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**PERSPECTIVES ON DEVELOPING A MUSIC THERAPY PROGRAMME
WITHIN AN EDUCATIONAL SETTING FOR ADOLESCENTS WITH
MENTAL HEALTH ISSUES**

A thesis presented in partial fulfilment of the requirements for the degree of

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Abstract

This thesis outlines exploratory research that sought to find out how music therapy could most effectively address the needs of the students and support the ideas and learning objectives of staff at an innovative new school for adolescents with mental health issues. This was achieved by involving staff and students (n=12) in a series of group interviews, in combination with reflections from a research journal. Amongst other things, the findings suggested that students valued the opportunity to learn new musical skills, relax and express themselves. The staff appeared to value the way music therapy could support therapeutic and educational objectives within the school; for instance, by providing students with opportunities to work together in small groups, or by providing individual students with a way of relaxing and experiencing success. The writer describes efforts to tailor music therapy to fit with the needs of the setting and concludes by suggesting possible avenues for future music therapy research in a setting of this kind.

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Table of Contents

Abstract	ii
<u>Acknowledgments</u>	iii
<u>Introduction</u>	1
The setting	1
Client group and diagnoses	1
Mental health and education working together	1
Transition	3
A timeline of events	4
Introduction of music therapy into the setting	5
A note on writing style	6
<u>Literature Review</u>	7
Introduction to Literature Review	7
Adolescents and mental illness	7
Adolescents, music and music therapy	8
Music therapy in schools	13
Summary	15
<u>Methodology and Method</u>	17
Introduction to Methodology and Method	17
Exploratory research	17
Participants	18
Method	19
Ethical considerations	20
Data analysis for the interviews	21
Peer reviewing	21
Data Analysis for the research journal	22

<u>The Findings</u>	23
Introduction to the findings	23
Phase One	25
Findings from the first staff interview	25
1.1. Introduction.....	25
1.2. What can music therapy offer the clients?	26
1.3. How can music therapy contribute to the setting?	28
1.4. Areas of expansion within music therapy.....	30
1.5. The wider context	34
Findings from the first student interview	37
2.1. Introduction.....	37
2.2. What might students gain from music therapy?	38
2.3. The benefits of listening to music	40
2.4. Gaining (and losing) confidence.....	41
2.5. Possible barriers to participation.....	42
2.6. Summary	45
Findings from the research journal, part 1	46
3.1. Introduction.....	46
3.2 Working as a team – issues and aspects of working together.....	46
3.3. Music therapy within an educational setting.	48
3.4. Incorporating new ideas	51
3.5. Music therapy and the clients	55
3.6. Summary	58
Phase Two	59
Findings from second staff interview	59
4.1. Introduction.....	59
4.2. How can music therapy contribute to the setting?	60
4.3. Development of music therapy within the setting.	62

4.5. Developing positive relationships with staff and students.....	63
4.6. The longer-term future of music therapy within the setting	64
4.7. Summary	65
Findings from the second student interview	67
5.1. Introduction.....	67
5.2. What might students gain from music therapy in this setting?	67
5.3. Group vs. individual music therapy: a safe space to challenge yourself.	70
5.4. Practical matters.....	71
5.5. Summary	72
Findings from the research journal, part 2.....	74
6.1. Introduction.....	74
6.2. Music therapy within an educational setting, part 2.	74
6.3. Music therapy and the clients, part 2.	77
6.4. Incorporating new ideas, part 2.....	80
6.5. Summary	81
Summary of the findings.....	82
Answering the question.....	82
Striking a balance.....	84
Peace, love and understanding: Valuing diverse approaches to treatment.	86
Finding the limits	87
<u>Discussion</u>.....	88
An analysis of the research method.....	88
Technology	89
Music therapy: How much is that doggie in the window?	90
<u>Conclusion: I Can See Clearly Now</u>	92
References	94

<u>Appendix 1. Introduction and questions from each interview.....</u>	99
Appendix 2. Consent forms and information sheets.	107
<u>Student Information Sheet.....</u>	107
<u>Student consent form.....</u>	111
<u>Parent Information Sheet.....</u>	113
<u>Parent consent form.....</u>	117
<u>Staff Information Sheet.....</u>	119
<u>Staff consent form.....</u>	122
Appendix 3. Examples of data analysis of interviews	124
Appendix 4. Data analysis of research journal.....	130

Introduction

The setting

In 2009, I undertook a clinical music therapy placement at the Health School¹. This school was a pilot programme that had been developed by the Ministry of Education in collaboration with a regional health board. It catered for secondary school students within the greater regional area who had been diagnosed with some form of mental health illness that prevented them from participating in mainstream education. The school was envisioned as being a short-term option for students, and there was a strong emphasis on *transition* (see below) back to mainstream education, employment or a job-training programme.

Client group and diagnoses

The students ranged in age from 11-18, and had diagnoses such as depression, anxiety, agoraphobia and obsessive-compulsive disorder. One of the ‘entry requirements’ was that they had to be receiving treatment for this before they could be admitted to the school. For some students there were underlying issues such as Aspergers Syndrome, conduct disorder or developmental delay that added a further level of complexity to their treatment. The school was designed to cater for a maximum of 15 students by providing individual support within a relaxed, smaller-scale setting.

Mental health and education working together

As stated above, the school was a pilot programme. A notable aspect of the school’s structure was that it attempted to combine educational and therapeutic outcomes for each student. To achieve this, the school was staffed with 2-3 teachers and an

¹ To protect confidentiality, the names of participants and facilities have been changed where necessary.

occupational therapist. The teachers focussed on supporting the educational needs of students by organising Correspondence School booklets, delivering lessons and establishing links with mainstream schools. Concurrently, the occupational therapist worked with the students to help them develop healthier ways of managing their mental health issues. A support-worker was also on-site to provide further assistance to staff and students when necessary. It was under the aegis of the occupational therapist that I was placed at the school.

Individual Education Plans (IEP) and Individual Therapeutic Plans (ITP) were developed for each student to list appropriate educational and therapeutic goals. There appeared to be strong emphasis on the Key Competencies within the school curriculum. These were defined as the skills that allow an individual to form positive relationships with others, and covered the following areas:

- Thinking.
 - The use of creative and critical thought processes to make sense of information and experiences.
- Using Language, Symbols, Text.
 - Being able to process information and make use of the way society organises and presents information – i.e., being able to understand symbols, written language and mathematical concepts.
- Managing Self.
 - Related to motivation and an individual's ability to think positively about themselves and their capabilities.
- Relating to others.
 - Effective ways of living alongside other people – i.e., developing the ability to listen, to negotiate and to share ideas.

