...I think he knows what they are now you know when you say

where's the tambourine he knows the tambourine, and the shakers. I'm pretty sure he's pretty confident...It's been a lot of changes you know and I just think it's been so worthwhile for his development. I'm sure it's how speeds his development along.

C: Yeah yes.

05:11 **K:** And he enjoys it which is the most important thing. He loves music.

C: Yeah I think he does...might become a musician one day.

05:24 **K:** Yeah he just really loves music and um...yeah a fantastic thing so...such a great... skill to have and that whole appreciation of music. And he really does appreciate it you know he's just...whenever there's a music on TV he would stop, like the ads you know there's always music he would stop and listen and um...yeah

C: Does he dance...

05:51 **K:** No he doesn't. That's really funny that's the one thing I thought he would have got into dancing, you know, we dance with him and he kind of looks up and you know "what are you doing?" But um...no he doesn't really dance, he just listens...he just really loves it...the sound of it.

C: Um...I think you've sort of answered this one.

A: That's alright.

06:22 **C:** My next question is what activities did you notice that Justin engaged well or not, not well during the sessions?

K: Um...he...the...turn taking in the music...him actually trying the instruments um...with you and Rachel with the cards and choosing which songs he wanted and then just last week um...you know his favourite food and...um favourite instrument and also the clothes, bringing the clothes out and singing, and the hello song and the goodbye song. He sort of pretty much participate well in those.

C: Yes.

07:13 **K:** Um...yeah I think they are really good. And to be honest I think um...better not tell Rachel this but in the music therapy I sort of...sorry in the speech therapy I sort of think that he spoke a lot more since music has been involved with it um...he just seems to be more attentive whereas previously I don't know he really...was that interested.

C: Oh OK.

07:48 **K:** Um...so music is a way I guess capturing his attention and then building from there.

C: Yep, oh OK.

07:55 **K:** So...um...I think it's been fantastic having you with Rachel.

- 07:59 **C:** Oh Ok. Um...so what activities do you think you um...could continue with between the sessions with Justin?
K: Um song choice...you know with the cards. Um...turn taking...um...just oh we try to do the signs, signing actually he...
C: Oh?! Yes.
- 08:32 **K:** He says um...I have to laugh too. On the weekend...he hasn't sort of done it since but a few times we did the cow he went like that (signing for cow)
C: Did he?!
 08:44 **K:** Yeah! Yeah! So um I have to try and get that going and using his workbook so we have to practice all that...
C: Oh yep yep.
 08:50 **K:** And use his workbook and that's really good because when he was saying "star" I got um...I got the workbook out, there's a star and I say "What's this?", "star (Justin's response)" so we can practice with it you know...so that's really good. There's a lot of things um...I guess we've got physical things but then just the whole thing like turn taking um...just trying instruments things like that. Um...singing we do all that in between so yeah it's really good. REARLLY good.
- 09:25 **C:** Nice....Um and are there any significant moments um...you or Justin experienced during music therapy sessions?
K: Um...
C: Or are there any?
- 09:44 **K:** Yeah yeah, there definitely has been over...I guess that...and you weren't obviously around then but when um...he first started having music sessions and when I first saw him with Cynthia and he was just so attentive and he just seemed so enjoy it. And that's for me was a really significant moment because it made me...I think, understand how much he liked music.
C: Oh yep.
- 10:19 **K:** Um...and that sort of...it was...because of Cynthia's time with him that we bought him the ukulele.
C: Oh OK yep
- 10:25 **K:** Um...because he seems to respond and he really liked your guitar. We got...you know...the ukulele. And that was really significant I guess that I realised just how much he enjoyed it and then from there um...significant in terms of he knows the songs um 'Ring a Rosie' he knows what to do. Um...and really significant in terms of...the speech therapy sessions that

with the cards when he...I was...I was...so surprised but thrilled...so thrilled that he could, you know, Rachel brought lots of pictures of clothes but they weren't his clothes...

C: Yeah.

11:09 **K:** but he could identify...you know jeans with his jeans and...

C: Yes cos he keeps patting his jeans.

K: Yeah that's right and jacket with his jacket things like that. And...so that was really significant. Cos I don't know, I mean I kind of knew he could do with something.

C: Yes.

11:29 **K:** But I didn't...yeah I was surprised I didn't think he could do that so that's really good. And then I guess the big thing would be now his few words.

C: Yes.

