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# AVAILABILITY OF THESIS

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**Improving understanding of music therapy with a non-  
verbal child: sharing perceptions with other  
professionals**

A research presented in partial fulfilment of the requirement for the Master  
of Music Therapy

At New Zealand School of Music, Wellington,

New Zealand

**Yaeun Kyung Park**

**2008**

## **Abstract**

This study explored the value of music therapy practice with a non-verbal child conducted by the author, a Music Therapy Student (MTS), as seen through the eyes of two music therapists and the child's mother, as well as the improvement achieved in the MTS's understanding of music therapy practice through sharing the three professionals' insights. The paper addresses two research questions: (1) How is music therapy with a non-verbal child perceived by music therapy professionals? (2) How does sharing these professionals' understanding of music therapy improve the MTS's understanding of this therapeutic process? The MTS's self-reflections were treated as part of the data in this research, as was the non-verbal communication within the music therapy intervention to support the findings. The qualitative research, 'Naturalistic inquiry' was used for this research. Data was collected by interviewing these three professionals individually about their perceptions of music therapy after watching three video extracts of normal music therapy sessions with the child. The video extracts were selected from the significant moments of non-verbal communication. Through this process of sharing the professionals' perceptions, the MTS gained a deeper understanding of both the child and the music therapy practice administered, confirming and extending her understanding of the musical and therapeutic skills and techniques of the three professionals, which they had gained in their varied experiences and which had been shaped by their varied backgrounds. The MTS was thus engaged in a learning process which hoped would enhance the quality of therapy provided by her in the future.

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This research project received ethical approval from Massey University Human Ethics Committee: Southern A in September 2007 Reference no: 07/41.

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## Chapter 1

### Introduction

This study was undertaken as part of the Master of Music therapy clinical training programme and was based at a specialist therapy centre in New Zealand, where I<sup>1</sup> was a student on placement. The project had two main areas of focus: firstly, exploring perceptions about my music therapy practice made by music therapists and parents (to be referred to jointly as ‘professionals’ in this study)<sup>2</sup> and secondly, developing my understanding about music therapy practice through sharing the perceptions of the professionals and linking this to my own reflections on my clinical work.

The specialist therapy centre where this study was based provided treatment for children with a range of special needs. A common issue for these children was difficulties with communication as they had little or no speech. However, the centre provided a good environment for parents and therapists to interact helpfully with each other. Parents were able to get feedback before and after the sessions and were able to communicate with therapist through the processes of consultation, assessment review meeting and regular review meetings. Every meeting with parents was held at the centre and video recordings of the sessions were shared. The music therapists at the centre were also well-supported through the regular team meetings every week and (MTS) having regular supervision with music therapist supervisor. Therefore, this well-established

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<sup>1</sup> Throughout this paper, the author will refer to herself as “MTS” (Music therapy student), “I” or “Researcher” where it is appropriate.

<sup>2</sup> In this project, parents were considered as fellow ‘professionals’ in line with current practice in special education in NZ, which included parents in the interdisciplinary professional team of people working with the child

clinical practice and process of sharing at the centre provided a helpful basis for my thinking about this project. I felt that the research could provide an opportunity to document and highlight such process and this evidence might be helpful for parents and therapists at the centre, for music therapy practice in New Zealand, and to add to the literature on interdisciplinary work with teams in music therapy.

In this study, to help the professionals' understanding of the child and the session, showing them edited video clips of my music therapy practice with the child was the most appropriate process. The sharing process focused on non-verbal communication and interaction between the child who had difficulty with communicating and me, the music therapy student within music therapy setting. Showing the parent(s) clips was a part of process of the usual review meetings with the parents at the centre. Based on what they observed in the video, we got feedback and shared our thoughts. My clinical diary and progress notes of every session were another vital process of this study to enable exploration of my self-reflection on the clinical practice. To help the actual research procedure, I attended a regular research seminar once a month which was a part of the master course. In the seminar, an introduction to the research process was taught and students shared their research topics and feedback each other with guidance from the supervisors.

The final results of this research will be shared with other music therapy students and practitioners with the aim of improving music therapy knowledge and practice. As there is growing interest in involving parents in the music therapy process, this research may be a valuable addition to the literature. This study may also help other practicing music therapists in New Zealand who wish to work with children who have difficulties with

communication and who need support from parents and other professionals. Therefore, the study will have considerable significance in this environment.

### **1.1 “I” as a researcher and Clinician**

This section introduces background to myself as a researcher and also as a clinician and the context of how this research project was developed.

I am a second year music therapy student and had been in practicum for a year at a specialised therapy centre (this year) as a part of music therapy course. The placement provided music therapy intervention to children with special needs. In the first year of the music therapy course, I worked at a centre for people with intellectual handicap and a rest home. During the course, I have been interested in ‘sharing’ with other professionals especially with parents of the children with special needs and other qualified music therapists as I felt it was an essential process in order to provide quality intervention to the children and the family. In my usual experience of music therapy practice, it has at times been difficult to involve the carer(s) in the therapy room because it can make the therapeutic space too crowded and take the focus away from simple musical experience for the child. Consequently, the parent(s) might feel excluded from the experiences of their child and isolated from what is happening (Woodward, 2004; Oldfield & Bunce, 2001).

In my music therapy practice, getting feedback and sharing my thoughts with the parents and supervisor were important to improve my understanding of the therapeutic process and the child I worked with. But it has been challenging to share and make connections with the parent(s) and other professionals within music therapy setting in

New Zealand. Thus, it was a good opportunity for me to work at the specialist therapy centre during the second year course as they already provided a good sharing environment with parents and music therapists. The supervision with a qualified music therapist at the centre was helpful to widen my therapeutic thinking and talking about the clients with other music therapy professionals at the centre helped me to review my sessions and helped my understanding of the children's difficulties and needs.

This research was based on existing music therapy practice, but gave much more documentation and detail about examining the process of communication in music therapy than would be possible in a normal intervention. Meetings with parents at the centre for reviewing their child's progress was usually just a verbal meeting with brief notes made. Also, the value of this process had not been explored and documented much in the music therapy literature. Therefore, I felt it was good to make use of the centre's policy of involving parents and team discussion about music therapy, but I went a step further by studying and analysing the process in depth, and reviewing the value of it for myself and colleagues at the centre, and for music therapy practice with non-verbal children in general.

The other rising interest for me as I worked with children was nonverbal communication within the music therapy setting. I had noticed that it has been challenging to communicate efficiently with non-verbal clients through my clinical experiences. Therefore sharing 'the moment of communication' during music therapy sessions with other professionals who had their own background, expertise and experiences was valuable to develop my understanding of this therapeutic process. I used the opportunity of this study to explore further the non-verbal communication

between the child and therapist and to share this non-verbal communication with the carer and practitioners. Subsequently, this process of sharing would help me to provide quality of therapy in the future.

### **1.2 Aim to this research**

Three primary aims of the study are:

1. To explore the importance of sharing thinking with other professionals who have their own expertise and experience.
2. To develop MTS's understanding about music therapy practice with a child who has difficulties with communication through sharing different perceptions about music therapy interventions and exploring the researcher's self-reflection on the clinical practice.
3. Subsequently to provide quality music therapy service to the client in the future.

### **1.3 Research Questions**

- 1) How is Music Therapy with a non-verbal child perceived by other professionals?
- 2) How does the sharing with other professionals about music therapy improve the researcher's understanding of this therapeutic process?

## **Chapter 2**

### **Literature Review**

This literature review will introduce some literature on sharing music therapy practice with a parent of a child with special needs and other music therapy professionals. The shared music therapy practice was focused on nonverbal communication during music therapy intervention with a child. The author considered 21 papers: 15 descriptive studies from journal article, 3 research studies and 1 case study were included. All articles were selected from between 1990's and 2007.

#### **2.1 Sharing thoughts on music therapy intervention with Parent(s)**

“Involving family members in decision-making empowers the whole family.”

(Rickson, 1995 p34)

Woodward indicated that working with a child with special needs and their family has been a rising interest within music therapy practice which since the idea was presented in the first conference in the UK specific about music therapy and family, ‘The child, the family and music’ held in London 2000 (Woodward, 2004). Archer showed a current literature about music therapy with a child and family especially in early intervention (Archer, 2004). Studies in the music therapy literature (Proctor 2005, Fearn and O’Connor 2003 and Baek 2007) indicate a lack of information about therapist-parents interactions in current practice and suggest these interactions are important for efficient intervention with children and for building relationships with families. Woodward (2004) emphasises the importance of musical interaction between the

parents and the child within the music therapy sessions (Woodward, 2004). However, she also includes how sharing thoughts about the child and child's progress with the parents is a vital process for the child and parents and also for the music therapist.

It is important to be aware of the needs and desires of the child and his/her family as a music therapy practitioner in order to help them to cope with their specific needs.

Therefore sharing with parents about their perceptions on the child's intervention yields important data for the therapist (Allgood, 2005; Rickson, 1995). As the family of the child with special needs has long experience and 'everyday' understanding of their child, they are able to be aware of the significance of aspects of their child's behaviour during the sessions which may not be so obvious or clear to the therapist (Fearn & O'Connor, 2003). Archer (2004) interviewed parents who attended a music therapy session with their child. Sharing the parents' perspective of having music therapy with their child and the progress of their emotional changes towards their child was a helpful process for the music therapist to understand their difficulties, needs and progresses. The music therapist's listening and responses to the parents' difficulties and concerns deepens her understanding of the child. Consequently she may be more able to provide quality intervention in the future (Fearn & O'Connor, 2003; Rickson, 1995).

Procter (2005) conducted a collaborative research project about music therapy with children involving parents and focused on the relationship between therapist and parents. In the project, they found that there was a lack of information about therapist-parents interactions in music therapy literature. One reason why therapist-parents interaction in actual music therapy practice does not often happen is that the music therapy often takes place in the school context where there is barely contact with therapist and parents. Procter also indicated possibilities of therapists feelings of under-confidence or feelings of inappropriateness of discussing with parents about the interventions.

However, the research concluded that the therapist-parents relationship is important after gathering data from having interviews with parents, professionals and giving own reflections (Procter, 2005).

Fearn and O'Connor's review of their practice concludes idea that "The feedback from parents has been overwhelmingly positive and encourages us to undertake more of this work." (Fearn & O'Connor, 2003 p74)

Baek (2007) indicates that the sharing process is an opportunity to help parents' understanding of music therapy intervention which motivates them to participate in the process. She also emphasises that positive therapeutic outcomes comes along with good communication between the parents of the child with special needs and therapist (Baek, 2007; Fearn & O'Connor, 2003). Parents' directly or indirectly participating in the session by attending the session with the child or observing the video clips of the child's session may be a valuable experience for them. The parents might find their child's new ability or behaviour whilst observing or participating in the session. It would empower the parents. The music therapist's feedback of their child's progress and positive interaction with the child can be positive reinforcement for the parents (Fearn & O'Connor, 2003).

Often, parents who do not participate in the process of their child's intervention may feel excluded and suspicious. Sharing the child's music therapy process with the parents is crucial to make them feel included in the process and involved in their child's progress. It is important to make a link with the family of the child who receives music therapy intervention for them to feel re-assured and comfortable especially when music therapy is a new form of intervention for them and also for the therapist to confirm their

thoughts of the child with the parents (Croxon, 1999; Fearn & O'Connor, 2003). Some authors suggest that providing a time for sharing with other parents of children with special needs helps the parents to feel less isolated as they share common difficulties and their perception of the music therapy intervention with other parents (Oldfield & Bunce, 2001; Woodward, 2004). Voigt (1999) mentions that involvement of the parents in their child's music therapy impacts positively on their parenting style and the child's social and emotional development, whether the parent as observer or participant.

## **2.2 Sharing thoughts on music therapy intervention with music therapy practitioners**

Some writers suggest the process of two music therapists working together but it did not focus specifically on their co-therapy but the general process of co-therapy practice (Fearn & O'Connor's , 2003; Grogan & Knak, 2002; Oosthuizen, Fouché & Torrance , 2007; Tyler, 2002).

Fearn & O'Connor's article (2003) describes the experience of two music therapists working together and the benefit of the partnership. The authors note the value of the supervision which is a time for thinking, reflecting and sharing therapist's therapeutic perception of the sessions and the client. This sharing process helps therapists to develop their understanding of various aspects of co-therapy practice and therapeutic process. Consequently, this valuable opportunity for discussion from an objective perspective enhances the quality of therapy.

## **2.3 Nonverbal communication**

Music is an efficient channel of non-verbal communication (Molyneux, 2005; Oldfield & Bunce, 2001). Music therapy methods such as instrumental play and improvisation

have been widely used as a means of communication within music therapy settings, especially with children who are non-verbal and with speech and communication difficulties (Lefevre, 2004; Oldfield, 1999). Burrell (2005) indicates that non-verbal communication can be vocal sound, voice, words, eye and body contact, facial expressions, expression and affection, change of dynamics, intonation and timbre and anticipation.