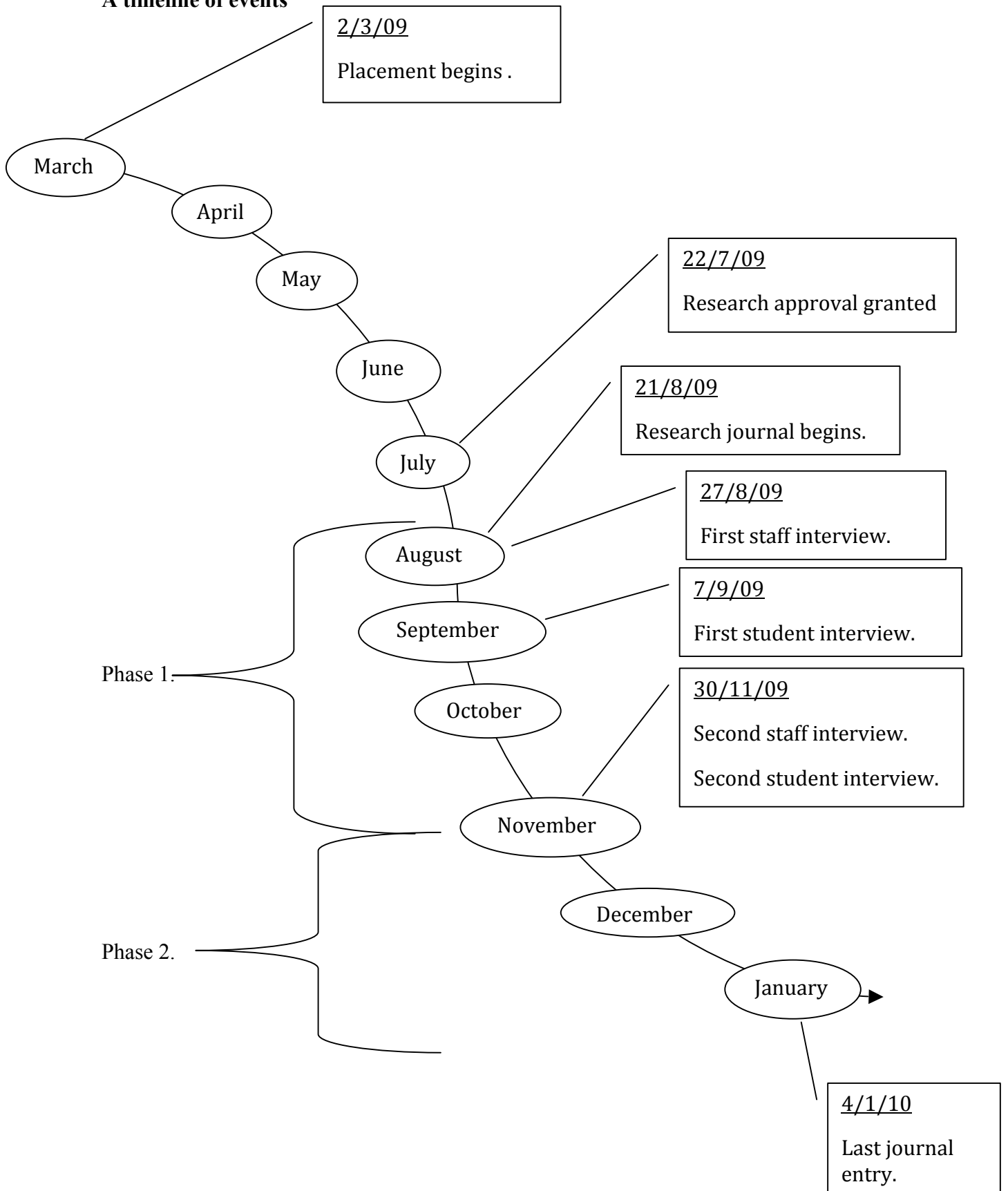
- Participating and contributing.
 - This deals with the way an individual can begin to be part of a community.

(Ministry of Education, 2007).

Transition

As previously stated the Health School had a strong focus on *transition*, which was the process of supporting each student to return to mainstream education. It attempted to do this by working closely with families, caseworkers, government departments and the school that was being transitioned to. The process of transition was often delicate. In addition to managing the mental health issues of the individual student, the Health School sometimes needed to address factors such as negative family or school dynamics and social issues such as bullying or isolation. Perhaps to reflect the holistic scope of student issues, the Te Whare Tapa Wha health model was used to track the progress of students within the setting. The Te Whare Tapa Wha health model conceptualises the health of the individual as being like the four walls of a house. Each wall represents an aspect of health – physical wellbeing, mental wellbeing, the health of the family and community, and ‘spiritual health’. If one of these strands of health becomes unbalanced, the health of the individual will be affected accordingly (Durie, 1998).

A timeline of events



Introduction of music therapy into the setting

I was the first student music therapist to be placed at the school. Upon arrival I had little prior experience of working either with adolescents or within an educational setting and I was unsure how I would introduce music therapy into the setting.

Initially, I felt that music therapy would be most beneficial when the students themselves were making the music. Perhaps as a consequence of this, I gravitated towards a largely improvisational approach within group music therapy sessions. Individual sessions, meanwhile, were a mixture of improvisation, songwriting and teaching students to play the guitar. It was a steep learning curve; I was frequently unsure about what would be 'therapeutic' for the students while also satisfying the curriculum requirements for the school. Meanwhile, my inability to articulate my therapeutic intentions coupled with unfamiliarity about music therapy amongst the wider staff often led to confusion and frustration. Consequently, the first months at the school often felt uneasy:

Helter Skelter: A group session May 2009.

The group has grown too big to use our usual music therapy room, so we have to use the large communal area of the school. The space feels too big. Today there are some new students at the school, and there seems to be an undercurrent of tension between 'opposing camps'. Each student chooses an instrument – bongo drums, xylophones, maracas, guitars - and I start off with some theme-based improvisational exercises, just like the books on music therapy improvisation recommend. The music gathers speed, reaches an excruciating crescendo and then crumbles to a halt. My efforts to restore order are gradually drowned out by a rising tide of bickering voices and spiteful maracas. Some students leave the group, crying. The music therapy session is becoming a battleground, and I feel increasingly irrelevant. Through the chaos I

become aware I am being observed by some senior staff members, who appear increasingly bewildered and concerned.