11:41 **K:** And to be able to sing "Twinkle twinkle little..." "star" in his turn. I mean that's just FANTASTIC! So um...it's been a lot of significant moments, there really have been and...it's very hard to actually put into words how much we appreciate you know yourself and Cynthia and Rachel coming along because it just helps Justin to much you know and I really mean that sincerely um...makes me cry...but it's just...it's been tremendous for his development and um...it's just meant so much, it's just so significant so yeah.

12:25 **C:** So you mean the whole process.

K: Yeah yeah I do, I do. From the little steps, you know, like that...I guess when Cynthia first started seeing him...cos she's been seeing him before Rachel started seeing him.

12:37 **C:** Was it 2 years ago?

K: Um...no it would be about a year and a half ago I think...yeah I think roughly about that and...she's just fantastic. She's just FANTASTIC! And just how much he's changed. Um...and I haven't been to one of these sessions in a long time and I must try to get to one, maybe before the end of the year just see what he's doing now because it's so exciting to watch his development. You know, things we didn't think would be possible, you know, or gonna be possible and he...he's doing things you know. So just so fantastic. So um...as I said we just can't thank you enough and...yeah I really mean that you know. You've given us so much for our little boy so thank you.

C: Ohhh....

- 13:34 **K:** You've chosen a fantastic career. You really have.
C: Yeah, it can be really um rewarding.
K: Yeah.
C: For sure.
- 13:43 **K:** I imagine it can be really hard too you know um...I guess you're not seeing progress or...yeah must be quite hard...or you might get maybe parents don't buy in although I can't understand why you wouldn't cos it's a such great thing. We just really appreciate it so thank you.
C: Oh...thank you.
- 14:05 **K:** I can't wait to see what you're doing in a few years time I mean...you know. I'm sure you will be just...so fantastic Jenny.
C: Oh thank you. I think I'll still be around.
- 14:19 **K:** Good. Good. And if you need a reference from a parent's point of view please contact me. I mean that sincerely.
C: Oh thank you...yeah one day I'll set up a centre that will be great, music therapy centre or something like that.
- 14:38 **K:** Yeah definitely, how fantastic will that be! Will be great.
C: It will be great to have one in Wellington I think.
- 14:44 **K:** I think so. Will be wonderful!
C: Yeah in few years time...
K: It'll be wonderful. Good on you.
- 14:55 **C:** So um...is there anything else would you like to...like tell me regarding your views about music therapy?
K: Um...I think it's been really beneficial. Um...look I'm a bit limited in...
C: Um just like from your experience.
- 15:19 **K:** Yeah. I'm limited in understanding children with...I guess with learning...developmental issues. I mean I only know about Justin but I can see how much he responded to the music. And...he really has learned through music. Um...he loves music but he is learning through it and it's just...um it's a really positive experience. And...we're so fortunate and I think...it's such a great, you know I mean he goes to Mainly Music and he enjoys that too but to have that one on one...yeah I just thought it's so positive. It just helps him, you know, to have a music therapy centre, you know, what a positive thing that would be for kids. You know even children without learning um issues or development issues it's just a great thing anyway. I just think it's really positive and...it can only benefit children. I really do...more from my point of view, that's what I think

so...yeah. It's excellent.

16:34 **C:** So...oh is Justin going to a music group?

K: Yeah he goes...he's been going there for...probably about a year and a half. Um, and he goes on Wednesday morning to um...in Wadestown they do mainly music and um...yeah so that with a whole lot of other children and he seems to really enjoy that. They do um have props you know like around Easter time like rabbit ears, dress up-fireman's hat, sing songs.

C: Oh yes.

17:03 **K:** Yeah, he doesn't really like that. Um they do parachute song um...all sort of things and his confidence growing there too...I think he likes to wander around more there. Um I'm not sure how much he participates there, he does, but not as much as at home you know. I guess it's different cos it's one on one and...

C: Yeah yeah.

17:27 **K:** Yeah and he gets to play the instruments and...but they do do different things you know they have hats you know I just think again that...such a great thing, you know, he's learning songs, you know, about fireman with the hats. That's really positive but um...I love the whole music therapy thing with the different instruments, get him to try things. I mean gosh where else to get to do that cos we don't really get to do that you know.

C: I know...

17:59 **K:** And it...he's very lucky. He's just exposed to so many different instruments and the sounds. You know he likes to bang and he loves the guitar. He just LOVES it! You know so um...that's such a good thing you know.