A number of clinical case studies in the music therapy literature report positively on the development of nonverbal communication within music therapy setting. Shim (2007) wrote a personal story of music therapy practice focusing on nonverbal communication with clients who are having difficulties with verbal communication. He used improvisational techniques to communicate effectively and also musically and aesthetically. In Oldfield's case study (1996), the musical activities enable a nonverbal child, Jamie, who was diagnosed as having a language disorder, to build relationship with the therapist without using any speech to communicate. His nonverbal communication such as various facial expression and vocal sounds developed into a dialogue with the therapist throughout the intervention. Allgood (1999) included a case vignette of a boy who had frustrated moments with his mother. When he was upset about his mother he brought her to a place where musical instruments were and initiated musical interaction with his mother (Allgood, 1999 quoted by Allgood, 2005). Non-verbal interaction within the music therapy setting is a helpful way of interacting especially when verbal engagement is difficult (Molyneux, 2005). In these significant examples, it shows that families who have difficulty in engaging verbal work including verbal conflict and child's or caregiver's pathology find music very useful for their

communication and music provides a safe environment for them to express their feeling freely but in a gentle way (Allgood, 2005; Molyneux, 2005; Oldfield & Bunce, 2001).

The nonverbal interaction enables the parents to feel more connected to their child when they are more able to be aware of the different qualities of the child's vocal sounds or gestures (Archer, 2004). The studies of Archer (2004) and Molyneux (2005) introduce cases which show positive nonverbal interaction between the child and parent(s). In Archer's paper (2004), as the parents attend music therapy sessions with their child, they become more able to notice how nonverbal communication is useful for the interaction with their child. Nonverbal communication within music therapy intervention encourages the parents who attend the music therapy session with their child to respond to their child empathetically. Molyneux (2005) introduces a short-term music therapy approach to working with families. The study is emphasised on giving quality therapy to the child and the family. Short-term music therapy is provided for the family who needs support to communicate efficiently with their children who have difficulties with communication. However, she concludes working with the family provides their awareness of the negative patterns of communicating and relating with their child which can be re-framed.

Graham (2004) considers the crying sound as a starting point of making musical sound. He describes a client 'O' 's crying sound as an expressive and communicative sound. O's crying sound becomes more rhythmic and contained melodic shape as the client is supported by the music which provides the client O sharing experience through the vocal interaction.

## Chapter 3

### Method

#### 3.1 Research Methodology

This study, which examines music therapy professionals' perceptions of video-recorded music therapy interventions, employed a qualitative research approach commonly referred to as 'naturalistic enquiry' (Aigen, 2005) and described by Wheeler and Kenny as follows:

“...[it] takes place in natural or real-world settings, and the researcher does not attempt to manipulate or change the situation or phenomenon of interest. By occurring in a natural setting, the research is done on the same events and interactions that the researcher wishes to study.” (2005, p 64)

As this research paper is based on normal clinical processes at a specialist therapy centre it was well suited to this approach. In the process of this study included three participants: A parent of a child with special needs and two music therapy professionals. The processes comprised, among others, the MTS observing and reflecting on video-recorded regular music therapy sessions with a child, and showing the child's parent and two music therapy practitioners video recordings of music therapy sessions and asking them to share their thoughts about the extracts. The results of this naturalistic study are applicable to improving the understanding of the MTS's clinical work as various insights and understanding of the professionals are shared after observing the video extracts which are based on their different experience and background. The main data of this research paper comprised analysed transcripts of the interviews with two

music therapists and the child's mother. The transcripts were reviewed many times by the researcher and were divided into various themes of their perceptions.

### **3.2 Recruitment of Participants**

Three professionals, comprising the mother of a child who had received regular music therapy intervention and two local music therapy practitioners, participated in this study. The participants were given approximately 40 minutes each to watch three video clips, one at a time, after which they were interviewed by the MTS. The interviews were conducted at times convenient for the participants. A staff member of the therapy centre (not the MTS) informed the child chosen for the research and his legal guardian about the research, ensured that they had all the necessary information (reading the information sheet; *see App 4&6, App 5&7*) to them if necessary, invited them to participate and witnessed their consent. A relatively small number of participants (three interviewees plus the researcher) was included in this research. This was appropriate to the scale of this qualitative project, where the aim was to develop in-depth and detailed analysis of the responses of participants from their transcribed interviews using a type of content analysis, which identified themes.

#### ***3.2.1 Criteria for recruitment of participants***

The criteria for recruiting participants were as follows:

##### A parent of a child

A parent was identified from among the parents of the three children on the MTS's case load at the centre. The first parent who gave consent to be interviewed and for their child's music therapy to be video-recorded and subsequently viewed was

recruited. The parent had to have expressed interest in this research topic. The only criterion for the child to qualify as an indirect participant was that he or she was non-verbal and demonstrated non-verbal communication with the MTS in his/her usual music therapy sessions.

#### Two music therapy practitioners

Two music therapists were recruited from amongst the four therapists at the therapy centre with the first two who volunteered to participate after seeing the advertisement on the noticeboard (*see App 8*) or who heard about the research at regular staff meetings were recruited. The therapists had to have expressed interest in the research topic. If more than two music therapists volunteered, priority was to be given to qualified music therapists and on the basis of their length of experience in the field of music therapy with children with communication difficulties.

#### ***3.2.2 Background information about Harrison, the indirect participant***

Harrison was the first child whose parent gave permission for this project. He was an indirect participant in the project while his mother was a direct participant. Harrison was a 10-year old boy with Autistic Spectrum Disorder at the time permission was given. He received 30-minute music therapy interventions once a week over his eight months at the centre. His means of communication included facial expressions, smiling, laughing, babbling and some vocal sounds. Throughout the sessions, he demonstrated non-verbal communication with MTS through music. The goals identified for Harrison's music therapy intervention were to build a trusting relationship with the MTS, encouraging meaningful non-verbal communication and initiation of interaction in musical activities and choice-making.

### ***3.2.3 Background information of two qualified music therapists***

The two music therapist practitioners who participated in this study were trained and qualified in music therapy, having taken courses at different institutions. Both were registered to practise in New Zealand. They had experience with various client groups, including children with special needs, including non-verbal children, and they had noticed the value of using music as a means of communication with them.

### **3.3 Data Gathering**

Two main methods were used for gathering data in this project. Firstly, the MTS conducted semi-structured interviews (*see App 9*) with the three participants, in which they were asked to relate their observations of the video extracts of several music therapy sessions with Harrison. Secondly, data was derived from the MTS's observations and session notes about the same video extracts of the music therapy sessions.

#### ***3.3.1 Criteria for selection of video extracts***

The criteria for selecting the video extracts were as follows:

- Extracts had to be from the child's normal music therapy sessions
- Extracts were selected from Harrison's music therapy session between 25 to 30 as the consent form had been signed by the child's parents from this date.
- Extracts had to be a significant moment of non-verbal communication and interaction between the child and the MTS. For example, the moment of improvisation, turn-taking and using various tempo and dynamics, call and response...etc.

- The extracts had to be approximately two minutes in length.

### ***3.3.2 Procedure in interviews***

The three participants were required to watch three edited video extracts, one extract at a time, by themselves and to participate in an interview after watching each extract. The interview followed a semi-structured schedule with supplementary questions asked when appropriate. To have a better understanding of the child taking part in the music therapy sessions, they were given a background information sheet before the interview.

The interviews were focused on the observations, perceptions, impressions and recommendations of the participants regarding the video clips they had seen. The questions asked focused mostly on aspects of non-verbal communication and interaction between the child and the therapist.

Each interview was recorded and transcribed, and the transcripts of the recordings were given to the participants for verification. The transcriptions and the MTS's notes reflecting on the video clips were analysed for common trends, themes and units.

The data comprising the sharing of ideas with the three professionals participating in the study were explored with regards to what had been learned about the child's non-verbal communication and interaction in the music therapy sessions.

### **3.3.3 Music Therapy Student's Data**

The MTS's perceptions of the non-verbal communications and interactions with the child were also considered data. The MTS watched the same video extracts as the other professionals and referred to the clinical progression notes of the sessions with the child. The MTS's self-reflection notes were written before interviewing the three professionals in order to prevent being influenced by them. The improvement in the MTS's understanding of music therapy practice was assessed based on her self-reflection note by adding the other professionals' perceptions.

### **3.4 Summary of Stages in the Research**

Regular music therapy was undertaken with children at the therapy centre by the MTS over a nine-month period.

- 1) One child and his mother, who were part of the MTS's case load, and two music therapy practitioners were recruited by a third party to take part in the research.
- 2) Following consent being given on behalf of the child by his mother, three video extracts of 2-3 minutes' duration were chosen for study during a later period of the child's therapy.
- 3) The MTS read through her clinical notes on these video-recorded extracts and recorded her perceptions of the behaviour and communication of the child and herself in these extracts (*see App 1*).
- 4) The child's mother and the two music therapists were shown the video extracts and interviewed individually about their perceptions regarding the communicative behaviour of the child and the MTS during the extracts.
- 5) The interviews with the three participants were transcribed (*see App 2&3*) and then analysed for themes and units of meaning.

- 6) The perceptions of the participants together with the MTS's observations were collated and are presented in the findings section of the paper.
- 7) The MTS considered the range of observations made about the extracts by the three professionals and reflected on what was learnt about music therapy with a non-verbal child through this process.

### **3.5 Ethical Considerations**

This study was approved by the Massey University Human Ethics Committee (Southern A, Application 07/41) in September 2007. In order to minimise any conflict occurring in the recruiting of participants and collecting of data, the following strategies were followed:

- A member of the therapy centre staff approached potential participants to see if they were interested in participating in the study.
- Families were told that any refusal to participate in the study would not lead to a refusal of ongoing music therapy treatment for their child.
- The therapy centre staff were particularly alert to the possibility that the parent of a child might feel pressured into participating in this study as they might feel that refusal could have a negative effect on his/her child's therapy. Therefore the therapy centre staff was careful to look after the clinical interests of the families and children referred to the Centre.
- Participants were able to refuse to answer questions and ask for the tape recorder to be switched off at any time during the interview.
- Participants' identities and location of the study were protected by the use of pseudonyms.

- Participants' confidentiality was given the greatest respect.
- All ethics issues had been addressed and clinical work supervised by a music therapist at the centre and the MTS's supervisor.
- The MTS recognised that this study had the potential for a conflict between her roles as clinician working in music therapy with the child whose sessions were studied in this project and as researcher who interviewed the participants and analysed the data.

## Chapter 4

### Findings

Findings will address the two research questions formulated in Chapter 1:

(1) How is music therapy with a non-verbal child perceived by other professionals? (2) How does sharing these professionals' understanding of music therapy improve the MTS's understanding of this therapeutic process?

In the first part of this chapter, three sections will lay out three video extracts in turn. Each section will include a brief description, the MTS's self-reflection and three analysed interview transcripts with the participants for each video extract. The transcript of each interview will show emerging themes. The discussion of each video extract is followed by the MTS's gained understanding from the professionals' perceptions. The MTS's self-reflection note was derived from session progression notes and her clinical diary. In order to help understanding of the summary of the findings, a summary table will be included at the end of the first part. The second part of this chapter presents the three professionals' recommendations to MTS based on their observation.

All unreferenced quotations below are from the transcripts of the interviews with the three professionals (*see App 2&3*).

## **4.1. Video Extract 1**

### ***4.1.1 Description of 1<sup>st</sup> video extract***

The 1<sup>st</sup> video extract is selected from Harrison's 26<sup>th</sup> music therapy session out of a total of 30 sessions. This two-minute extract shows a non-verbal interaction between Harrison and MTS while they are playing on the floor tom (drum) together on the floor. MTS only uses lyrics of an improvised song when direct reinforcement is needed. Playing the drum together is a usual pattern of Harrison's session every week. The extract shows Harrison and MTS sitting opposite each other (directly facing each other) over the drum.

### ***4.1.2 MTS reflection***

#### **Harrison's indirect engagement**

At the beginning of the clip, Harrison seemed reluctant to interact actively with me and he seemed a bit isolated. I felt this passive engagement moment was a preparation time for him before making more direct contact with me. He seemed to explore more on the instrument rather than focusing on our relationship. In this phase, I felt the drum was a kind of 'bridge' between us for further interaction. Modelling how to play and singing an improvised song were used to encourage him to engage more actively with me. The lyrics of the song were: "play on the drum with your hands... on the drum". I approached him with the song when he seemed to need more directive instruction instead of giving the verbal cue every time. It was a more musical and non-directive way of reinforcing him. I left enough time space between each phrase of the song as a sign of waiting and inviting. My soft and calm voice was to encourage him to be involved in a non-threatening way.

### **Familiarity and comfort**

Harrison seemed comfortable and familiar with the environment of the music room and my presence even though his interaction seemed quite passive (compared to other sessions). He often made eye contact as if he confirmed my being with him and as if he told me that he was listening to me. This was a very calm and comfortable interaction.