Such was the inspiration for this research project. The ‘newness’ of the facility and the fact it was a pilot programme created an exciting opportunity to begin a discussion with both students and staff regarding the role of music therapy within the environment – how it could be made better and more relevant, and what it was able to offer. This research project is a record of those discussions, and was aimed at developing music therapy practise within the setting as well as enhancing understanding of the potential place of music therapy in other schools of this nature. Therefore, the research question I intended to answer was:

How can music therapy most effectively address the needs of the students and support the ideas and learning objectives of the staff at an innovative new school for adolescents with mental health issues?

A note on writing style

I decided to write this thesis using the ‘first person’ narrative style, as I felt this would make the writing more engaging and reflect the often personal nature of the research process. As Amir (2005) notes, ‘the use of the first person makes the article more real and mirrors the atmosphere that I wish to establish in the therapy room ...’ (Amir, 2005).

Literature Review

Introduction to Literature Review

This literature review contains an analysis of articles that examine aspects of the use of music therapy with teenagers. The literature contained within is a mixture of experimental research, qualitative research, clinical notes and case studies, as well as broader reflections on aspects of therapeutic work with adolescents. To find the literature, I used a variety of search engines such as Web of Science, Google Scholar, JSTOR and CINAHL, and searched for a combination of terms such as '*adolescent mental health*', '*music therapy*' and '*education*'. Additional articles were sourced from music therapy journals, books and websites such as 'Voices: a World Forum for Music Therapy' as well as my own readings on the topic during the year. I was particularly interested in finding articles that examined the use of music therapy within an educational setting. Additionally, I was interested in areas such as mental illness amongst adolescents, how teenagers think about or 'use' music in their lives and previous uses of music therapy with this age group.

Adolescents and mental illness

The Ministry of Health stated that mental illness amongst adolescents is common and that 'the greatest vulnerability for developing a mental disorder occurs between the ages of 15-18' (Ministry of Health, 2007). Te Rau Hinengaro (2006), edited by Oakley Browne, Wells & Scotts, was a New Zealand-wide survey study designed to gauge the frequency of mental illness amongst New Zealanders. The survey findings indicated that New Zealand has a high prevalence of anxiety and mood disorders, especially amongst the 16-24 year age group. And according to Eggleston & Watkins (2008), in their analysis of mental health outcome measures for children and adolescents, 'child and adolescent mental health services in New Zealand remain

significantly under-funded' (Eggleston & Watkins, 2008).

Adolescents, music and music therapy

I was interested in how teenagers themselves might use and think about music, and in that respect a piece of Finland-based research by Saarikallio & Erkkila (2007) was relevant. This qualitative research project used 'constructivist grounded theory'¹ to gauge the way Finnish adolescents (n=8) used music to regulate their moods (none of the participants were diagnosed with a mental illness). The researchers were interested in the way that adolescents used active and receptive² musical experiences, and the research method involved the use of two sets of semi-structured group interviews along with individual weekly follow-up forms to get a sense of the way participants engaged with music. The researchers used the data they collected to construct a 'theoretical model' of the way the adolescents used music to regulate their moods:

Entertainment: the use of music to help lift or maintain positive mood or energy levels.

Revival: the use of music to relax.

Strong sensations: The use of music to heighten intensity of emotions.

Diversion: music to take the mind off negative emotions.

Discharge: The use of music to reflect and 'give form' to negative emotions.

¹ This is described by the authors as a theory which aims to construct a broad understanding of participants' experiences through interpretation and analysis of their 'multiple social realities' (2007).

² 'Receptive' music activities involved listening to music, while 'active' musical activities involved playing or making music in some form – i.e., playing the guitar, singing or writing songs (Saarikallio & Erkkila, 2007).

Mental work: music that helps individuals reflect on their experiences and stimulates their imaginations.

Solace: Music to provide comfort when one is sad or otherwise distressed.

The researchers concluded by stating that listening to and playing music ‘... offered the adolescents resources for increasing and restoring wellbeing, and made their emotional life more varied and colourful...’ (Saarikallio & Erkkila, 2007).

The teenagers who participated in Shields (2001) school-based research project felt that ‘... music was basic to life; built self-esteem, confidence, and provided a force for positive change; had therapeutic value; provided happiness, fun, and enjoyment; was a vehicle for self-expression and communication; and was a basic subject’.

Shields employed an experimental pre-post research design to find out about the value of music education as an intervention in the lives of at-risk adolescents. At the beginning and end of the 16-week research period, she measured participant’s attitudes towards six criteria such as global self-worth, how they felt about their physical appearance, and social and musical competence. Participants received mentoring and extra involvement in either a drumming group (n=18) or vocal choir (n=57). Shields found that, although there was little difference in most criteria at the end of the research period, participants did feel more musically competent and indicated that involvement in the music groups had allowed them to have fun and feel a sense of pride at what they had achieved (2001). In the context of the present research project, the articles above suggest the value of having a musical ‘outlet’ for adolescents with mental health needs within an educational setting, for instance as a means of helping them relax, assisting them to reflect upon their experiences, or by

providing an avenue of self-expression.

Gold, Voracek & Wigram (2004) published a meta-analysis³ examining the effects of music therapy on children and adolescents with psychopathology, with a focus on experimental and control-group research methods. Although noting that the study was limited due to its rigorous inclusion criteria and consequently small pool of available studies (n=11), they concluded that music therapy had a ‘highly significant medium-to-large effect on clinically relevant outcomes’ and went on to state that ‘... clients with behavioural or developmental disorders or with multiple psychopathologies, may benefit from music therapy’ (Gold, Voracek & Wigram, 2004). The authors also listed examples drawn from the literature of how music therapy might work for some clients: the use of music improvisation to help an adolescent client express themselves non-verbally, or become more aware of their emotions, for instance.

An example of music therapy research that took place within an educational setting is described by Bradley, Davis, Hendricks & Robinson (1999). The authors designed a 10-week randomised controlled trial using music therapy within a school setting. Participants (n=19) were students at a junior high school, aged between 14-15 years old and who all displayed depressive symptoms. Participants were divided into two groups, one of which received music-based intervention (n=9) and the other cognitive-behavioural intervention (n=10). The 10-week music programme employed receptive and active music therapy techniques such as progressive muscle relaxation while listening to music, doing exercise to familiar music and instrumental improvisation. Participants in both groups used a self-administered questionnaire to measure levels of depression at the beginning and end of the 10-week period, and the

³ A meta-analysis is described by Standley (1996) as a statistical method of gathering and interpreting data from a wide range of research within a common field, as a basis for creating ‘informed generalisations’ (Standley, 1996).

writers found that there was a positive difference between pre and post-test scores for participants in the music treatment group. The researchers presented their findings as a call for greater flexibility when considering therapeutic interventions with this age group, stating that ‘counsellors and other mental health workers need to listen and respond to the needs of the clients ... [they] must be willing to reshape counseling sessions to meet [individual or group needs] rather than attempt to continue with a set of traditional programmes and services’ (Bradley, Davis, Hendricks et al, 1999).

