Instructional and Improvisational Models of Music Therapy with Adolescents who have Attention Deficit Hyperactivity Disorder (ADHD): A Comparison of the Effects on Motor Impulsivity

A thesis presented to fulfil the requirements for the degree of Master of Music Therapy at Massey University, Wellington, New Zealand

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This study compared the impact of instructional and improvisational music therapy approaches on the level of motor impulsivity displayed by adolescent boys who have Attention Deficit Hyperactivity Disorder (ADHD). Measures included numbers of errors made on a Synchronised Tapping Task (STT); and Conners’ Rating Scales (Conners, 1997). Participants (n=13), aged 11 – 16 years, were enrolled in a special residential school. A combination of a multiple contrasting treatment and an experimental control group design was used. Students were randomised to three groups; control (Group A) and two treatment groups. Students in Group B received eight sessions of improvisational music therapy followed by eight sessions of instructional music therapy, while the order was reversed for Group C.

There was no statistical difference between the impacts of the contrasting music therapy approaches on the level of motor impulsivity displayed by the students as measured by the STT and the Restless-Impulsive and Hyperactive-Impulsive Conners’ subscales. However all students significantly improved on the STT across each phase of treatment and improvement was slightly greater during the instructional treatment periods for both groups. During these same periods teachers reported a small decrease in restless and impulsive behaviours. The results therefore cautiously imply that the instructional approach might contribute to a reduction in motor impulsivity in the classroom.

Significant improvement on STT without the corresponding improvement in motor impulsivity suggested that increased accuracy on the STT might be attributable to progress in other developmental domains. Teacher report of significant improvement for treatment groups on the DSM-IV Total Subscale adds weight to this suggestion, and implies that combined music therapy approaches might have contributed to a reduction in DSM-IV symptomology in the classroom.

Rickson’s (2001) tentative suggestion that creative music-making might over-arouse students with ADHD was not confirmed. Students did make more errors
when tested on the STT a second time on the same day but this was regardless of whether they had been involved in instructional, improvisational or no music therapy programme. It is possible that students who have ADHD are easily aroused by the general school milieu and classroom or music room interactions with peers.
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