#### ***4.1.3 Michael (Music Therapy Practitioner)***

*Before Michael commented on anything about the video extract, he reminded himself the specific interactive behaviours between Harrison and MTS shown in the extract. He started with describing all the detailed movement of Harrison and MTS.*

### **MTS matching the child's speed**

Michael emphasised the importance of 'matching the child's tempo' whilst observing this extract. In observing this extract, he also wondered if MTS's drumming speed was matched to the child's but he recognised it was difficult to tell by only watching the interaction via a video-recording. Whilst wondering where MTS's playing tempo came from, he assumed it might come from an unconscious pulse of MTS's, such as her heart beat or breathing or the child's fingering. However, he highlighted that this 'matching' the child of what he had given was an essential technique to develop as a therapist because it provided the child the feeling of someone being with him and him being reflected.

### **Recognition of being reflected**

Michael noticed that Harrison recognised his playing being reflected by MTS. Michael assumed that Harrison's careful listening to MTS and watching MTS might enable him to recognise that he was being reflected. He said: "He (Harrison) cognitively recognised that something of him is reflected. It is interesting he was observing the visual that you were giving. I felt Harrison was visually attending to your face because perhaps, he had heard something of himself reflected in your music." (L:114)<sup>3</sup>

#### ***4.1.4 Emily (Music Therapy Practitioner)***

*Emily was surprised how much information a two-minute video extract could give for her to take in and think about. She asked to watch the clip once again in order to confirm her memory but in order to treat all participants equal, I decided not to show it again. However, she started to describe what she had observed to track her memory of what exactly happened in the extract.*

### **Recognition of being reflected**

Emily noticed that Harrison sensitively recognised what was going on around him, even MTS's small movement changes. She said he was able to respond to these changes. She commented that, "...when you changed what you were doing... it seemed to grab his attention and he watched... and then he started using his fingers a little bit more on the drum...so he was responding to it and to what you were doing." (L:87)

It was significant that Harrison was responsive to the music and the encouragement given by MTS. She gave an example: When MTS changed from using her hands to using her fingers during playing on the drum, which was an imitation of Harrison's

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<sup>3</sup> Refer to the line number of interview transcript where the quote was taken from.

gesture, Harrison recognised that he was being imitated (reflected) by someone and responded to it by showing more active engagement.

### **Harrison's indirect engagement**

Emily made an interesting comment on Harrison's interaction. She said: "Lot of the time, I got the impression that he was watching you (MTS) and he didn't want to be seen to be watching you." (L: 92)

Regarding this comment, Harrison seemed to definitely engage with MTS or at least he was looking at MTS but in a passive way. This passive engagement would be described as a non-directive way of engagement. However, based on the premise that this perception was right, it suggested some possible statements of Harrison's state of mind. Harrison might be cautious about direct interaction with MTS or he might need time to tune into the environment.

#### ***4.1.5 Anna (Mother)***

*Straight after watching the extract, Anna readily began to talk about what she thought about Harrison's interaction with MTS. She seemed very excited and comfortable to talk about Harrison.*

### **Harrison's imitation**

Anna commented on Harrison's imitation of MTS's gesture while they were playing on the drum together. She was excited about the fact that he was able to imitate someone. "I think what is most positive in this video is the fact that I can see that my child is able to imitate." (L:64) She said that Harrison imitated MTS's finger movement on the drum

and this imitation might be his communication that he was listening and engaging with MTS. Anna was aware of the importance of imitation for the child's social interaction. "Imitating is the first key to learning social skills... language comes from imitation." (L:66)

### **Familiarity and comfort**

Anna noticed Harrison's calm and relaxed engagement with MTS. "He seems quite at ease with the environment and seems to be quite calm, very calm." (L:62) As she believed that anxiety did not help Harrison to concentrate on engaging in musical activities, his calmness was important for his interaction with MTS and also for building his attention span. His peaceful musical engagement was significant for Anna because he did not show this engagement at home. She said that Harrison was able to discriminate between people, being able to tell who is a teacher and who is his mother and the expected role of each person. Therefore he resisted sitting and learning from his mother at home. Anna seemed to feel positive about that Harrison was able to differentiate places and people such as being at home with his mother and being at a place of learning.

### ***4.1.6 Summary 1***

I realised that the perceptions of the professionals were varied. Particularly, the two music therapy practitioners commented on common aspects of the intervention while mother had totally different views of thinking about the interaction between Harrison and myself. Emily's impression of Harrison's subtle engagement (not willing to be seen to be watching MTS) was interesting as it was deeper than my perspective on his passive engagement. Emily seemed to put herself in Harrison's point of view about this passive engagement while I interpreted it as his preparation time before going into more

active engagement with me. Her interpretation of his subtle engagement specifically extended my thoughts about Harrison's way of communicating non-verbally such as through subtle gesture changes and making eye contact.

It was significant that the two music therapy practitioners commented on the same issue of Harrison's recognition of him being reflected. I was encouraged by this feedback about the fact that the child was watching me, responding to me and communicating with me by showing a subtle response to my music and gesture.

My thought on Harrison's comfortable engagement in the music room was confirmed by Anna's perception. The most helpful comment from her to improve my understanding of the interaction with Harrison was about Harrison's engagement outside of the music room. Just as Anna noted his musical engagement at the therapy room, I was able to notice the significance of his interaction in the music room. I realised that the music therapy room could be the best place for Harrison to develop his communication skills and to express his feeling where he was eager to engage. I thought it might be good to work on transferring this positive musical interaction at the therapy room gradually to his home setting. However, I was pleased to see Anna feeling positive that her child was able to imitate another person during the musical activity.

Michael's perception of the importance of MTS matching the child's tempo was quite a new aspect which I had not thought about while I had the intervention with Harrison even though I knew its importance theoretically. It was an opportunity to review my musical technique and my technique of matching the child's needs and his presence

while I was in the session with him. Musical reflection might help the child to feel that someone is with him.

## **4.2 Video Extract 2**

### ***4.2.1 Description of 2<sup>nd</sup> video clip***

The 2<sup>nd</sup> clip shows the beginning of Harrison's 28<sup>th</sup> session, singing the hello song. His session is structured: the hello song to start with and the goodbye song to end the session. In the clip, MTS is playing the guitar and singing the song while Harrison is on the xylophone. They are sitting opposite each other. Harrison is not usually given any instrument during the greeting song but by MTS's displacing the chair in front of the xylophone in this session, Harrison sat there and spontaneously played it. The hello song used in this clip was improvised based on the motif melody line of the original hello song used in a normal session with Harrison. At the beginning, Harrison is facing sideways from MTS and then gradually facing towards MTS.

### ***4.2.2 MTS reflection***

#### **Musical space**

As I felt that Harrison did not seem to engage actively, I decided to leave space between each phrase as a cue sign for him so that he could take part and engage more actively. I was sure that Harrison was listening to me during the hello song because when the music had stopped he made brief eye contact which seemed to be like a confirmation of my presence. The space was a non-verbal and non-threatening invitation to encourage him to join and to let him know that there was a space for him to play. Nevertheless, as Harrison began to engage more at the end of clip, giving too much space seemed to

overwhelm him with too much silence and expectation. He withdrew direct engagement again by turning away from me while I was giving him space.

### **Gradual engagement**

The most significant of Harrison's interactions with me in this clip was Harrison's change of body position. His body was facing away from me in the beginning and then he gradually turned his body towards me which enabled more direct interaction and engagement. This change of his body position seemed to be a non-verbal communication of Harrison's that he was now ready to interact more with me. A short moment of turn-taking exchange happened, which was a very musical and interactive moment. His eye contact with me became more frequent than before.

#### ***4.2.3 Michael (Music Therapy Practitioner)***

### **Tuning into the environment**

While Michael was commenting on the indirect interaction between Harrison and MTS (when Harrison sat facing sideways from MTS), he considered it might be a moment for Harrison to tune into the space, the atmosphere and the environment in the music room rather than considering it as a moment of disengagement. Michael recognised that Harrison's hand moving gestures were in the beat of MTS's singing even though he was not watching me (MTS). The fact that Harrison was able to match the pulse with MTS made him wonder if Harrison was listening. He said that even though he did not directly look at MTS or make facial contact, his ears were open listening to MTS's musical communication: "I wondered if Harrison was listening to you even if he wasn't looking at you. Perhaps he needed time... to tune into the environment." (L:143)

**Listening with eyes**

Michael mentioned another possible thought about Harrison's indirect engagement at the beginning of the extract. He said that as a vision (looking at something) was one way of interacting or communicating as well as listening, for Harrison it might be too much to process all the information from looking and listening especially when it was the beginning of the session. "In order to listen, his face looking at you would be too much information for him..." (L:176)

He noticed this moment of indirect interaction was a preparation time for Harrison for further engagement without overwhelming his sensory system. As Michael emphasised that it was only his speculation about Harrison's state, he said: "My thought was that perhaps it needs time to adjust to the setting and the content... in order to do so, it seeks not to overwhelm his sensory system by looking directly at you." (L:174)

**4.2.4 Emily (Music Therapy Practitioner)****Turn-taking exchange (non-verbal)**

Emily particularly took notice of the vocal turn-taking exchange between Harrison and MTS. Turn-taking is the most basic communication skill for everyone, whether verbal or non-verbal. However, she commented that the interchanges were continuous and communicative: "He took turns with you even though he wasn't verbalising in words. He was definitely interacting with you and kind of talking to you through music." (L:137)

### **Musical space**

Emily mentioned briefly her noticing MTS leaving space for Harrison. She noticed that the space might provide an opportunity for Harrison to explore freely. Emily considered MTS's singing back after giving him space as an acknowledgement of being with him and also reinforcement.

#### **4.2.5 Anna (Mother)**

*As the clip ended, Anna laughed for a moment and described Harrison as a cheeky boy. She said that she liked this extract as it reflected Harrison's personality.*

#### **“Cheeky boy, Harrison”**

It was surprising that Anna's first comment was “He's cheeky...” (L:104). The moment of Harrison sitting sideways and playing with the drum sticks without any interaction with MTS was described as him having a fun time by playing with the shadow of the drum sticks and ‘teasing’ MTS. Regarding Anna's comment, it was Harrison's humorous way of engagement with MTS.

#### **“Harrison as Harrison”**

Anna talked in-depth about her thoughts on Harrison's personality regardless of his pathology (diagnosis of autism). This extract seemed to assure her understanding of Harrison, of how flexible and adaptable he was. She said that she never liked to categorise Harrison as a child with autism. Based on what she observed in the extract and on her experience, she described Harrison as a boy who was adaptable, flexible, creative and able to explore. She emphasised that Harrison was the same as other people who wanted such things as “life discipline, structure and fortune...” (L:112).

This is Anna's view of Harrison's personality: "He is funny, cheeky...he's got all those expressions there and he's definitely enjoying himself." (L:116)

#### ***4.2.6 Summary 2***

The three professionals noticed different aspects of Harrison's interaction with MTS. There were no common thoughts found between mother and myself, or between mother and music therapy practitioners, while there were two similar perceptions shared by the music therapy practitioners and myself. The music therapy professionals focused more on the particular aspects of music and MTS's technique while the mother focused on the quality of the child's interaction.

My thoughts on the child's gradual engagement were confirmed by Michael. He looked in-depth into the child's physical position and what this meant therapeutically. He was certain that the child was still interacting through listening to me even though he did not engage directly. Another point of Michael's about the child's initial passive engagement was quite a new way of thinking for me. It was useful for me to think about the sensitivity of the sensory system for the child with autism. It reminded me to think carefully about the sensory system potentially becoming overwhelmed, especially when working with children who have this kind of difficulty.

The most significant and surprising comment was Anna's comment on Harrison's engagement. She focused on his personality and his response in the music room based on his personality. This was quite unusual for me as I had always considered the characteristics of the child's pathology a lot. Anna interpreted Harrison's passive

engagement as his humourous way of interacting with MTS. I learnt how to see the child as himself and not pre-judge him by his pathology.

### **4.3 Video Extract 3**

#### ***4.3.1 Description of 3<sup>rd</sup> video clip***

This video extract is from the 30<sup>th</sup> session, which was the last music therapy session with Harrison. This two-minute extract shows mainly vocal exchanges between Harrison and MTS. They are sitting opposite each other: MTS is holding the flute and Harrison is sitting in front of the xylophone and holding the beaters. The extract starts from the middle of their vocal exchanges and shows non-verbal communication through music. In the extract, every movement of Harrison and MTS was hard to observe because of the camera angle. Therefore all the professionals were told to listen carefully as it was difficult to observe facial expression and specific behaviour. Every participant was told that the first vocal sound was initiated by Harrison.

#### ***4.3.2 MTS reflection***

##### **Musical dialogue (non-verbal communication) (development of musical conversation)**

It was significant that Harrison initiated vocal sound and that his vocalisation was continued for more than two minutes. It was a very communicative moment with Harrison. Harrison and I were able to communicate efficiently with each other through vocalisations which had been developed through turn-taking exchanges. I left space between each phrase of vocalisation to give him time to explore his vocal sounds. At the end, I felt I was having a long conversation with Harrison even though there was not a

word used. It was the most positive experience for me to see Harrison enjoying the engagement with me.