Tervo (2005) and Lefebvre (2006) offered case studies that provided further examples of the use of music therapy with adolescents with psychopathology. Tervo (2005) described music therapy that took place within a psychiatric ward for teenagers. He employed a psychodynamic and improvisational model of music therapy, and emphasised the social and creative elements of music therapy as a way of encouraging communication and cooperation between individuals within the setting (2005).

Lefebvre (2006) described music therapy with an adolescent girl diagnosed with school phobia. The use of receptive and active music therapy techniques along with verbal reflection allowed the client to express herself and gain insight into her behaviour (2005). Both writers referred to the role of the music therapist within the multidisciplinary team. Tervo identified some of the ways that music therapy could contribute to a deeper understanding of the client for the multidisciplinary team – for instance, by playing an important assessment role and by helping build trust and communication between clients and staff members (2005). Lefebvre (2006) stated that the setting of her music therapy work – an Adolescent Treatment Programme - was ‘unique in it’s multidisciplinary team approach ...’, and noted that the wider team was able to provide an important measure of stability for her client when she (Lefebvre) was absent for an extended period. This is relevant because, in some ways, the subtext

of the present research project is a consideration of music therapy as part of a wider multi-disciplinary framework.

Ludolph, Plener, Stegemann & Sukale (2009) presented research that examined the use of music therapy in combination with dialectical behavioural therapy⁴ (DBT-a), as a way of reducing instances of self-harm and related depression amongst adolescent girls (n=5). The music therapy component of the research consisted of a mixture of receptive and active music therapy activities, with a large part of the work focussed on helping the participants form a band and record some of their favourite songs. Participants were not required to have any musical experience prior to the research, and this activity was aimed at helping participants work together effectively as well as gain insight into group dynamics (2009). Issues that may have arisen for participants during the research period were addressed separately in individual sessions of DBT-a. According to the authors, four of the five participants had not self-harmed by the end of the programme, and there was a reduction in other depressive symptoms. These findings remained stable at a follow-up meeting two months later. While recognising that the study was limited due to the small number of participants, the researchers felt the approach of blending therapeutic interventions might be effective for treating self-harm and depression amongst this population. The researchers stated that future interventions could be targeted at a school level as a way of incorporating support networks such as peers, families and schools into treatment. This was something other adolescents with similar issues had identified as being helpful (Fortune, 2008, cited in Ludolph, Plener & Stegemann et al, 2009). For the same reasons, the authors felt that community music therapy might be a useful model of music therapy with this

⁴ Dialectical behavioural therapy is described by the authors as a combination of individual and group therapy that helps clients develop new life-skills for dealing with negative emotions (Ludolph, Plener & Stegemann et al, 2009).

population. Community music therapy is described as ‘an approach to working musically with people *in context* ... [that takes] into account how physical surroundings, client preferences and cultural contexts shape the work’ (Ansdell, Pavlicevic, Proctor & Verney, 2002, as cited in Ansdell, 2002).

Music therapy in schools

Hall & Music (2008), writing about their experiences as psychotherapists (not music therapists) within a school setting, had much to say about the challenges of introducing therapeutic work into an educational environment: ‘We have had to question what ... the psychoanalytic child psychotherapist [or music therapist, in this case] can offer in this context that feels genuinely useful, and explore how our view of what is useful might differ both from the tasks we usually expect of ourselves ... and also from what other people such as teachers might want or demand from us’ (Hall & Music, 2008). They went on to identify one of the major challenges as being ‘the necessity for professionals who come from ... different backgrounds and who have very different philosophies and cultures to find a way of understanding each other’s languages and expectations, and of communicating and working together’ (Hall & Music, 2008). Within New Zealand, the Ministry of Education provided standards for the employment of specialists such as music therapists within schools; The ‘Specialists Service Standards’ (2008) document aims to ensure that specialists’ skills and strategies are implemented in a consistent and effective manner within schools. It covered a range of areas such as professional standards of behaviour, information storage and student assessment. However, the underlying principles seem to be the importance of collaboration and communication between the school, the specialist, the student and his or her family. Rickson (2009) offered another perspective on the process of introducing music therapy to new clinical settings such

as schools by stating that: 'New Zealand music therapy students are still predominantly entering placements at facilities where no music therapist has been before, and the work is little understood. One of their main initial goals can be for facility staff to learn about the possibilities of clinical work for clients, and to educate other professionals about appropriate music therapy referrals'.

Music therapists appear to have been considering these issues for some time: Alley (1979) wrote an article that examined the way music therapists could contribute to the IEP (individual education plan) for students with mental or physical disabilities. Later articles examined the use of music therapy within classrooms, with Patterson (2003) noting that music therapists could offer teaching staff different ways of managing challenging students. She recognised this might have financial benefits for schools by helping reduce burnout amongst special education teachers (2003). Meanwhile Martinson & Montgomery (2006) offered a helpful description of the differences between a music teacher and a music therapist: 'The objective of a music educator's lesson is musical – a student's demonstration of his or her understanding of a musical concept that leads to deepening of self-expression [whereas] the objective of a music therapist's lesson is to achieve an extra-musical goal that leads to improvement in a student's cognitive, physical or social skills using music' (Martinson & Montgomery, 2006).

Within this section, I thought that literature regarding the arts curriculum would be relevant. Although these articles weren't specifically about music therapy, I thought they hinted at the scope of perspectives by which music therapy might be viewed within an educational setting by administrators, funding bodies and staff, for instance. To that end, the Ministry of Education (2000) stated that the arts, including music, '...contribute to our intellectual ability and to our social, cultural and spiritual

understandings. They are an essential element of daily living and of lifelong learning' (Ministry of Education, 2000). An opposing view was articulated that took issue with an 'enterprise culture' that sidelined creativity within the New Zealand education system: 'This approach ... sees economic considerations as the primary means of evaluating the worth of curriculum and marginalises the wider values of art education' (Boyask, 2004, cited in Keown, Parker & Tiakiwai, 2005).