18:17 **C:** Remember at the beginning Rachel told me to hide the guitar so we could do something else.

K: I know.

18:27 **C:** That's how much he likes it I think.

K: He does. He does. And when I saw him the other day, you know, having had a good old strum and so um...he really enjoys it. It's...like the focuses of his um...Yeah he just loves it yeah...which is so FANTASTIC. And if that's led to an interest in that instrument or anything other instruments well I mean that's great. Neither Robert or I, well Tim comes from a much more musical family than me. I can't even sing in tune. And um...so we don't play any instruments or anything like that. I mean what a great start this is. You know it's been a hard start but this is really positive.

C: Yeah.

- K:** It's just so good. You know...we're very lucky in that perspective. Fantastic!
- 19:20 **C:** Um...so does Robert play ukulele now?
- K:** He...he was...yeah he had some lessons um...he went the ukulele orchestra they...
- C:** Oh yes.
- 19:29 **K:** Um...then some workshops and um...but he missed a couple of the workshops so he doesn't really play. But his brother...he's a really good musician. He used to be um...you probably don't even heard of them, NetherWorld Dancing Toys, you don't know, a New Zealand band but...you would be way too young.
- C:** Oh Ok.
- 19:53 **K:** Um...and he was in the band and he played the piano, the guitar, he can play the ukulele.
- C:** Oh yeah...
- 20:00 **K:** Um...so he played the ukelele for Justin but unfortunately he lives in Sydney so we don't see him more often. Um...and then Robert's got a sister who plays in a band.
- C:** Oh Ok.
- 20:14 **K:** Um...so you know there's a lot of music within his family. My family none. I love music um...I play no instrument and I can't sing.
- 20:26 **C:** But you love music.
- K:** I love music. Yep I love music. I love music probably more than...I mean Robert likes music but...yeah I'm very passionate about it. I just love it. I love it so um...
- 20:40 **C:** Do you like...do you have any particular...
- K:** I like...well I like...a lot of music. Um...but I love...I guess you know I love going to the concerts. I love um...all sort of different styles. I like classical music. I actually really enjoy it. Um but I probably don't listen to it that much. Um...but you know I've also got Kings of Leon, they are oldies...but you know I just...I like a variety of music. I always have music on so um...and Robert likes music too but he likes, he likes older music but I don't like a lot of his music. And he also likes heavy music.
- C:** Oh Ok...strong beats...
- K:** Yeah no nah. So yeah.
- 21:37 **C:** Justin might like it.
- K:** Yeah yeah it's funny Robert reckons he likes...and again you've probably never heard them...Creedence Clearwater Revival.

- C:** Oh?
- K:** “How could you do that to him?!” so um yeah. But it’s good. I mean that’s good that Justin to be exposed to lots of different music so...
- C:** Yeah yeah...
- K:** Yep.
- C:** Definitely.
- K:** So um...lucky boy.
- 22:06 **C:** Hm...so how many um...how many times have you seen Cynthia work with Justin?
- K:** Um...not that many to be honest probably...about three or four times. Um...just with work I haven’t...it’s not like I don’t think it’s important cos I do think it’s really important. Um...but I guess...yeah Katie [Justin’s nanny] sort of with him in the sessions and talked to me about it.
- C:** Oh yah...
- 22:41 **K:** Um...and talked about Justin response, things like that. Um...if he...and then next year if Cynthia still seeing him which I hope she is but um...I like to spend some more time you know. It’s just hard with work you know.
- 22:58 **C:** Yeah because the sessions are in the afternoon so...that means you’d have to come back...
- K:** Yeah yeah. Sometimes it’s OK. It’s just hard...busy job and I travel quite a bit and um...sort of a bit tricky.
- C:** Yep.
- 23:14 **K:** But it’s not that I don’t value her sessions cos I really do. You know it’s fantastic. Um...so will be my objective next year, see more...see more sessions. I’ll actually try and...I might try and see if I can do a session um...before the end of the year...before the end of the term.
- 23:38 **C:** Oh OK. I think Cynthia is going away
- K:** Is she?
- C:** Um...to South America.
- K:** Is she?!
- C:** Yeah so...yeah so I’m not sure when she’ll finish or when she’s going
- K:** Right.
- 23:52 **C:** but she is going before Christmas...
- K:** Oh how fantastic.
- C:** I know...
- 23:57 **K:** Oh Robert might...Robert will be very jealous cos he...he loves South America.