### **Imitating the quality of sound**

As the vocal exchange continued, I realised that Harrison was able to imitate my rhythmic pattern of vocal sound even though it was not exactly copied. The significant example in the extract showed me vocalising four staccato crochets which were developed from his one staccato beat. Through these Harrison was able to imitate the rhythmic sequence and also the quality of the staccato sound.

### ***4.3.3 Michael (Music Therapy Practitioner)***

*Michael seemed to find it difficult to process and say everything that was in his mind about what he observed. He said that lots of things were happening and giving him lots to think about. After a moment of silence, he carefully started with describing the position of Harrison and MTS.*

### **Matching the quality of vocal sound**

In observing this clip, Michael was particularly interested in the quality of MTS's vocal sound matched to Harrison's. He noticed that MTS's vocal sound imitation such as melody line or rhythmic pattern was not exactly matched to Harrison's but the quality of the sound was similar to his. For a more precise description of his thought, Michael borrowed the term 'sound envelope'. A sound envelope is "an acoustic term to describe the beginning and end of the sound", he said (L:208). About the quality of matching the vocal sound he said: "Even if the melody wasn't identical, the actual 'sound envelope' was very similar." (L:214)

### **Harrison's various quality of vocal sound**

Michael mentioned briefly the different quality of Harrison's vocal sound. A different quality of sound might represent Harrison's various different feelings and expressions through a musical vocal exchange.

#### ***4.3.4 Emily (Music Therapy Practitioner)***

*Emily said it was hard to hear the sound from the clip as she had blocked ears due to a cold. She asked several questions about the vocal exchange between Harrison and MTS to confirm what she heard.*

### **Matching the quality of the vocal sound**

Emily commented on the significance of MTS's vocal imitation. She noticed that it was non-direct vocal imitation but the inflections of Harrison's vocalisation were adapted. She mentioned that the timing of MTS's vocal response to Harrison's encouraged him to continue communicating in an inviting way.

### **Musical conversation**

It was significant that Emily used the word 'conversation' while she was describing the vocal interaction: "...you're having a conversation without actually using any words" (L:180). The other interesting thought was that this musical interaction reminded her of the early stage of mother-infant interaction: a baby's responses to her mother's voice, gesture and physical contact. Emily was surprised about the duration of the vocal exchange which was sustained for a quite long time without Harrison's withdrawal,

physically or musically. Overall, she was positive about Harrison's engagement with MTS: "He willingly took part and enjoyed it for a length of time..." (L:184)

#### **4.3.5 Anna (Mother)**

*Anna realised that she had watched this extract before and had already talked about it in a review meeting at the Centre. However, she was happy to talk about it again and talk about his musical interaction at home.*

#### **Vocalisation, a substitute for words**

Anna was keen to talk about Harrison's vocalisation at home and the similarity with his interaction shown in this extract. She reported that Harrison often vocalised at home in front of a mirror. She believed that his vocalisation was a way of his communication (with others) and his language. "He does (vocalise) at home... talks to himself in the mirror... that's his substitute for the words I think at the moment." (L:127) She was very hopeful and positive about Harrison's progression: "Obviously, his mind is organised a bit differently, and it seems to take some time but I'm hopeful, hopeful that he's able to talk because he knows the language is important, that is why he's making those sounds." (L:142)

#### **Meaningful movement**

Anna reported an improvement in Harrison's meaningful movements after having music therapy. Harrison used to engage with stimulating behaviour with a long object such as waving the sticks in front of his eyes. Anna said this behaviour was affected by his medication (Ritalin) and reducing the amount of the medication helped him to calm down. However, Anna reported that after receiving music therapy, his stimulating behaviour with long sticks was changed into more meaningful movements such as

playing on the drum and waving the drum sticks in a regular pulse. She said he was able to create music now by playing the drum or xylophone at home as well as in the music room and she pointed out that he was aware of him making music. “It’s (also) meaningful for him because he knows that he is creating music.” (L:174)

#### ***4.3.6 Summary 3***

The common comment from the three professionals was that the use of music and vocal sound was a means of communication for Harrison.

The comments from the two music therapy professionals and myself differed in so far as the practitioners highlighted the quality of my response to Harrison while I paid more attention to the child’s. It was valuable to get feedback about my musical and therapeutic technique used in the actual session because I usually focused on the child’s interaction rather than checking my technique while I was reviewing the sessions.

My most positive experience, the vocal exchange with Harrison, was highlighted again by Emily. Her comment on the relationship between the vocal exchange shown in this extract and mother-infant interaction led me to review what I had learnt last year about the early stage of mother-infant musical interaction. This feedback enabled me to think that I should integrate my theoretical knowledge into my clinical practice. It had been always challenging for me as a student who was still in a learning process to think of both aspects, practical and theoretical, at once. This early stage of mother-infant interaction can be studied more in-depth for clients who have communication difficulties in the future.

Anna's perception of this extract was focused on quite a different aspect compared with

Video clip #	MTS	Michael	Emily	Anna
1	*Harrison's indirect engagement *Familiarity	*Matching Speed  *Recognition being reflected	*Harrison's indirect engagement * Recognition being reflected	*Harrison's Imitation *Familiarity
2	*Musical space  *Gradual engagement	*Listen with eyes  *Tuning into environment	*Musical space  *Turn taking	*"Cheeky boy, Harrison" *"Harrison as Harrison"

the other professionals. Overall, it was valuable to learn of a new aspect, which was Harrison's vocalisation at home and his positive changes after having music therapy intervention, such as using more meaningful hand movements. Through these positive feedbacks I was encouraged to recognise the value of providing music therapy to improve the child's development.

**Table 4.1 Perceptions of Professionals and Self-reflection of MTS**

3	*Musical dialogue  *Imitation	*Matching vocal sound  *Making various vocal sounds	*musical conversation *Imitated vocalisation	*vocalisation substitute as a language *meaningful movement
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*\* This table shows various perceptions of three professionals and MTS's self-reflections about music therapy practice with a non-verbal child which were made into themes. Same colour indicates common thoughts across the professionals' perceptions in each video extract.*

#### **4.5 Recommendation for MTS from Professionals**

This section addresses the three professionals' recommendation for MTS based on their observation of the video extracts. In addition, a summary of these recommendations will be presented at the end of this section. The question asked of all three professionals was: "Do you have any recommendation or feedback for the music therapy student to develop her more interactive and communicative relationship with the child based on your experiences?"

#### ***4.5.1 Michael (Music Therapy Practitioner)***

Michael emphasised the importance of matching the child's musical pulse when I played with him. He explained that matching the child's speed was challenging for therapists as everyone had their own fixed tempo. He defined 'fixed tempo' as, "It's their unique, individual tempo and energy level." He said the most challenging aspect (element) of matching the child's tempo was to get rid of the therapist's own tempo and modulate it to the child's given tempo. He said that he also had this challenge in his clinical practice: "I've got my fixed tempo. They (children) all have a different tempo, totally different energies... And with some children I have to play very fast and I can't keep that tempo up... I have a very particular pulse... I've found that a real challenge for me to think...I've got to match that. It's their (children's) unique, individual tempo and energy level." (L:240). He again emphasised that the matching technique was an essential therapeutic process for the child: "I think matching is very important because it makes them feel "ah! There's something of me out there and it's coming back at me, like a mirror and that makes me feel I'm here with someone." (L:258)

In observing video clip 2, Michael suggested that I use bigger gestures, especially while I was responding and reflecting on Harrison's gesture or his music. He assumed that a clear visual cue might help Harrison to have his sensory system process for more engagement. Michael thought this cue could be an indication for Harrison to reinforce his engagement and inform him that his music and interaction was being reflected by MTS. Furthermore, his recognition of the cue might encourage him by providing a feeling of being expected and invited and lead to more intimate interaction between him and MTS.

#### ***4.5.2 Emily (Music Therapy Practitioner)***

Instead of making a recommendation for music therapy practice, Emily suggested an efficient way of working with other professionals and sharing their work, as she had noticed that this research paper was about a sharing process with other professionals. She commented that it was important to inform and discuss one's thoughts with other professionals step by step rather than just reporting information about one's work. She said that this frequent sharing with other professionals helped both to understand each other and each other's intentions of the intervention.

#### ***4.5.3 Anna (Mother)***

Anna recommended setting goals and expectations for Harrison high. She then commented that Harrison needed more direction for more active engagement as he had a laid-back personality who needed more encouragement and direction than others. She recommended that I challenge Harrison more than she had observed in the video extract. She emphasised that his non-direct engagement was not related to a characteristic of his pathology, autism, but that it was part of his personality. Thus, more direct

encouragement and positive expectation from MTS would benefit Harrison as it would make him engage more and interact actively. Anna said that, "... as he is more pushed, he's taking chances and as he is more challenged ... he's more interested in that."

During the interview, Anna expressed her unhappiness about the fact that people categorised Harrison as a child with autism rather than Harrison as himself. She emphasised that every child with special needs has his or her unique personality, just like other children have, other than the characteristics of the pathology. She said in order to build a relationship with the child, it was crucial to see the child as himself rather than focusing on his disability. "You've got to focus on the child's personality rather than on expected characteristics or a personality which comes along with the box of mentality." (L:211)

#### ***4.5.4 Summary***

The music therapy professionals' recommendation which was particularly focused on aspects of musical and therapeutic technique was valuable as it was designed to help me to develop my technique and therapeutic thinking. The suggestion as to how to work efficiently with other professionals was also useful, especially as there are many chances for working in a multi-disciplinary team in the music therapy field. I felt I should be proactive about my working flexibly with other professionals. Through Anna's feedback, I learnt much about Anna's perceptions and expectations of her child as well as developing my understanding of Harrison.

Anna was very positive and had high expectations of Harrison, which was valuable for me to see as it helped me develop my sense of the value of the practice of music therapy.

Anna's comment on the importance of positive expectations of the child remained in my mind quite strongly: "...our vision is so limited... It can be so harmful for us as well as the child because we put our boundaries around us and them. There's no need to have – those boundaries. Why should we? Just explore what is out there and be positive."  
(L:257)

## **Chapter 5**

### **Discussion**

The overall aim of this research paper was to explore the value of sharing perceptions about music therapy practice with other professionals and through this sharing process, developing the MTS's understanding of her music therapy practice. This sharing was particularly focused on non-verbal communication and interaction. Three professionals, two music therapy practitioners and the mother of the child with special needs, were invited to observe three video extracts of the child's music therapy sessions and share their perceptions of what they had observed.

When the professionals watched the extracts, there seemed to be a problem with allowing them to watch it only once because it was difficult for them to process all the information in the extract and describe their thoughts by only watching it once. A more efficient way of viewing the extracts would be to show them several times so the observers can develop their thoughts in greater depth.

Sharing the professionals' perception of the therapeutic process in my practice was valuable as their perceptions were diverse due to their diverse backgrounds, experiences of music therapy practice and interests. Thus, the study provided me with a good opportunity to develop my own understanding of my practice in various different dimensions. Some of the observers' ideas confirmed and extended my own thoughts on music therapy practice and some were completely new to me. It was particularly significant that the music therapy practitioners and the child's mother did not share common ideas while some commonality was found between the two music therapists.

### **Music Therapy Practitioners**

The music therapy practitioners focused on musical and therapeutic aspects such as efficient ways of non-verbal communication and interaction using gestures, matching and reflecting the child's tempo, waiting for the child and balancing continuous music and musical space. Their sensitive recognition of the child's musical response to both music and myself was helpful for developing my understanding of the child's quality of non-verbal interaction. Their recommendations to me, based on their experience, were very useful, indicating specific ways of working and developing my musical and therapeutic technique (useful technique to use).

Throughout this sharing process, I was reminded of theoretical points about music therapy practice that I had learnt last year. It had been challenging for me to put together the theoretical and practical thinking at once. It was, however, helpful for me to adapt theoretical aspects (thinking) to my practice with the guidance of the professionals.

As the professionals also highlighted my musical and therapeutic skills, they helped me confirm the strengths and weaknesses of my musical and therapeutic techniques. It had been difficult for me to review my techniques and skills as I usually paid much attention to the child's interactions rather than my actions. Confirmation of my therapeutic understanding by others was a very positive experience because as a student I find I am often uncertain of what I am doing. This also encouraged me to provide the intervention with confidence as it extended my knowledge of the child and the therapeutic process.

### **Mother**

The mother's perception of the music therapy sessions was focused mostly on the quality of the child's interaction and significant differences or similarities in his interactions between those taking place inside the music room and those outside, such as in his relationships and musical engagements with his family at home, and his general improvement in interacting with others after music therapy. As the mother was deemed an 'expert' on her child, following Fearn & O'Connor (2003), since mothers have long and everyday experience of their child, her awareness of her son's significant interaction with me in the video extracts viewed in the study helped me to develop a

deeper understanding of the child and his improvement. Her perception of and recommendations for the music therapy sessions constituted important data for me. Sharing her expectations of her child, her thoughts about the role of music therapy practice for her child and her positive views of her child's improvement were valuable for me to understand the parent at the same time as the child. According to studies by Fearn & O'Connor (2003) and Rickson (1995), understanding the parent(s)' needs and difficulties leads to a deeper understanding of the child and consequently the therapist is able to provide a better quality of therapy.