Summary

In summary, I have looked at some of the literature that examines the use of music therapy with adolescent clients. This literature outlines a number of reasons music therapy is a valid intervention for this age group – firstly, as identified by Saarikallio & Erkkila (2007) and Shields (2001), adolescents seem to respond strongly to music. Writers such as Gold, Voracek & Wigram (2004), Tervo (2005) and Lefebvre (2006) have outlined some of the ways music therapy is able to help adolescents with psychopathology - i.e., by allowing clients to express themselves non-verbally, or to develop trust and communication with others. I have examined literature that discusses the use of music therapy within an educational setting (Bradley, Davis & Hendricks et al, 1999, Martinson & Montgomery, 2006 and Patterson, 2003), as well as the types of challenges that can accompany the delivery of therapeutic work within an educational setting (Hall & Music, 2008 and Rickson, 2009); Likewise, what sorts of negotiations might need to take place as music therapy is introduced at the school level, as suggested by Ludolph, Plener, & Stegemann et al (2009)? These types of questions suggest that further research into the role of music therapy within an educational setting is warranted. Therefore, this project aims to gather a sense of how music therapy can best serve the needs of the students and staff within a new transitional school, and from there perhaps help create a framework for other music

therapists (student or otherwise) working within similar settings in New Zealand. I will finish this section with a further quote from Rickson (2009): ‘...pioneers do not have the luxury of working ... within established *ways*. We do not, and neither do our government agencies, institutions, families/whanau and clients, have strongly held preconceived ideas about what music therapy *is*. We begin by building relationships with the aforementioned groups and then set out to determine what it is that we can offer each other’ (Rickson, 2009, para. 4). This research project is a methodical record of my attempts to build a relationship with the school – a record of the ‘setting out’ and the ‘determining’.

Methodology and Method

Introduction to Methodology and Method

This research aimed to find out how Music Therapy could most effectively address the needs of the students and support the ideas and learning objectives of staff at an innovative new school for adolescents with mental health issues. The ‘new-ness’ of the facility meant that it felt important to involve both staff and students in the research process. This seemed to call for a more exploratory approach to the research process.

Exploratory research

The process of exploratory research within the social sciences is described by Stebbins (2001) as ‘a broad-ranging, purposive, systematic, pre-arranged undertaking designed to maximise the discovery of generalisations leading to description and understanding of an area of social or psychological life’ (Stebbins, 2001). I felt this approach would lend itself well to the setting because of its flexibility and because I wanted to describe and understand how music therapy could meet the needs of staff and students within the setting.

The importance of having students and staff members take a participatory and collaborative role in the research process is reiterated by Collins (2006), who writes that ‘an integral part of class-room based research is the incorporation of the perspectives, knowledge and understandings of [the] children’. She goes on to say ‘interviews and observations are two of the most frequently used methods for researching with children. By conducting in-depth interviews with both teachers and students, researchers can ensure that their data ... reflect[s] multiple viewpoints and ... multiple realities of specific social relationships’ (Burns, 2000, as cited in Collins,

2006). This suggested that the use of interviews would be an appropriate and effective way of gathering data.

Participants

I extended an invitation to participate in this research to all students and staff members at the school. For students, anyone who had taken part in either group or individual music therapy sessions was eligible to participate. I decided to set the limit for student participants at 9 per group interview, as I felt it might become too unwieldy attempting to capture and analyse the data after this point. In the event, I got three student participants in the first interview and four in the second. All staff at the school were given the opportunity to participate if they chose and there was no inclusion or exclusion criteria. This was because nearly all staff had been involved in helping me organise or run music therapy sessions at some point, and I felt that all staff members would have something interesting to contribute.

There was some change in the make-up of both groups over the course of the research. Two of the students present in the first interview were absent during the second, with three new students participating instead. Likewise, two participants in the first staff interview were unavailable during the second.

- In the first round of interviews, I had 3 student participants and 6 staff participants.
- In the second round of interviews, I had 4 student participants and 4 staff participants.
- Because some participants were present within both interviews, the final number of individuals involved in the research were 6 student participants and 6 staff participants, which I felt was adequate for the reflection of ‘multiple

realities' (Burns, 2000, cited in Collins, 2006).

Method

This was a qualitative design using interviews and a research journal as methods of data collection. Initially, I envisaged 3 group interviews each for the staff and student groups as being necessary for my purposes. However, the sheer amount of information generated by the first round of interviews led me to reduce the number of interviews to 2 interviews per group.

- I conducted two group interviews¹ with staff to help focus and clarify the ways I could use music therapy to address both the needs of the students and the learning objectives and ideas of the staff. General areas of discussion included ideas for how music therapy might be able to address and support some of the educational goals for the students, as well as general considerations of the role of music therapy within the setting. These interviews took place near the end of term 3 and at the end of term 4. At the time of the first round of interviews with both staff and students, I had been working at the facility for just under five months.
- I held two group interviews with student participants, the first near the end of the third term and the second at the end of the fourth term. The focus of these discussions was on allowing the students to discuss their perspectives on the music therapy sessions; what they felt was helpful or challenging about the music therapy sessions, as well as discussions about possible future directions. The information gathered from these group interviews informed my planning for the following sessions and allowed me to consider what music therapy was able to offer students.

¹ Please refer to Appendix 1 for copies of the research questions for interviews with staff and students.

- I kept a reflective journal that recorded my observations and thoughts for each day that I was at the placement. This covered areas of interest such as the group music sessions and any individual work with the students, as well as other pieces of non-musical information that seemed significant. I also used this journal to track the progress of my attempts to integrate music therapy practice into the educational setting, and also changes in my thinking about the role of music therapy in the setting over time. For a visual representation of the order of interviews and associated information, please refer to the timeline on page 4.

Ethical considerations

Potential student participants, their parents and members of staff were each provided with an information sheet² that outlined the aims and method of the research. In addition, I explained the research to staff and students beforehand. The voluntary nature of the research project was emphasised, and students were reminded that they were free to participate in music therapy sessions whatever they decided. Participants were given a week to decide. The fact I was in the dual position of being the researcher and the student music therapist meant I had to be aware of a conflict of interest and the potential risk of coercion. I managed this by discussing it in supervision and trying, as much as possible, to have a third party address the students regarding my research, preferably on the days I was not at the school. The names of all participants have been disguised in order to protect their identity. However, the singular nature of the school within the region meant that there was a significant chance that participants may be recognisable to potential readers.

² Copies of the information sheets and consent forms are included in Appendix 2.

Data analysis for the interviews

All interviews were recorded and transcribed word-for-word. Once this was completed the transcripts were returned to the participants for checking, with the option of removing or adding to the statements as seen fit. No changes were made by any of the participants.