- C:** Oh does he?
- K:** Yeah...yeah. Oh awesome.
- C:** I know. Good for her.
- 24:07 **K:** Yeah. Is she going by herself or...
- C:** With her partner I think...
- K:** Fantastic!
- C:** Exciting.
- 24:19 **K:** I will definitely try to catch up with her. I can't go next Tuesday, I'm in Auckland, but um maybe the following Tuesday if she still...yeah...I guess I better find out when her last session is.
- C:** Well I said to Cynthia I really enjoy um...(I looked at my watch)
- 24:41 **K:** What's the time?...Oh yes, that's fine.
- C:** Um...I think we will finish the interview now yeah...
- K:** That's fine.
- 24:50 **C:** Thank you!

APPENDIX 13

Professional Interview Transcript

Interviewer = C

Interviewee = R

Date: 2nd December 2008

Time: 10:00 am

Venue: Café

00:07 **C:** Can you tell me what you've seen in those music therapy sessions?

R: In relation to what...therapy...

00:18 **C:** Um...in relation to any changes um...that you've seen in the children...

R: In the children? Well the first thing I would say...that might seem quite fundamental but...it's that the children really love music. And I think...they...the first thing I can think of is that they focused very well. And they listen and they remain focused for a long time. And the second thing is that...cos they really love the instruments they decide that they like you and you are alright. So that helps foster the relationship with you. You're this woman who arrives with things like guitar and drums and interesting things...it's all very exciting. So that would be the beginning thing...would be that it just strikes up a really good rapport...because of the way...the medium you're working in. And the second thing...in terms of music...well there's a lot of things. The changes, I think would be...in terms of be able to take the turns...um and participating in an activity so that in songs when you leave a gap or with the instruments when the children...you leave a gap for them to play...they got much better at participating in a timely way in an interaction. And they got better at listening...generally to directions. So I'm thinking of...am I allowed to say names?

C: Oh yes.

01:58 **R:** Little Ryan who initially found it really hard to listen to a sequence of things. Um...after just a few sessions he got better at waiting and listening to several directions at once before he responded whereas he was very impulsive initially. So listening in all sort of way in terms of attention; in terms of waiting and in terms of following longer directions. I think the listening skills got much better through music.

C: Um I think I'll move this a bit closer (the Dictaphone)

- 02:32 **R:** Been a lot of talking...Shall I just give you little answers? Do you want just shorter answers?
C: Oh no, that's fine. Just um...say you know whatever that comes in you mind...it's just got the coffee machine so I thought I would move it closer.
R: Oh OK.
- 02:51 **C:** Um...so...what um...so like in those music therapy sessions what activities you found useful or not so useful?
R: I actually...I think they're all probably all useful. I don't think there was any one that was more useful than the others. Um...and they had different qualities to them. I think that...there were some that were easier for the children...I think...working with instruments was easier than singing because they didn't have to commit to saying something which is quite hard for them. But I think you used both activities, both sort of ways of working appropriately for the level of the child. So with Justin you did a lot with the instruments and Elizabeth more...for instance when she had to say something in the song more often. So...I think you challenged them to the level they could work at. I don't think there was one...I think they were equally useful actually.
- 04:06 **C:** Um...and could you talk about any significant moments um...you have seen during those music therapy sessions? If there was any?
R: Significant moments?! I wish I would have time to think about it, um...Well the one that moved me most is the kids that have probably got um...most difficulties. I think little Justin really. Um...from my point of view is that the significant moments are probably when he's saying things and he's becoming confident with saying things. But there is also significant moment um...in terms of things like when we were doing vocabulary he became...obviously he could recognise pictures which wasn't particularly a musical thing but you did contribute to the planning of that. You used pictures a lot for the choice making and for following directions so it is part of your...toolbox if you like. So I think um...probably that's the most moving time I think cos um...well that actually took a step forward. I think in particularly Justin to be honest. I think Ryan and Elizabeth they were...slower in a way...it's just not as obvious...but he's so much more delayed than them. When he does take a step it's a really big deal. So I guess that...for me that means the most I think. Yeah.
C: Um...and...
- 05:42 **R:** Just one more thing. Just with Justin. I guess another significant thing.

Cos he was so unconfident to begin with. Again compared to Elizabeth and Ryan...he was terribly unconfident and confused really. And to see him develop a real interest in the instruments and he really enjoyed playing them with you and developing that social confidence with you, that was really significant for me I think. I guess that was more of a music therapy thing. That was because of working with music that he particularly developed that. Yeah.