As indicated in the studies by Oldfield and Bunce (2001) and Woodward (2004), the sharing process in the study seemed to provide the mother with the feeling of being more involved in the therapy. Showing her the video extracts was a valuable way of introducing music therapy to her and sharing the positive moments of music therapy practice with her child. The study seemed to provide a valuable opportunity for the mother to improve her understanding of music therapy practice and of her child's positive and musical engagement. During the interview she seemed excited and happy about what she observed and talked about. "I like talking about my kid as all mothers do," Anna said.

This process of sharing my music therapy practice with other professionals was a valuable experience for me and provided a good opportunity for me to listen to the diverse perspectives of professionals. Whilst studying their various perceptions, I was challenged by their deeper understanding of the child, therapeutic process and by the therapeutic skills which I needed to develop in the future. Their perception of my practice confirmed and encouraged my uncertain understanding of the child and the

non-verbal interaction within the music therapy intervention. It led me to a deeper understanding of music therapy practice with a non-verbal child. Consequently, I hope this process of sharing will enhance the quality of my music therapy practice in the future.

## References

- Allgood, N. (2005). Parents' perceptions of family-based group music therapy for children with autism spectrum disorders. *Music Therapy Perspectives*, 23(2), 92-99.
- Archer, C. (2004). Music therapy and early intervention: the parent-child relationship is centre stage. *New Zealand Journal of Music Therapy*, (2), 36-49.
- Bunt, L. (2002). Suzanna's story: music therapy with a pre-school child. In L. Bunt & S. Hoskyns (Eds.), *The handbook of music therapy*. East Sussex: Brunner-Routledge.
- Burrell, M. (2005). Reflections on the links between education and therapy through music and movement with the very early years and their parents. *No man is an island British Society for Music Therapy conference London*. BSMT Publisher.
- Crosson, M. (1999). Music therapy and families. *Annual Journal of the New Zealand society for Music Therapy*, 40-49.
- Fearn, M. C., & O'Connor, R. (2003). The whole is greater than the sum of its parts: experiences of co-working as music therapists. *British Journal of Music Therapy*, 17(2), 67-75.
- Graham, J. (2004). Communicating with uncommunicative: music therapy with pre-verbal adults. *British Journal of Learning Disabilities*, 32, 24-29.
- Grogan, K., & Knak, D. (2002). A children's group: an exploration of the framework necessary for therapeutic work. In A. Davies & E. Richards (Eds.), *Music therapy and group work: sound company*. London: Jessica Kinsley.
- Lefevre, M. (2004). Playing with sound: the therapeutic use of music in direct work with child. *Child and family social work*. (pp.333-345). Blackwell Publisher Ltd.
- Lindenfelser, K. (2005). Parents' voices supporting music therapy within paediatric palliative care. *Voices: A world forum for music Therapy*. Retrieved May 15, 2007, from <http://www.voices.no/mainissues/mi40007000226.php>
- Molyneux, C. (2005). Music therapy as a short-term intervention with individuals and families in a child and adolescent mental health service. *British Journal of Music Therapy*, 19(2), 59-66.
- Nolan, P. (1994). The therapeutic response in improvisational music therapy: what goes on inside?. *Music therapy perspectives*, 12(2), 34-41.
- Oldfield, A. (1996). Preverbal communication through music to overcome a child's language disorder. In K. Bruscia. (Ed.), *Case studies in music therapy* (pp.165-174). Gilsum, NH: Barcelona Publishers.

Oldfield, A., & Bunce, L. (2001). 'Mummy can play too...' short-term music therapy with mothers and young children. *British Journal of Music Therapy*, 15(1), 27-36.

Oosthuizen, H., Fouché, S & Torrance, K. (2007). Collaborative Work: Negotiations between Music Therapists and Community Musicians in the Development of a South African Community Music Therapy Project. *Voices: A world forum for Music Therapy*, 7(3). Retrieved October 3, 2007, from <http://www.voices.no/mainissues/mi40007000243.php>

Procter, S. (2005). Parents, children and their therapist. A collaborative research project examining therapist-parent interactions in a music therapy clinic. *British Journal of Music Therapy*, 19(2), 45-58.

Rickson, D. (1995). Healing families. *Annual Journal of the New Zealand society for Music Therapy*, 26-35.

Shim, S. Y. (2007). Personal experiences of non-verbal communication through musical dialogue. *Voices: A world forum for music Therapy*, 7(3). Retrieved November 20, 2007, from <http://www.voices.no/mainissues/mi40007000244.php>

Tyler, H. M. (2002). Working, playing and relating: issues in group music therapy for children with special needs. In A. Davies, & E. Richards (Eds.), *Music therapy and group work: sound company*. London: Jessica Kingsley.

Voigt, M. (1999). Orff music therapy with multi-handicapped children. In T. Wigram, & J. De Backer (Eds.), *Clinical applications of music therapy development disability, paediatrics and neurology*. London: Jessica Kingsley Publishers.

Woodward, A. (2004). Music Therapy for autistic children and their families: a creative spectrum. *British Journal of Music Therapy*, 18(1), 8-14.

## Appendix 1

### MTS's self-reflection note

#### **Video extract 1**

This extract showed a non-verbal interaction between Harrison and me. While we were playing on the floor tom together, I felt the drum was used as a bridge between Harrison and me to connect our initial interaction physically which enabled us into deeper interaction. In the first few seconds of the clip, he seemed bit isolated by himself. It seemed to be a time for him to explore more on the instrument than the relationship with me. As playing on the drum together became one of the pattern of our sessions, he seemed comfortable and familiar with the instruments around him and the physical position of himself and me. I invited Harrison by playing the drum. I left enough time space for him as a cue of waiting for him and being with him. I used calm and soft voice not to be directive.

However, Harrison seemed to eventually engage with me by showing more direct eye contact and smile. I used my fingers to play on the drum instead of hands after noticing Harrison playing with his fingers; I tried to reflect his gesture. I felt that his playing (engagement) seemed passive as he did not show any big motion or active gesture or directive interaction. Even though his interaction with me was very subtle in the beginning, he subtly began to engage more from the middle of the extract.

At the certain stage of the extract, Harrison seemed to play (show fixation on) with movement of his fingers but soon he came back to our play.

I imitated his hand motion (gesture) to reflect (show) and to let him show that I was with him and responding to him. I adapted (develop) his gesture into more meaningful gesture by encouraging him put his hands on the drum as he seemed stimulated by playing with his fingers in front of his face. As he seemed to need more reinforcement and more direction, I encouraged him by using direct verbal cue; singing "playing on the drum with your hands... on the drum".

Throughout the session, Harrison seemed to be bit slow and down comparing to other sessions. His gestures and interaction with me was quite passive but he seemed to show the confirmation that he was with me by making brief eye contact.

#### **Video extract 2**

This clip showed the very first moment of our usual session. The only difference between usual session and this extract was Harrison's xylophone playing. His seat in the beginning of every session was placed in the middle of the room and no instrument was given but in this session, as I displaced the chair in front of the xylophone, Harrison sat on 'his chair' and played the xylophone. The motif of the hello song used in this extract was used in every session. However, I improvised over the motif melody line as Harrison vocalised.

In the beginning, Harrison sat facing side way from me and he didn't seem to fully engage with me. It might be because of his unfamiliarity of his position. He played with the beaters without any eye contact or facing towards me while I was singing the hello

song. During the greeting song, I left some time space between each phrase as a sign (cue) of invitation for him. Harrison seemed to need some time to explore the space first before the engagement. However, Harrison made vocal sound during the song which proved that he was listening to me even though he did not make any direct physical contact with me. In the first pause of my singing, he made a brief eye contact which was a very positive moment for me. As there was no more music going on, he looked at me and seemed to confirm that I was there with him.

It was significant that he gradually turned his body towards me which showed positive and direct interaction between us. There was a short moment of turn taking exchange between him playing on the xylophone and me playing the guitar. His eye contact with me became more frequent than before and

In the end of the clip, I felt it would be better if the music was more continuous and giving him less space (pause) to give him the feeling of continuity and containment within the music because Harrison seemed to expect more of music as he gradually engaged. He turned away when there was another pause.

### **Video extract 3**

It was significant that Harrison initiated vocal sound and it was continued for more than 2 minutes. Harrison seemed to communicate to me through his vocalisation and it had been developed through turn taking exchange between Harrison and me. I left enough space between each vocalisation to give him a time to explore.

I tried to pick up the melody of Harrison's vocalisation when I responded back to him it was to provide him feeling of being reflected and empathised musically. My vocalisation was based on the pentatonic scale which was used previously before this vocal exchange which did not show in this extract.

I realised that Harrison was able to imitate the rhythmic pattern of my vocal sound. When I vocalised four staccato crochets which was developed (reflection) from Harrison's one staccato beat, he was able exactly imitate the rhythmic sequence and also quality of staccato sound as well.

When there was a long silence between the exchanges, Harrison initiated the vocal sound again so that it could be continued. Harrison seemed excited while we were having musical dialogue. He looked directly at me and made good facial and eye contact with me. He often stood up as if he was excited and enjoying the time. At the end, I felt that I was having a long conversation with Harrison even though we did not use any words. It was the most positive experience for me to see Harrison enjoying the engagement.

## Appendix 2

### Interview transcript: Anna

Y: Before we start, I will briefly check the consent form and check that you've read all the information in the information sheet.

P: yap. I can say yes.

Y: I'm going to briefly run through the process so that you...

P: okay

Y: umm... so I'm going to show you three video clips of Harrison. And then I will ask you some questions what you observe from that clips. I will show you one by one at a time. Every clip takes approximately 2 minutes. I am going to change your child's name in my actual research. So when I had interviews with other professionals I changed his name for confidentiality reason. Umm... Do you have any questions before we start?

P: I just don't know what kind of expectation you have from the parent. Looking at the clips?

Y: I'm going to ask you questions like "what can you observe from the clips or what can you observe Harrison's behaviour or interaction with me". You can actually say anything you observe from the clips and anything, your perception and impression.

P: So are there other professions who look at the same tapes and they do the same thing and now this is the parent's time...

Y: yes. So just to make sure, please read the research title again. Here you are.

P: yap.

Y: Before I show you the clip, I'll ask you two questions. Why did you think the music therapy would benefit for Harrison?

P: ummm... yes. I wanted to challenge my child and explore the potential, exploring different forms of communication. He is quite communicative even though he's not using language for that communication. The child, nevertheless want to communicate and link with people and it's a very positive sort of interactive way. So...umm... other than searching for other languages, alongside the language as we see... Yes... I look for reinforcement and social bonding, developing skills, specific skills there can be catered, just pushing his boundary.

Y: What is your impression of music therapy intervention for Harrison and What have you noticed about your child having music therapy so far?

P: I think he is motivated to make new relationship. He's bonded relationship with you as you've seen. He is very exploratory in few things. He's always happy and ego to be a part of the music session. He's happy when he comes in every time when he is here. You know what's happening so: routine and discipline and communicative activities that he spends his time, whatever time he's here. And he enjoys himself. He's happy. I think the happiness is the key to move him forward. If this child does feel happiness, that makes a big difference. He feels he's not good at this thing 'but maybe I can do that'. You don't know what's going to happen in his mind unless he talks what he wants. I think he is developing complex feelings. A lot of expressions are being given through the musical instrument and music itself. Also at home he's playing with object as musical instrument: sticks to be played with something like a drum and creating verbal

sound and also identifying musical instruments where they are. If he gets something toward him he's excited that he knows the instrument. So the learning process is going very well. And confidence! Yap. He's gaining confidence. Before you are taking him to the music session, maybe now he pulls you to do it. That's lots of... so taking initiative as well.

Y: Thank you. Are you ready for watching the clip?

P: yap.

Y: I will explain this session. All the three clips were selected from session 25 to 30. The session 30 was the last session of the music therapy intervention. In this clip, you will see Harrison and I share the floor tom together. This is the middle part of our usual session. After the hello song, sharing the floor tom became a kind of pattern of our session.

(watching 1<sup>st</sup> clip)

Y: Yap. That was it. What can you observe from this video clip?

P: I think he tried to copy your finger movement. Also the fact that I've recognised was the movement that you were doing with your fingers. He was doing that as well. He was imitating as if he was telling me something about the music or just that maybe one of the way he tells you that he is listening to you. He is responding and he knows what you want him to do. He seems quite at ease with the environment and seems to be quite calm, very calm. That's the first step to... I think learning something, because if he's anxious he won't concentrate. It's good for building his attention span. I think what most positive in this video is the fact that I can see that my child is able to imitate. The imitating is the first key to learn in social skills and that is what issue all about basically. Language also comes from imitation. That's what I would say basically. Ummm... That's the key. And you're using words so keep reinforcing him.

Y: Have you noticed any difference between home and session in this clip? For example, interaction...