Once the transcripts had been checked, I undertook a phenomenological analysis of the data, as outlined by McFerran & Grocke (2007). This process allowed me to identify the key statements that seemed important from each interview. I then undertook a process of ‘horizontalisation’, described by McFerran & Grocke as the identification of common, significant and individual themes. They point out that ‘although this involves a search for similarities, it does not value those ideas that are agreed upon any more than those ideas that are unique to various individuals’ (McFerran & Grocke, 2007). Following the process of horizontalisation, I experimented with grouping the key statements together in ways that seemed to make sense thematically, as a way of identifying overarching themes and recurring motifs within the interviews. As an example, staff perspectives on transition were gathered together, as were perspectives on the use of receptive music therapy. Once these key themes were gathered, they could be arranged and juxtaposed in quite interesting and unexpected ways. In essence, I was creating a kind of ‘data collage’ for each interview³.

Peer reviewing

Once I had identified what I thought were key statements and main themes, I handed some of the data and my interpretations of it over to a fellow music therapy student,

³ Please refer to Appendix 3 for some examples of the interview data analysis.

who was able to offer some suggestions and alternative interpretations. Although it was done relatively informally, this step was helpful because it allowed me to see the material from a fresh perspective, and to think about some of the data in a new or different way.

Data Analysis for the research journal⁴

In order to break the research journal down into more manageable pieces, I decided to divide it in half. The entries that took place after the first round of staff and student interviews were included in phase one, and the entries that took place after the second round of interviews were included in phase two. The objective was to represent the scope of thought within the journal. My methods for data analysis of the journal were influenced by the methods of phenomenological analysis of interview transcripts outlined by McFerran & Grocke (2007). I examined each of the journal entries and divided them into categories defined by common theme. For instance, journal entries that seemed to relate to aspects of working as a team were put together, while entries that dealt with receptive music therapy were grouped together. To add some order to the writing, I started with the categories that had the most entries and simply worked my way down the list. For smoother transitions between sections, there were instances where I changed categories around. The dates of some journal entries also recur occasionally – I decided to let these stand because, as stated above, the objective was to demonstrate the scope of thoughts within the journal; entries often covered a lot of ground, and might switch from talking about communication with staff members in one paragraph to behaviour within group music sessions in another.

⁴ Examples of the data analysis for the research journal are included in Appendix 4.

The Findings

Introduction to the findings

For the sake of simplicity, I decided to organise the findings into two sections. The first round of interviews with staff and students, along with the following research journal entries will be included in Phase One. Correspondingly, the second round of interviews with staff and students marks the beginning of Phase Two, and also includes the journal entries following the second round of interviews. I felt this would give a good indication of the interplay between staff and student perspectives on the music therapy programme and my thoughts and actions in response. The first phase was larger than the second phase because it spanned a greater length of time – roughly from the end of August through to the end of November. In contrast, the second phase ran from the end of November to the beginning of January in the following year. This timeframe also included the holiday period, in which there was no contact with the school. Entries in the second phase therefore seemed to be of a more reflective nature rather than responding to events in the school day. In order to reflect the voices of the participants, I have endeavoured to include as many of their statements within the findings as possible. However, I replaced the names of students where they are mentioned in the text with the generic term ‘student’. Likewise, staff members are referred to by the generic term ‘teacher’ or ‘staff member’ where possible. Although this changes the flavour of the findings somewhat, it seemed necessary to preserve confidentiality while still indicating the ‘role’ of each person I was referring to. Each section is introduced by snippet of song lyrics that I felt had some kind of thematic resonance with the subsequent interview.

The thesis is structured as follows:

Phase One

- 1 Findings from first staff interview
- 2 Findings from first student interview
- 3 Findings from the research journal, part 1.

Phase Two

- 1 Findings from second staff interview
- 2 Findings from second student interview
- 3 Findings from the research journal, part 2.

Phase One

Findings from the first staff interview

I did not become someone different

I did not want to be

But I'm new here

Will you show me around?'

'I'm New Here', by Bill Callahan (AKA Smog).

1.1. Introduction

The first staff interview took place at 3:15pm on Thursday the 27th of August. As mentioned earlier, at the time of this interview I had been at the facility for just under five months. The aims of the interview were to get a sense of what staff thought music therapy could offer the setting and how it could meet the needs of the school and students. In this interview, there were 6 participants: three teachers, one occupational therapist, one support worker and one trainee teacher. The interview lasted for just under an hour. I was very nervous beforehand, and prepared an introduction in which I thanked the staff for their time, commented on the steep learning curve I had endured up to that point and encouraged participants to speak their minds freely without fear of hurting my feelings; I suspected that there were some misgivings amongst the staff about the way I was running parts of the music therapy programme, and I felt that the interview would be a good opportunity for people to have their say.

1.2. What can music therapy offer the clients?

'All the teenagers pretty much love music'

Many staff members felt that music was a good medium to use within the setting because '*... all the teenagers pretty much love music, in one way or another...*' (178-179). '*...It's something they get really passionate about*' (196). Another participant thought '*... because of the age of the kids – teenagers – they just totally relate to music*' (376-377).

A non-threatening and creative way of engaging with students

For some staff, music therapy was seen as a '*non-threatening, creative way of engaging students in conversations about all sorts of things*' (75-76), especially when students may have found the '*verbal expression of emotions and needs ... very difficult... Using music is non-threatening*' (726-731). Another staff member felt '*it's that creative component to it which is really important ... [it] really taps into kids*' (977-978).

Opportunities for self-expression

Some staff felt that '*students who have transitioned, or are in the process, have ... enjoyed the opportunity to be able to express themselves*' (94-95). And, '*[The student] had a chance to be really loud and 'out there' and crazy ... with you ... And it's not so appropriate in a classroom, but in her sessions with you, it was completely appropriate. And it gave her a vehicle to express all her stuff about boys ... and all the dramas of boyfriends going on ... And it was great. I think that they've.... all benefited...*' (713-725). For other students, music therapy had the potential to be '*... a form of being able to express [negative emotions] in a different way instead of what they're used to. So if it was say ... an aggressive*

person ... [it's] another tool to be able to do that' (121-126).