06:22 **C:** Yeah, that's good! Um...and um...can you talk a bit more about your experience um...working with a music therapy student?

R: Yes! Well I was lucky to get a good one. Like all students um...music therapy students have strengths and weaknesses. I think...Jenny's real strength...your real strength is um...a very accepting, sincere presence that you just bring. Um...so you're there with the children without any very high pressure or expectation and I think they feel very secure with that. Um...so for me...watching you work...I think looking at how you had um...really low pressure, expectations in a good way, in a sense that you didn't come and say "now we're going to this and then we're going to this. And I expect you to perform". But you pretty much came and said "Oh...what shall we do today?" and very much um...encouraging the child to be present and participate straightaway. I think it's a lot like Hannah. Hannah has a real strength like that...that she was very accepting of the children. I think cos I'm a teacher as well I automatically want to go and teach things...which is good but there is...I've got more to learn about just being there and just having my presence be there and letting that really be a kind of background for the child to bring out their communication and expressions. So I think number one is just your approach...that's great...and that has reminded me of those skills that Hannah had which I always like. Um...musically again I think um...I didn't really realise how much kids love musical instruments. I didn't. And they REALLY love them. And um...so I think...just from a practical point of view for my therapy I gonna...as I told you I gonna use more music in my sessions...because they respond so well to music. And I think it's just um...easier for them than the language. And I think um...even when you didn't...you said you didn't feel that confident...I think with...once you got the music going you do feel confident and that's...I've just seen your confidence um...grow...has been really nice and it's been really nice that you always have that with the instruments and with the children playing the instruments. But um...it's been...it's just been really enjoyable. It's been

good. And I've seen similarities...a lot of similarities between speech therapy and music therapy...and I think that might be the way you particularly work cos I don't think all music therapists work like that at all. I think you do a lot of work around...very specifically around listening...and you're very aware of...you're very good at observing how kids respond and thinking about ways forward from that. We haven't always had students who do that. So um...and that way I think you're more like me in that way that you analyse quite specifically and quite closely what's happening. We have had some music students who just keep playing guitar and children are sitting there crying and nothing's happening and they think that if they keep playing the guitar maybe the kids will be happy. They are not sensitive to...the level of the child and they are not sensitive to...how to engage them at the place they're at but I think you really have those strengths...pretty well from when I saw you anyway.

10:31 **C:** So you've seen some other music students?

R: A couple, yep. I haven't had them...I've only had them for odd days, they've been placed with other people in our team. But I've only had them...I won't name names...

C: No.

10:44 **R:** But um...who perhaps weren't as...aware of where the children were at or how to deal with changes in the sessions. Yep, so that's been very good for me to see that. So that's very similar to speech therapy cos I have to be aware of where children are at and change quickly even if I'm planned. And it's just very similar in that way...I think.

11:10 **C:** So you mean like um...like you would have clear goals or objectives of what you want to do with the child...in the session?

R: Very clear. Very clear but also there's also often a plan B because the children might not be in that mood that day or...something else might be more important um...or something that might've been improved that passed that plan so um...I have to very...I have to be able to...you know come up with something else very quickly, yeah...I think music therapy's very child led in that way too. I don't know if you have objectives sort of quite the same way. I'm not sure if you plan sessions as music therapy practitioners in the same way...whether it's specific or not...I'm not sure.

12:08 **C:** You mean with children...

R: With children.

12:12 **C:** Um...well like for me, I would have a plan but again...you know I don't usually go with the plan yeah...yep so I would also see where the

child is at um...yeah and it's funny sometimes like on the spot you just feel...you just know this is not going to work...like what you planned...

R: That's right.

C: and then you quickly have to...do something else.

R: Yes.

12:46 **C:** Yeah um...oh yes so do you have any suggestions for music therapy students in terms of working in a multidisciplinary team?

R: Um...yep. I think it would be very good wherever you're working that if you do an introductory talk before you start working in that place to all the staff you're involved with...about exactly what you do and exactly what your skills are and what you can offer therapeutically because I think a lot of people just think..."oh...oh they come and play the guitar and sing a few songs so they don't really realise specifically what you can offer and how it benefits the children you're working with. So I think to educate the staff initially is a really good idea. Um...and I think the other key thing is just stay in touch and talk to the staff involved with the children you're talking...working with...always talk to them all the time. Just like anyone else that we all have to do in our team. Yep.