P: The only thing he doesn't show here is... I think that movement he's doing... he's not doing that movement at home. That was what I was talking about. At home, he's maybe resist sitting so peacefully with me for a task. Because he knows he can discriminate between people. It feels like: 'this is someone who's going to be teaching me. This is a teacher figure and my mother is not supposed to teach me. She should only look after me and cuddle me all the time.' So he resists learning from me. But with you, he's wanting to... he's actually engaging in the learning process. And that's the positive part. He can differentiate between learning and being at home. So at home, he doesn't learn anything. (laughing)

Y: (laughing)

P: That's one of the things... I'm eager to teach him a lot of things but because he's not letting me to take me in the role of teacher. I ask my older boy to teach him. I'm asking him to make him sit down and play the xylophone with him something like that. Because he doesn't want to... you know... He want lie down with me and... yes... basically cuddling him. That's what he wants.

Y: Does Harrison play the xylophone with his older brother at home?

P: Yes. He does that sometimes. He has the xylophone. He does play on it but... he's sort of cheeky. He keeps telling me this is not the place where I play the xylophone. So he would hide the sticks somewhere and then I tell him to go and find the sticks and he finds them and then after two minutes, he gets off and hides the sticks. So, he resists learning. I left behind the school and at the centre. At home, he's not going to be following much of the routine: sleeping and eating routine. It's quite difficult.

Y: In the 2<sup>nd</sup> clip, you'll see very beginning part of our usual session, singing hello song. You'll see me playing on the guitar and Harrison's sitting in front of the xylophone: making contact with me and singing the hello song. This is not our usual hello song. We usually sit on here (point to the screen) and Harrison's not playing on the xylophone. In this session, as I put the chair in front of the xylophone, he straight went to there.

P: right. He made the choice?

Y: Yes. I think he followed the position where he usually sits.

P: as a key...

Y: yes.

(watching 2<sup>nd</sup> clip)

Y: Yap. That's it.

P: He's cheeky and he's motivated and he likes creating his own music even though he knows that 'I have to play on the xylophone'. And I think he also teases. He's trying to tease you first and then playing with the shadow of the sticks. He was playing with the shadow as well. I think he's taking his cue each time when you stopped. He's done his bit. That keeps me some questioning how with... these particular disorders are described as fixed and not able to give structure. I think he's quite adaptable, experimental and he's into developing new movement with different movement. So I've never liked to put him in that box so you've got to be a certain way and then certain fixed characters. All life discipline, life structure and fortune in our lives; that little structure he also likes and he wants in his life. But at the same time, as he is more pushed, he's taking chances and more he's challenged I've been discovered his... and more interested in that. So yeah... This is very interesting. I like this one quite a bit. That's his true personality: he is funny, he's cheeky... he's bit of an actor, he's got all those expressions there and he's definitely enjoying himself. Most interactive eye contact is very much there. Yeah... this is nice.

Y: So the last clip is... You wouldn't see Harrison and me in this clip because of the camera angle but you could hear our voice. So please listen carefully. This is mainly our vocal exchanges. You'll hear my voice start first in this clip but in this session Harrison initiated vocal sound and then I started to imitate.

(watching 3<sup>rd</sup> clip)

Y: Yap.

P: I think I've told you before I've found that...umm... (in the review meeting)

Y: It will be helpful if you talk about that one again.

P: He does (vocalises) that at home and he sort of talks to himself in the mirror. He makes the same sound standing in front of the mirror. That's his substitute for the words I think at the moment. I think he knows pretty well that he is falling short when it comes to words and he knows that pretty well. He tries to be evasive about it. That is why I think while you were making the sound he stood up and then sort of trying to work with you. So that he would not be expected or get response. I feel he knows that he's expected to speak to us the way that we do to him. And he identifies it as his imitation. He is so expressive in times with his body and facial language. Like, he likes crispy a lot and I'm giving an example: usually when I know it's time for snack I give it to him but if I don't give it to him, he pushes me and tell me what he wants and he would tell me 'this is what I want'. So, I think he needs to be pushed little bit further but he does know there are people expect him to do and people trying to teach him to learn words. Nevertheless, he does make vocal sound at home. And those are familiar. And he talks to himself in the mirror a lot. He admires himself from all angles (smile). I can't even make his sound. I talk to my husband and I can't even copy it. It's such a difficult sound to sort of imitate. It's down from the throat. Obviously, his mind organised a bit

differently and it seems to take some time but I'm hopeful, hopeful that he's able to talk because he knows language's important that is why he's making those sounds. That's his language even though we don't understand it very well but nevertheless he's potentially communicative so I'm hoping someday he talks in our language. Yeah...

Y: So, if there any... like... you've already commented but are there any similarity or difference between home and the music therapy session?

P: I think his coordination has improved. Because he's using the musical instruments and the sticks especially on the drum... you know... there is a particular movement attached with that. If there are some kinds of sticks in the house, he will want to play on the drum or on anything. The movement is quite musical. He's good actually. And he keeps changing that: so basically reflection and imitation. I think the key concept that merged. Sometimes improvement is so subtle and we don't notice it in a short time period. But as it goes on, I'm sure there's going to be definite aspect that you can see the improvement.

Y: You've just said Harrison's playing the drum with any object. And I'm wondering whether he's done that before he had had music therapy intervention?

P: No. He's stimulating himself with the sticks and that behaviour had gone down quite a bit. It's increased during the time period when they were giving big dose of (Ritalin). That big dose means one and a half tablet last year. It was half-half-half every four hours something like that. I don't remember now. And then they sort of cut down on the medicine because of the medicine, the side effect: he was stimulating himself a lot and it wasn't musical movement at all. It was just in front of his eyes and he's moving quite rigorously with any kind of sticks. From the last year, we reduced the dosage. The doctor was with me on it she said not anything much and because he doesn't have ADD and now he's discipline and let's get off the medication. And I agreed with her. So I finished on it completely. He's not having any medication. The stimulation has gone down tremendously. So he's not searching for the long objects in the house. When he finds the xylophone sticks or some other sticks he would like that play like a drum on something not stimulating himself.

Y: Right. So after having music therapy?

P: Yes. Obviously that is something that he learnt from here. He hasn't done that before or played the xylophone before. So that is something new he learnt from here. It's also meaningful for him because he knows that he is creating music. So that's something new.

Y: How do you think the music therapy intervention helps Harrison to communicate after watching the clips?

P: As he's developing his confidence, he's... as I said... developing social relationship outside of the house and the school environment. It's very important. He's enjoying it as well as learning. And that very non-traditional ways are fitting with the child: certain skills that he may not learn otherwise with disciplinary measures or seems interactive and I think taking time can be pretty difficult for a child like him whom may at time not able to follow the verbal cue sign or he's not able to concentrate because of his certain mind formation. But through music I think... the environment is so soothing. And that because he's enjoying himself and sort of relaxed, he's not pushed that he have to do certain things. But at the same time, I think he likes to please the person who is mentoring him or teaching him. I think he's wanting to learn something and he would want to be equally positive and he's responsive in that way. If you are hugging him he would like to give you a hug as well. It could be his personality. He likes to make the people around him happy. He has that thing in him. He loves to a lot. He's showing his affection but Harrison shows so much affection at times. You've got to open up that

door to unlock that door and if you make the child feel that he can trust you and he can follow you and he's not going to be judged: It's the most important. He's very conscious about it. He's not going to be judged. He can be that whatever he wants to be. He's very very perceptive. As soon as he goes to people's houses or somewhere where he's being looked at a certain way, he's more sensitive and agitated and anxious. So... yeah... when he's...umm...

Y: Do you have any recommendation or feedback for the music therapy student to develop the student's more interactive and communicative relationship with the child based on your experiences with Harrison?

Some kids need a bit more to be... more need to be directive... more than others. Like, you were sitting on the drum if you told him once to play on the drum then he wouldn't do it. He likes to be directive more than others. We did talk about it like... he needs to develop on initiation bit more but at time I think it's not about initiation... but I think... about not pushing himself like... a laid back personality; a personality which is laid back and some of us are. We don't push our boundaries that much and it will be fine at the place that where we are. But such people have family and things that push into their potential fully. So with him too; one or two directions can be kept telling him consistently pushing him bit further. You've got to set your goals higher. So, with him you need to do that. It's a personality thing. It's not an autism thing. You've got to be focused more on the child's personality than on expected characteristic or personality which comes along with the box of mentality. So that... I think personality is the most important. I think... all individual children who have a certain problem with the way they are. They know that they are different. And more that they are made to feel different, the more they are going to admire the society. The more they're made to find where they are and that they are acceptable where they are, and... they've got other aspects that are the same even if they are different in some other ways. We can talk about some similarities and come together on the common point and sort of develop our relationship through that. But if you keep focusing on disabilities, our bridges never form. I think it's the most important to focus on each other as human beings and what could be happening in terms of emotional needs there and we all have the same feeling. So I feel that he is not judged for who he is. I think there's a better chance to connect to people and to make all that learning activities are more meaningful to the team, not just the child whose learning, obviously the teachers taking a lot from the encounter. It has to be both ways.

Y: okay... if you have more, please continue...

P: Yes. Maybe little more focus on the language itself. So keep that as a concrete goal too. You have to... this child has to have his boundaries pushed. The teacher has to set the goals very high. More you expect from the child then more he gives to you obviously. As I said, with other child, it's going to be different. I am talking about my child in this particular case. But nevertheless, even though it's an individual case, there will be children like my child who is coming here: similar strength and similar weakness. So it's a very useful learning experience for you in a way that... when you achieve that balance: their enjoyment, learning, social bonding and at the same time that personal fulfilment for you as well that you will take away from the process. But more words I think should be there in the session itself maybe through songs or through... I don't know how language therapy works. But if you also learn through how language therapy teaches making sounds; what would be the easiest sound to copy; if the child is nonverbal and to begin some words. And then keep repeating because the imitation is the hardest part for these kids. But I think if you keep repeating it they are able to learn. You have to be consistent. The child knows that he is expected to learn and then I think

he would also try to copy whatever you try to teach him. So... bit more of sound and verbal cue would be I think quite helpful. That would be a useful exercise. I keep telling him "Harrison you have to speak one day. You've got to talk to us." And he comes to me and gives me a hug and he stays with me for a while. Because I keep pushing him, some day he will... I think...try to reach my expectation. You have to set the goals high. It's important. If you keep your expectation very... in low level... I know people talk about realistic expectation but I don't think there's any such thing as realistic expectation. You're not going to be... you know... all negative about the child if he doesn't learn to talk some day maybe. We can't force that to him. We know that. So what is realistic about that? But what we can do is we can keep trying, we can make him feel positive about himself and we can keep reinforcing the fact that keep telling the child that you can do it. It's not impossibility. If we subside as an impossibility from the beginning, obviously we're never going to be there. We're never going to achieve it. So... keep the bar high. We're all aware that we make of our mind with certain things and our vision is so limited we can't look beyond a certain limit. It can be so harmful for us as well as the child because we put our boundaries. There's no need to have those boundaries. Why should we? Just explore what is out there and be positive. That is the key I think.

Y: Thank you.

P: My pleasure! I like talking about my kid as all mothers do.

Y: Thank you for your time!

### Appendix 3

#### Interview transcript: Michael

Y: Hello.

M: Hello.

Y: Before I start, I will check your consent form and that you have read the information sheet that you've agreed.

M: yes!

Y: I will show you three video clips of Harrison. I have changed the child's name because of confidentiality. And I will ask you some questions after each clip. You will watch the video clip one at a time. I will make sure you know the research topic. The title is "How is music therapy with a non-verbal child perceived by other professionals and how does that sharing improve my understanding of this therapeutic process?" And... before we start, I am going to ask you two questions about your background and your experience with non-verbal child within music therapy setting. Before that, I will give you brief information about Harrison so you could have an overview.

(Reading the background information)

M: (looking at me)

Y: okay?

M: yap!

Y: So... could you tell me about your training background or... like... client population you worked with.

M: Okay! I trained in Guildhall School of music and drama in London, which at that time was a one year intense programme intensely therapeutic training. This training was very eclectic. A variety of different approaches are taught not so much behaviourism umm... creative music therapy approach as well and... following psychodynamic, end of my training I secured a job with visually impaired children at an educational campus. It was just one day a week and I had... I think a time allowed there I spent time with different clients. All had vision impairment to some degree. I think most of them had complex needs as well like autism or very strong autistic tendencies umm... other developmental disorder in there. um... ummmm... yap! And then I came here to New Zealand and I'm working with children I think the youngest is about 3 and currently up to 19. There are whole ranges of children with special needs some autistic and cerebral palsy and developmental delay. Say about half of children I've worked with haven't used verbal language. And of half that I've worked with .... Gosh ...only one of them is very articulate and they expresses with verbal language. The bulk of the work is vocal rather than verbal.

Y: So you have worked with children (mostly) who

M: Oh... The children and young people and work with adult rather than on placement. Of my training course...

Gosh... what was the

Y: do you say (laughing)

M: (laughing)

Adult psychiatric patient...umm... I observed adult with various difficulties and the children with cerebral palsy. I worked with a group of young people with vision impairment. But in my actual work complication, I worked with children with special need.

Y: could you tell me more about your experience with nonverbal children with special need?