Gaining confidence

Music therapy had the potential to help students gain confidence by allowing them to master new skills and experience success in a different context: *'... it's developmentally what happens for students in this environment as well – to assist them with that. Gaining confidence and stuff. Additionally, music therapy could provide opportunities for students to have a 'moment to shine': 'To me, if [student] wrote a song about dogs and you put music to it and she presented that [to the class] – how good would that make her feel?' (377-378).*

Relaxation

As will be discussed in greater detail below, it was observed that individual music therapy sessions helped students relax: *'... at the end of the week on a Friday, after she's [the student] had a tough week, to just be able to do something really nice and relax with it... I think that that's really good for those students as well' (100-103).* It was thought that helping students relax might then help them function better in other parts of school life: *'Cos thinking about what helps him manage. He feels a lot calmer and more relaxed when he's doing music stuff, and we know that when he is feeling wound up and more anxious he's just all over the place' (308-310).*

A tool to relate to people

Some staff felt music therapy provided a different way of developing relationships for students who struggled with social interaction: *'[The student has] been able to teach that other new student [some chords on the guitar] and play an 'expert' role. As well as then developing friendships through doing that. Because I think*

for people like him, actually just doing the 'chit-chat' friendship thing is outside of his range ... But it's given him a tool to relate to other people' (88-92).

Stimulating and activating memory

On an educational level, staff felt music therapy had the potential to assist students in learning and remembering basic facts: *'So, putting education into songs that the kids like - I mean, a new song comes out and my kids know the words just like that (clicks fingers). Because it's something they're interested in, because it's music. And I think if you can tap into that, even with the same background music and they put their own words to it, it's huge. You just remember it.'* (316-320)

1.3. How can music therapy contribute to the setting?

Preparing students to learn: relaxation

Some staff felt that music therapy helped students to, *'[engage] in their own learning, 'cos it calms and settles them' (947-948).* As one of the teachers observed *'... another thing I've noticed with my students who have done [individual] music therapy is that they come back to their studies a lot more focussed and relaxed ... So [a particular student] is always great. I mean, he will come in and sit down and he still has his need to talk. But he's not as loud, he's not as 'in-people's-faces', he's very calm. If you say to him 'Come on, get your books out', he will generally follow instructions really well (390-405) ... for me, from what I've seen at the moment, that is ...kind of one of the key things... (417-418)'*. This led to speculation that *'if we had a kid coming in that was continually high, or ... you knew they were coming in with [issues or distress] –it would be good to be able to say, 'right, go and spend some time with John-Paul before*

[lessons] ' (419-423).

Supporting the academic programme

The staff spent time in the interview considering ways music therapy could support academic and curriculum goals for students, such as in small group work: *'... the whole thing of the key competencies as well... It reinforces that kind of stuff if you've got a group of students working on a similar interest but some are at different levels than others and they're helping each other. And then the ability to be able to work something through in a little group and perform it, present it – I think that's really important, too'* (330-335). Other areas where music therapy had the potential to support educational goals were also discussed: *'I think, in supporting the English curriculum with the oral language strand – which is the listening and speaking stuff – I think it can really link in and support what we're doing'* (379-381). Elsewhere, another staff member appeared to refer to cross-over between therapeutic and educational goals within small group work: *'Your role as music therapist [is] ... setting that up in a way that is facilitating them doing music therapeutically with each other ... in using those skills of sharing and teaching each other and encouraging each other and all those sorts of things'* (147-150).

Music as the bridge.

Some staff felt music therapy could play a role in establishing links with mainstream schools during transition for some students: *'I think definitely for [an individual student], who has a real passion for music, if he was going back to a school, it'd be really good for you to link up with their music person there and to ... start some transition. (50-54).*

The school validating creativity

Additionally, some staff felt the use of music therapy with some students enabled the school to validate *'the creative, fun side of things'* (111-112) for students, especially *'where there's that real academic pressure from the family'* (110-111). As will be looked at in a later section, there was a concurrent recognition that this could sometimes cause tensions with parents: *'I know Dad finds it all 'fluffy'. But it's ... nice that that's validated from our side and important. That it's not all about exams and chemistry and physics ...'* (112-116).

Different relationships and roles within the team

For one staff member, a recurring theme throughout the first staff interview was the value of *'...having another presence of someone that just comes in, that's not here every day but comes in'* (154-156), an *'extra person that comes in'* (659) who could provide the students with *'... a different relationship with another staff member on that level that's different from the teachers'* (72-74). As part of this, the part-time nature of the music therapy programme was felt to be important as well: *'I don't think it's a full-time thing. ...And I think that's something that I like about it ... it's the special days that the music therapy person is here'* (954-956).

1.4. Areas of expansion within music therapy.

'When I think of music therapy, I think it's quite wide' (847-848).

The use of technology

There was widespread enthusiasm amongst staff participants for the use of music-making computer programmes within the music therapy sessions: *'...there is some really good stuff out there. And that's some of the stuff, as a school, I would put money into ... that was gonna hook the kids into it as well. ... And especially with*

us having an interactive whiteboard as well' (1003-1012).

'That Garageband [a computer programme] would be fantastic. We used that with our autistic kids at [another school]... they could just create whatever they liked and then they'd listen back to it. But that would be something for [one of the students at the school]. I think she'd really [dig it]... (1018-1021)

It was felt that the use of the computer would broaden the appeal of music therapy for students because they wouldn't need to play an instrument to be able to express themselves musically: *'Yes, they'll be definitely engaged [because] it's just hooked in. ... it's already there, so they don't need to worry about learning an instrument. It's already there for them, and then they just put it together...' (1040-1045).* Other benefits were felt to be versatility and interactivity: *'So you can come up with the heaviest guitar sound or whatever, which you probably couldn't [do] without buying a whole lot of equipment ... But on the computer, you can just [click a few buttons] ... And if you did interactive whiteboard stuff, you could have a whole bunch of kids sitting around going 'ok ok, put some drums in, put some drums in'...And doing all the kind of stuff with it as well, all the visuals....(1032-1042)*

Receptive vs. active music-making

Some participants wondered *'if there's some more listening-type things, as well. Like, for some of the students to help them focus' (336-337),* and there was a lot of enthusiasm for 'listening-type' activities from staff: *'I think that would be really good. Because listening is a big part of oral language, and part of the English curriculum' (353-355).* In addition to helping students focus, there was also some

interest in *'looking at the emotional side of listening to music as well, and how ... when you listen to music it provokes certain feelings and emotions and that type of thing. And if that could help some of the students with their feelings and things. So, not just playing'* (356-359). This last statement ('not just playing') elicited wide-spread agreement from staff members. Additionally, some staff participants felt that listening to music had expressive potential for students who weren't proficient musicians: *'That's where something like the listening could come in rather than having to produce it [on an instrument] Cos you need a certain amount of skill ... to express [your emotions on an instrument]. But you can easily just put on something that reflects how you feel ...'* (825-828). Staff also considered the possibility of using theme music from popular movies and computer games to 'hook' students into music therapy sessions.