C: Um...

14:10 **R:** What do you think Jenny? What do you think a music therapy student...a music therapist should do in a team? What's your thought?

C: Yeah I think communication is very important.

R: Yep.

14:22 **C:** And like you've said...music therapy is relatively new...new discipline...so um...yeah so I think it will really help if...you know there is a workshop or presentation...

R: Definitely.

C: about what music therapy is and what we can offer...yeah at the beginning but um...yeah...

14:54 **R:** Or possibly even...here's a thought...if you were placed longer than a year I would do it every year...a workshop, maybe with the new staff and maybe slightly different things everything so one year, you know, present what you do when you're starting off and then the next year maybe something about...review a project that you had in the last year and talk to teachers about ways you could be involved in the projects they're doing for the next year or something like that. Just so it's not getting boring but you also share the range of your experience as time goes on and show them...how...what you do with a particular group of children...can help

the children.

15:37 **C:** Yeah...I think just you know like um...learn how to share information and discuss issues with other professionals in the team. Um...I think it's a skill to acquire...

R: Takes a while...that's OK.

16:03 **C:** So is there anything else you would like to discuss...or talk about regarding music therapy um...

R: Probably nothing that we haven't talked about in particular. I think it's been a really good placement. I think you've brought a lot to the children. So...you know...will be sad to see you go. I have to learn the guitar now!

16:43 **C:** Yes...some parents said that...

R: They have to learn the guitar too?

C: Yes.

R: Oh...yeah.

C: Or you know like...get some instruments for their children...just you know...the way they've seen how their child responds to music.

17:03 **R:** Yep. Is there any more questions?

C: Um...no...

R: That's it?!

C: Yes.

R: That's very short.

17:16 **C:** Unless you would like to talk...you know...just your views about music therapy in general...you know...anything else you would like to...

R: Well again I can't play a musical instrument so I think the range of what we study is narrower and...probably more specific than your study. Cos you look at emotional things as well. You look at anger and you look at control and...sadness and happiness. Um...I just think it's great and again that's another whole aspect we don't...we're not trained in. So I think um...it's a very interesting field...that's very broad. You probably really have to know what you're doing in terms of emotions...dealing with emotions so that probably takes years as well I think. I think that's a whole art. But I also think your particular approach...is a lot like speech therapy. We haven't had music...other students have been more musical in a sense they just...they haven't used pictures and they haven't used um...written instructions, they've just done the entire sessions with music and been very sensitive; you almost blended speech therapy and music therapy to me...the way that you used pictures and sequencing and stories and songs very naturally. So I think you must have quite an ordered mind in that way that

- you likely...you seemed to naturally have language and instructions...whether that's mine cos I have no ideas although...Do you think it is? Or do you think it's just you?
- 19:47 **C:** I think it definitely has influence from working with...you know...you
R: Oh really?
- 19:52 **C:** speech language therapy...um...yeah you know cos I got um quite a few ideas from you and I just integrated that with music so...yeah definitely has that influence there.
R: I think you do it quite naturally. It's like...it seems quite easy for you to think like that. I think maybe you should become a speech therapist.
- 20:27 **C:** One day you know I feel um...I want to do something else...I might...
R: You would...I think you would quite naturally...quite easily be a speech therapist. You quite naturally do that and you can bring your guitar to work.
C: Hm...
- 20:43 **R:** But um it is...Just another three years training Jenny.
C: Maybe not...
R: Maybe not. You probably feel like you've studied enough, don't you?
C: Um...yes at the moment, yes.
- 21:05 **R:** Um...I think you are lucky...really lucky to have the lecturers you have. I think Daphne is extremely insightful and um...you don't get people that everyday.
C: No no...I feel very lucky to have her as my supervisor.
- 21:24 **R:** Are you going to get a supervisor next year when you are working?
C: We will have to...have um ongoing supervision, yeah. Um...yes so it's something for me to think about.
- 21:41 **R:** Um...anything else in terms of music therapy...I just encourage you to really bring out your personality like Daphne was saying and just have fun with the kids and be dramatic. Cos you do that really nicely...just...just let it all be there.
C: All come out.
- 22:00 **R:** Let it all come out. That's right. Um...I think that's probably all...
C: Um...oh thank you so much for your time.
R: That's alright.
C: We will finish the interview now. Thank you.