M: hm...I, myself use mixture of verbal and nonverbal languages when I'm in the room with clients. But if I use verbal language... I do that to give very short instructions quite often within a song... umm... sometimes directing as acknowledging. For example; instructions "you are playing the drum". I'm actually verbalising out loud... what's happening in the room; because I'm not certain what they understand and what their perceptions are. I think it is important to acknowledge that I recognise what they are doing, how they are interacting. Oh! I also use it in an inviting way ...language such as; "Will you come and play the drum?" and often again that's within song. So it's inviting. And even if ... umm... even if they don't fully understand the actual language and the ordering of the words umm.. I feel that through me using actual verbal sentences they will hear the question hopefully in my voice because of the melodic infection umm.. and they also hear me as a warm person as well... and you know; very much wanting to play with them ... umm... and.... However, there are obviously quite long periods of time when I'm not speaking at all and I'm just concentrating on physically playing myself and including them...or I might be engaging with them or I might be vocalising umm... the melody along side what they're playing. And again, my intention in that is number one to provide another musical element and melody to support and extend what we're doing or... again, just to express my own present within the music and express any sort of emotional qualities that I've picked up... that gets reinforced as well.

Y: hm... okay. Thank you! So ummm... I'm going to show you the first video clip. And every video clip takes approximately 2 minutes. The first clip you will see Harrison and I share the floor tom together. These three clips are from between session 25 and session 30. You will be asked some questions after.

M: so is the first clip from session 25?

Y: umm... it's between session 25..

M: Oh it's between ?

Y: Yap! It's between ...

M: Okay.

Is there anything you specifically want me to look out for? Or just generally...

Y: it's generally... and as my title focus on nonverbal communication, you might be focused on the nonverbal communication. You ready?

M: Yap. I'm ready.

(Watching first clip)

Y: What can you observe from the video clips?

M: Do you want me to just figure out what I've observed?

Y: Yap!

M: I found myself asking a question.. I found myself just wondering... I'm wanting to ask you what have happened just before... Has he positioned himself opposite you on the drum? or have you positioned opposite to him?

Y: Ok. This is a pattern of our every session. After hello song, he usually chooses to play on the floor tom. And then he usually comes down to play on the floor tom. He always seats there and I always seats there.

M: ya.. so that's from the drumming before this clip.. umm... ok..

Ah... I think from the clip starts, Harrison's looking down after resonant from the drum

and I became aware I think that's what he's wanting to play and then you started to play (drumming on the desk; imitating my play) actually with both hand.. fingers, wasn't it?  
Y: um.

M: on the edge of the drum in the regular pulse umm... is singing short sounds... He actually looks like he made eye... facial confirmation with you. What I did notice was... I found myself thinking... 'is Yaeun playing at a tempo related to his?'...you know... an augmentation of his beat. Because; he plays quite fast and perhaps I have to look it again just to check but itself to me ...you weren't actually playing... you were trying to play the same as his beat but... you weren't playing the augmentation of his beat either. You were playing quavers. You weren't playing crochets. Umm... And I wondered where your pulse came from. Was it your internal heart beat? It didn't feel like it was coming from him. So I'm then wondering oh! is there something that I couldn't tell because I'm not in the room? Were you playing with breathing for example, or was there something about him. You were picking up unconsciously. However, he did still make quite strong eye contact with you and then I'm not quite sure how the first sort of smile appeared. And he changed... I think then the other thing that he did was tapping with his hands and then various...

(Interview was stopped for few seconds as someone came into the room)

M: and when those various kinds of hand movements that came from him... I think he kept (knocking on the desk) on the drum hand like that (showing how he did) although not exactly in the same way as he had done in similar gesture. He seemed to watch your hand and perhaps...recognised... I don't know. He cognitively recognised that something of him is reflected. It is interesting he was observing the visual that you were giving. I would like to see and if you took that bit and I thought in my mind that do you give a lot... do you modulate then... because some of your gestures were little bit more reserved. I wondered how he responded if you did make them bigger than what I actually observed. But in terms of who I actually... he certainly has facial contact with you... when he actually take his gestures as well. He maintained on the drum.

M: and that accompanied your usual gesture of "bom" on the drum. I can't quite remember if you then he had... particularly he was engaged with the drum and engaged with you. He was engaged in sharing that moment with you. I felt Harrison was visually attending to your face because perhaps, he had heard something of himself reflected in your music. Hence, I wonder; if at that point you make your gestures larger, this might serve to further stimulate his visual gage towards you.

Y: Do you have any other comments?

M: I don't think so...

Y: I am going to show you the second clip.

(watching 2<sup>nd</sup> clip)

M: hmm...

Y: What can you observe from this video clip?

M: Could you specify Yaeun, is this free improvisation or based on a familiar musical structure?

Y: I've got motif theme and I use it as a ...

M: You are using the main melody of the hello song and keep playing the song? um... Okay. What I saw there is... he initially sitting on side way and... so when you sat down he wasn't facing you and he held beaters in his hands in the air sort of conducting various different gestures from the beginning for a while in various gestures really. The interesting thing is he is almost on the pulse. You give Harrison the pulse. You're giving him quite lot of spaces...ummm... for him... I was wondering if you're waiting for a stable pulse maybe to tune into yourself. But for him, the pulse didn't really... I

wondered if Harrison was listening to you even if he wasn't looking at you. Perhaps he needed time in the beginning to tune into the environment (without engaging with you). Harrison then realised that there was an instrument he could play. One beater was on the xylophone and he stayed there a little bit and then the beater was back in the air again. He did withdraw it actually he did I think that was before he turned around in the couple of paused gestures which you then immediately responded to reward what he can: matching the instrument. He eventually turned around to your right side and making good eye contact, more facial engagement with you. umm... I don't know how I'm allowed to comment on... it's my thought rather than my observation. Is that right?

Y: Yap. Sure!

M: umm... I... I was wondering if you might just take up actually, take up his particular gesture of his rhythmic ostinato for example, or tempo and then play little bit more continuously... be little bit more rhythmic with his gestures either in the air or on the xylophone because you had given him back little bit of his own rhythm. You're giving him time maybe just to process "here I am. I'm expecting music and somebody's here I can interact with and we can interact." Yes... he did turn around and stay focused at you and engaged. And I wondered... umm... to... reinforce... I was thinking again if you do; I don't know, if you could just make the music... say, more, "ah~" bigger gesture "Oh~ hello" sort of thing to enable Harrison to recognise "oh yes here you now and here we are interacting" umm... or here we are more engage because you're now looking at me and playing me an instrument.

Y: When I responded to Harrison in the clip musically (imitate), could you observe any of Harrison's nonverbal interaction?

M: What did I see?

Y: Yes.

M: I could see his eye's listening. I know that sounds like a really strange comment but that's the thought that goes through my head a lot when watching my own video. I often get the impression that a client who aren't using direct eye contact or even looking towards the instrument that I'm playing is really watching and listening and... An English song called 'Sing a rainbow' triggered me (singing) "Listen with your eyes, listen with your eyes, sing everything you see". You don't listen with your eyes? but you do. My thought was that perhaps it needs time to adjust to the setting and the content... in order to do so, seeks not to overwhelm his sensory system by looking directly at you. So, that is my thought that he was having sort of engage just in order to listen and might put his face looking at you at the beginning would be too much information for him, having 30 minutes, coming to the room so he's trying to process the space and what might happen and any memory he had in that space. So I think it was kind of waiting time. I think the waiting time for him, his catch up possibly. It was all kind of possibilities and speculations. You're not him and I'm not him. He did continue with his gestures I think what you weren't filling and what you were in your pause. You gave him... he did... he warn himself physically. But again maybe that gesture for him it helped him to process listening "I'm going to do that". It also gave you time I think as a therapist perhaps to find gestures so then linking it from match to show you: 'I see you. I'm with you. I'm listening and hear little bit of you. This is how you are right now.'

Y: Thank you. I will show you the last video clip.

M: okay.

Y: So, in this video clip you won't really see Harrison and me because of the camera angle but you will hear our voice. So please listen carefully.

(watching 3<sup>rd</sup> video clip)

M: hmmm...Gosh. Lots of things happening! Lots of thought in my head! Oh! Well... You're giving him the xylophone in my memory and you've got your flute. I kept wondering if you played before or...

Y: before the vocal exchanges happened, I played my flute in pentatonic scale. As he played his xylophone in pentatonic scale I played my flute then Harrison initiated vocal sounds and then I started to ...

M: Oh! Okay. Yeah. I suspected that he gave the vocal improvisation and you were matching. I saw him facing in front or he's actually facing his body back and forth I don't know or his face towards you. Is that right?

Y: Yap.

M: Yap. But... if... I've got my impression just to... I imagined (quietly- that's interesting) that he was looking at you quite a lot... focused, and I wondered whether he wanted to go and play the piano, or does he know that he can. And then also little bit later on, he stood up and he moved fractionally towards the direction of the piano in terms of what I heard... I heard you matching quite closely and the thought in my head it was in pentatonic. Ummm... I'm not sure exactly if your vocals were in pentatonic scale. And... what I'm saying is, you matched him very exactly. 'sound envelope'. It's an acoustic term really to describe the beginning and end of the sound. Sound envelope: describes the attack, duration and delay of a given sound. I noticed that he had quite different sounds of vocalisation which kind of had different attack and different speeds and duration and generally. It felt like you were waiting for him and expecting of him and waiting for him to initiate a sound. You then responded with a very similar gesture. Even if the melody wasn't identical the actual sound envelope was very similar. Does it make sense? Yeah. He's given short space of that ... I wondered how long he could be sustained in that kind of interaction. And I definitely recognised that you were following him. Then he was in charge... the musical what you did musically in that given...

Y: Could you tell me more about the nonverbal communication and musical interaction?

M: Nonverbal?

Y: yes

M: again your different gestures?

Y: nonverbal communication that you've watched...

M: ummm... I'm not sure exactly what I have to say other than that. You're sitting in a similar gestures: sitting slightly apart...you are holding flute and you're facing into him very directly in close proximity... and he seems comfortable with that. He certainly seemed engaged to reciprocate with you verbally. In that clip, the voice is the instrument being used and exchange...

Y: So... Overall, do you have any recommendation or feedback for the music therapy student to develop more interactive and communicative relationship with the child based on your experiences within music therapy setting?

M: Okay. Umm... and which is based on what I've seen...working with him? ummm.. I think what you were doing was lovely. You were giving him that time just to... maybe to process. I think your pauses were very important and the quality of the pauses, like... expecting that he is going to give something to the relationship. He certainly seemed comfortable being with you and he's willing to engage with you and in quite close proximity and I feel very positive. From observing very little... I... my main thought on the clinical... what you could try, if you haven't tried, is... playing little bit more in a sustained rhythmical way, preferably based on something that he's given. (Pause) I've got my fixed tempo. Clients; They all have different tempo, totally different energies,

generally speaking but what I noticed is often the tempo. And with some children I have to play very fast and I can't keep that tempo. I've noticed I can't keep up ... I thought 'why I can't stay that fast?' It's not just poor technique but it's something about me. I have very particular pulse and it's actually quite slow! My brain is whirling a million miles an hour but my internal physical pulse is actually quite slow. I've found that a real challenge for me to think "okay. Here's so and so. I've got to match that. I've got to match that immediately." And it's their unique, individual tempo and energy level. Some clients find it hard to modulate to other tempos, and sometimes I do too. And there are people in general who have particular energy: my house mate, he's got a very particular energy and I know when he comes in a "bom bom bom bom" "bom bom bom...." You know... it's characteristic. So we all have it. I just wonder if you can match that a bit more. I think matching the tempo is very important because that... in my experience, thinking about myself, and when in a session, I might ask 'is it really incongruent?' 'is there mis-matching going on?' and often when I look at the video, 'Gosh, I'm playing in a completely different speed with that child. He's giving me. He's giving me the speed.' And I'm just on another planet! I think it's really important in order to grab a child's attention. I think matching that is very important because it makes them feel "ah! There's something of me out there and it's coming back at me, like a mirror and that makes me feel I'm here with someone." So I suggest for example, when anybody gives a pulse or even if it's not quite pulse, just give them the same pulse within the same time signature even if it's subdivision of or augmentation of their rough beat, giving them mathematical link. And I think that is the most important.

Y: Thank you. Thank you for your time!

## Appendix 4



Master of Music Therapy Programme  
 New Zealand School of Music  
 PO BOX 2332 Wellington  
 New Zealand

### Title of Research:

**“How is music therapy with a non-verbal child perceived by other professionals and how does that sharing improve my understanding of this therapeutic process?”**

### Information Sheet for Parent

#### Introduction

Hello! I am a second year music therapy student on the Master of Music Therapy Programme at New Zealand School of Music. I am conducting a research project as part of the second year clinical training programme at [REDACTED] Music Therapy Centre in Auckland. You are invited to take part in this research as parent of a child who is already having music therapy intervention. I would like to ask you a) to give permission for video of your child to be reviewed by music therapy practitioners, you as parent and myself in the course of the research and b) to be interviewed concerning your ideas and responses to seeing your child on video in music therapy. This project is supervised by Sarah Hoskyns, Director of Master of Music Therapy Programme.

#### Purpose of the study

This research concerns sharing thinking with other ‘professionals’ (parents and therapists) about music therapy practice with your child. Three people will be included: two music therapy practitioners and you as caregiver of the child. The aim of this project is to inform my understanding of clinical practice by sharing thinking with other ‘professionals’. This research will explore music therapy with a non-verbal child who has difficulties with communicating and expressing feeling. I have noticed that it has been challenging to communicate efficiently with non-verbal client(s) through my clinical experiences. Therefore sharing ‘the moment of communication’ during music therapy sessions with other professionals who have their own background and expertise

and experiences would be valuable to develop my understanding of this therapeutic process.

This research project, including your interview, will be held at the [REDACTED] Music Therapy Centre in Auckland (23 Dacre Street, Eden Terrace, Auckland ). You will be given 1 week to consider whether you wish to take part in the research.

### **Research process**

You will have one meeting with me for this research. I would like you to watch 3 to 4 edited video clips of your child in his/her music therapy sessions. After you have watched the clips, I will invite you to be interviewed based on the video material. The interview will be recorded and transcribed and return to you for verification. This procedure will be processed individually at [REDACTED] music therapy centre in Auckland and it will take you approximately 30minutes to 40 minutes. I will also interview two music therapists in a similar way, if you give consent for the video of your child to be reviewed. My own reflection through my clinical notes and diary will be included in this research alongside these interviews. Through this sharing process with you, other professionals and my own reflection, I will evaluate what I learn about music therapy with a non-verbal child.

All personal identifying information regarding you and your child's participation in this study will be kept confidential. All the data including recorded interview, consent forms will be stored in a locked cupboard in the music therapy department at New Zealand School of Music for a period of 10 years in line with Massey University guidelines for research with human participants.

### **Your rights as participant:**

- You are under no obligation to accept this invitation.
- If you do agree to take part, you are free to withdraw from the study any time up to the end of the interview verification process, without having to give a reason and this will no way affect your child's future music therapy.
- Anonymity will be protected whenever possible.
- During the interview, you do not have to answer all the questions, and you may stop the interview at any time.
- You may ask for the audio tape to be turned off at any time during the interview.
- At no point in the research will your own or your child's name or the music therapy centre be revealed.
- You will be given access to a summary of the project findings when it is concluded.
- You are welcome to ask any questions about the study at any time during participation. You can talk to (1) my supervisor; or (2) [REDACTED], Director of [REDACTED] Music Therapy Centre, telephone [REDACTED], email [REDACTED] ) about your questions. If necessary, my contact details are also given below on this page.

The final result of the research will be shared with students and staff at the New Zealand School of Music in a seminar, and at the specialised music therapy centre in Auckland; with the wider music therapy community at workshops and conferences; with the local and international music therapy community through publication in music therapy and

other relevant professional journals; and /or through presentation at international conferences. The written dissertation will be lodged at the library of Massey University and Victoria University, and a copy will be provided to the [REDACTED]. I will also provide copies of a brief summary of the results for you at the Centre. You can request one of these copies from the music therapy Centre staff member identified below when the research is completed (approximately mid year 2008).

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application **07/41**. If you have any concerns about the conduct of this research, please contact Professor John O'Neill, Chair, Massey University Human Ethics Committee: Southern A, telephone 06 350 5799 x 8771, email [humanethicsoutha@massey.ac.nz](mailto:humanethicsoutha@massey.ac.nz).

You have until (*date two weeks after receipt of information sheet*) to decide whether to participate. If you would like to participate, please return your signed and dated consent form to Yaeun Kyung Park, [REDACTED] Music Therapy Centre, [REDACTED] Auckland.

Thank you.

Yaeun Kyung Park

Email [ludie425@hotmail.com](mailto:ludie425@hotmail.com)

[REDACTED]

Auckland

## Appendix 5



Master of Music Therapy Programme  
 New Zealand School of Music  
 PO BOX 2332 Wellington  
 New Zealand

### **Title of Research:**

**“How is music therapy with a non-verbal child perceived by other professionals and how does that sharing improve my understanding of this therapeutic process?”**

### **Information Sheet for Music Therapy Professional**

#### **Introduction**

Hello! I am a second year music therapy student on the Master of Music Therapy Programme at New Zealand School of Music. I am conducting a research project as part of the second year clinical training programme at the [REDACTED] Music Therapy Centre in Auckland. You are invited to take part in this research as a music therapy professional. This project is supervised by Sarah Hoskyns, Director of Master of Music Therapy Programme (address as above).

#### **Purpose of the study**

This research concerns sharing thinking with other ‘professionals’ (parent and therapists) about music therapy practice with a non-verbal child. Three people will be included: two music therapy practitioners and one parent/caregiver of the child. The aim of this project is to inform my understanding of clinical practice by sharing thinking with other ‘professionals’. This research will explore music therapy with a non-verbal child who has difficulties with communicating and expressing feeling. I have noticed that it has been challenging to communicate efficiently with non-verbal client(s) through my clinical experiences. Therefore sharing ‘the moment of communication’ during music therapy sessions with other professionals who have their own background and expertise and experiences would be valuable to develop my understanding of this therapeutic process.

This research project including your interview will be held at the [REDACTED] Music Therapy Centre in Auckland where my clinical placement is. You will be given 1 week after receipt of this information sheet to consider whether you wish to take part in the research.

### **Research process**

You will have one meeting with me for this research. I would like you to watch 3 to 4 edited video clips of your child in his/her music therapy sessions. After you have watched the clips, I will invite you to be interviewed based on the video material. The interview will be recorded and transcribed and return to you for verification. This procedure will be processed individually at [REDACTED] music therapy centre in Auckland and it will take you approximately 30 to 40 minutes, arranged at your convenience. I will also interview a parent of the child in a similar way. My own reflection through my clinical notes and diary will be included in this research alongside these interviews. Through this sharing process with you, other professionals and my own reflection, I will evaluate what I learn about music therapy with a non-verbal child.

All personal identifying information regarding your participation in this study will be kept confidential. All the data including recorded interview, consent forms will be stored in a locked cupboard in the music therapy department at New Zealand School of Music for a period of 10 years in line with Massey University guidelines for research with human participants.

### **Your rights as participant:**

- You are under no obligation to accept this invitation.
- If you do agree to take part, you are free to withdraw from the study any time up to the end of the interview verification process.
- During the interview, you do not have to answer all the questions, and you may stop the interview at any time.
- You may ask for the audio tape to be turned off at any time during the interview.
- At no point in the research will your name or the music therapy centre be revealed.
- You will be given access to a summary of the project findings when it is concluded.
- You are welcome to ask any questions about the study at any time during participation. You can talk to (1) my supervisor; or (2) Yid-Ee, Director of [REDACTED] Music Therapy Centre, telephone [REDACTED], email [REDACTED] about your questions. If necessary, my contact details are also given below on this page.

The final result of the research will be shared with students and staff at the New Zealand School of Music in a seminar, and at the specialised music therapy centre in Auckland; with the wider music therapy community at workshops and conferences; with the local and international music therapy community through publication in music therapy and other relevant professional journals; and /or through presentation at international conferences. The written dissertation will be lodged at the library of Massey University and Victoria University, and a copy will be provided to the [REDACTED] Centre. I will also provide copies of a brief summary of the results for you at the Centre. You can

request one of these copies from the music therapy Centre staff member identified below when the research is completed (approximately mid year 2008).

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application **07/41**. If you have any concerns about the conduct of this research, please contact Professor John O'Neill, Chair, Massey University Human Ethics Committee: Southern A, telephone 06 350 5799 x 8771, email [humanethicsoutha@massey.ac.nz](mailto:humanethicsoutha@massey.ac.nz).

You have until (*date two weeks after receipt of information sheet*) to decide whether to participate. If you would like to participate, please return your signed and dated consent form in the enclosed envelope, marked to Yaeun Kyung Park,

██████████ Music Therapy Centre, ██████████ Auckland.

Thank you.

Yaeun Kyung Park  
Email [ludie425@hotmail.com](mailto:ludie425@hotmail.com)  
██████████ Music Therapy Centre,  
██████████  
Auckland

## Appendix 6



Master of Music Therapy Programme  
 New Zealand School of Music  
 PO BOX 2332 Wellington  
 New Zealand

### Title of Research:

**“How is music therapy with a non-verbal child perceived by other professionals and how does that sharing improve my understanding of this therapeutic process?”**

### Participant Consent Form (For Parent)

**This consent form will be held for a period of ten (10) years**

I have read the Information Sheet and have had the details of the study explained to me.

My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being audio taped.

I wish/do not wish to have my tapes returned to me.

I wish/do not wish to have data placed in an official archive.

I agree to video clips of my child’s music therapy sessions being reviewed by the researcher, myself and two other music therapists, for the purposes of this research.

I agree to participate in this study under the conditions set out in the Information Sheet.

**Signature:**

**Date:**

.....

**Full Name** -  
**printed**

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## Appendix 7



Master of Music Therapy Programme  
New Zealand School of Music  
PO BOX 2332 Wellington  
New Zealand

### **Title of Research:**

**“How is music therapy with a non-verbal child perceived by other professionals and how does that sharing improve my understanding of this therapeutic process?”**

### **Participant Consent Form (For Music Therapy Professional)**

**This consent form will be held for a period of ten (10) years**

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

I agree/do not agree to the interview being audio taped.

I wish/do not wish to have my tapes returned to me.

I wish/do not wish to have data placed in an official archive.

I agree to participate in this study under the conditions set out in the Information Sheet.

**Signature:**

**Date:**

**Full Name** -  
**printed**

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## Appendix 8



### Invitation to Take Part in Music Therapy Research Project

#### **Title of Study:**

“How is music therapy with a non-verbal child perceived by other professionals and how does sharing this information improve my understanding of this therapeutic process?”

This project is being undertaken by Yaeun Kyung Park, as part of the Master in Music Therapy qualification under the supervision of Sarah Hoskyns, Director of Music Therapy at the New Zealand School of Music in Wellington.

<p><b>Yaeun Kyung Park</b> Music Therapy student <a href="mailto:ludie425@hotmail.com">ludie425@hotmail.com</a> 021 425 329</p>	<p><b>Sarah Hoskyns</b> Director of Master of Music Therapy Programme New Zealand School of Music, T: 00 64 4 801 5799 x 6410 <a href="mailto:Sarah.Hoskyns@nzsm.ac.nz">Sarah.Hoskyns@nzsm.ac.nz</a></p>
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#### **Introduction**

I would like to invite two music therapy practitioners in the Auckland region to take part in this research project. I am interested to collate data of different people’s perceptions of music therapy sessions undertaken with a non-verbal child, including a) the parent of the child, b) my own perspective as the therapist and c) two music therapy professionals. Each person will watch short video clips of the child in music therapy and be interviewed about their ideas and responses. Through collecting these different perspectives and sharing ideas, I aim to develop understanding of the therapeutic process, and to see if it is useful to share thinking in this way. In this research, the practice can be investigated in depth which may mean the therapist can provide improved quality of therapy to this client and to clients in the future.

#### **Criteria for inclusion as a participant**

You are qualified as a music therapy practitioner in New Zealand or abroad (or you are a student at least the 2<sup>nd</sup> year of training as a music therapist) and you are currently living and or practising as a music therapist linked with the [REDACTED] music therapy centre in Auckland. I would like to recruit the first two music therapists who respond to

this advertisement and if there are more than two who respond, priority is given to qualified music therapists.

### **Participation in this study**

If you consent to be involved, you will be invited to come to the [REDACTED] Music Therapy Centre at your convenience to watch some video clips of music therapy with a child and to then to take part in a short interview about your observations and responses. The whole process will take about 1 hour. Interviews will be recorded and the data transcribed by the researcher. I will send you a transcript of the interview for any corrections or clarification. The information collected will then be studied carefully and analysed and coded for themes and units of meaning.

If you would like to take part and further information regarding the above project, please contact Yaeun Kyung Park at the above phone number.

Thank you

## **Appendix 9**

### **Research Interview Questions for Parent**

Why did you think the music therapy would benefit for your child (expectation)?

What is your impression of music therapy intervention for your son?

What have you noticed about your child having music therapy so far?

(watching clip)

What can you observe from the video clips?

How do you think that the music therapy intervention (musical elements) helps your child to communicate after seeing the clips?

Do you have any recommendation or feedback for the music therapy student to develop the student's more interactive and communicative relationship with the child based on your experiences with you child in daily life?

### **Research Interview Questions for Music Therapy Professionals**

Could you tell me about your background (training, client population you worked with..)?

Could you tell me about music therapy intervention with special needs children based on your experiences especially experience with nonverbal children?

(watching clip)

What can you observe from the video clips?

How do you think that the music therapy intervention (musical elements) helps a child to communicate after seeing the clips?

Do you have any recommendation or feedback for the music therapy student to develop more interactive and communicative relationship with the child based on your experiences within music therapy setting (intervention)?