Individual vs. group music therapy

Many staff members appeared to regard the group music therapy sessions with a degree of scepticism: *'I did have a few concerns ... maybe in the big group where everyone's in... How engaged are the students ... in a larger group [?]. Instead of the smaller ones...'* (762-767). Or: *'In the [group] sessions ... I did see that there was a tendency where [a student] completely took over'* (740-741). However, another view of the group sessions identified some potential benefits: *'But within that happening in groups, [it] can be an opportunity for [the student] to realise the effect of ... one persons...loudness or whatever on other people. And an opportunity as well, for other people to express their needs and have their say'* (746-753). Other staff members seemed interested in the use of smaller group work: *'I'm thinking [of] that time where I sat in with you where we had ... the groups divided in the smaller numbers. Which went absolutely perfect, you know'*

(754-760). There appeared to be a lot of enthusiasm for individual music therapy sessions, which seemed to provide some students with a sense of success or an opportunity to process emotions: ... *It's really important for [students] to have that kind of experience ... to have success in something, and have... that time where it's 1:1 with you. And having that time to master something, work through something, and it's different outside of the regular programme'* (65-72). On a day-to-day level, *'they [students] look forward to it, at getting started on occasions, 'one-on-one with JP today'. Whereas who's one-on-one with [the maths teacher]?' (698-699).*

Better for some students than others?

Questions regarding the suitability of music therapy for some students were raised in the interview; *'I think it probably works for some better than others, but you'll know that as well...'* (181-182). Later, some staff members wondered: *'do we expect him to do it [group music therapy sessions] when he does find it really hard ...?'* (769-776).

A contrasting perspective on the importance of student enjoyment of sessions was illustrated by another staff member: *'But, thinking about [the student] and how he is, and ... how his anger explodes at home and he sits on it all the rest of the time ... [maybe] for example with him in individual [sessions] is validating that, 'yeah, there is some angry stuff down there and can we find a safe way to get that out?'.... It's those deeper therapeutic issues that perhaps music [therapy] ... could help him with.... That's not to say then he's going to be enjoying it. But ... it's actually something that he really does need'* (812-824).

Adapting to the needs of students

Linked to the points above were staff perspectives on the adaptability of music therapy to student needs: *'...how can things be adapted so that there is something for everybody...in the music therapy group... so it is therapeutic for them? Because otherwise is it doing the complete opposite?'* (777-783). This point was expanded later in the interview: *'... I wonder with some of [the students] at the moment, when I hear them talking about music that that's what they think. 'Oh, I can't play a musical instrument, I can't sing therefore I'm not musical', when music is so much more than that. And it'd be great for them to have the opportunity to explore all the different sides of music'* (1046-1050).

1.5. The wider context

Contact with parents, home and community

Staff identified both positive and negative aspects of the music therapy sessions in relation to contact between the school and the parents of students. On one hand, individual music therapy had the potential to assist relationships between students and their family members: *'Mum is incredibly musical [and] Mum has seen [the student] as being a burden and incapable. Here's potentially an opportunity where they can share a skill, and an interest in a skill ... as opposed to her seeing him as being burdensome and incapable.'* (580-585). On the other hand, there appeared to be a sense that the use of music therapy with one student may have contributed to increased tensions between the school and a student's parents: *'Yeah. I'm just thinking, gosh. Like [this student]. With her family, and ... stuff. To me, I think it raises issues...'* (595-599). In this respect, staff wondered if some of the music therapy work *'could be around educating [the parents]... so [the]*

family knows what the music therapy is all about.... Cos they probably see this as fluffy...So ... having something prepared so they know...what you're doing and why you do it' (609-616).

Balance within the school programme.

Questions of balance and weight were the dominant motif when staff considered the long-term role of music therapy within the school: *'In regards to weighing up [music therapy] it depends where that funding was coming from. And if we were weighing it up, what we would need - cos I know there's lots of things we need...But I still think it's a valued role' (961-969).* Later, a teacher commented, *'I think it's good having more therapy people onboard ... it gives a good balance to things' (975-976).* Another staff member stated *'I've certainly ... appreciated having some else who's here ... taking a therapeutic primary focus. ...I mean, we're all therapeutic of course. But I have appreciated that because obviously that's how I think, and.... there's that other way of thinking about it. So I've kind of appreciated having someone to bounce that stuff off. (683-689)*

What is music therapy?

Finally, there was discussion amongst staff about the nature of music therapy as opposed to music education, ... *'what's the difference between what you're doing and if there was a music tutor who came in?' ... what takes it to therapy [?]' (1051-1054).* This discussion branched out to wider questions about the nature of therapy itself: *'It's therapy versus creativity, isn't it? But then who's saying creativity isn't therapeutic?' (1055-1056).* Another staff member wondered, *'And I think as long as you're not assessing skill is that then therapy? If they're able to use it to express themselves....and have success, and they gain something back*

from it - is that not what therapy is? '(1061-1065).

1.6. Summary

The sense I got from the first staff interview was that, while staff were enthusiastic about the use of music therapy within the setting, there appeared to be untapped musical areas waiting to be explored. Some of the ideas that seemed to be most exciting for staff were the creative opportunities afforded by technology such as music-making computer programmes. There was also a lot of enthusiasm for more listening exercises within group music therapy sessions, and the use of small group activities such as a weekly Guitar Group. Beyond that, wider issues related to balance within the programme and funding – or the lack thereof - were broached, and would be returned to in the second interview. And, as suggested by the lyrics to 'I'm New Here' ('will you show me around?') I felt that the interview had been successful in generating lots of ideas about the way music therapy could work within the setting. As will be discussed in more detail later, it felt like the very process of the research interview itself assisted in helping raise awareness of music therapy, and provided me with opportunities to learn and make positive changes. The challenge for me following the first staff interview was to figure out how to integrate the ideas that staff had come up with into the music therapy programme.

Findings from the first student interview

'You say yes,

I say no

You say stop

and I say go, go, go

Oh, no '

'Hello Goodbye', by the Beatles

2.1. Introduction

The first student interview took place at 12pm, on the 7th of September. The participants – three young men – had duly put themselves forward to be interviewed, but when it came time for the interview, one student was absent. He arrived mid-way through the interview, apologising profusely. Two of the students had received both individual and group music therapy sessions, while one had solely taken part in group music therapy sessions. The interview took place in one of the meeting rooms at the front of the school – a fairly stuffy and airless room. We all sat on beanbags that were scattered around the room. In retrospect, I wished I had set up the room so that we all sat in a circle as a way of encouraging engagement. As it was, each participant seemed to speak from a kind of 'bubble'. This was highlighted when the late-arriving participant sat in such a way that I couldn't actually see him without craning my neck. Perhaps because the interview was being recorded, there seemed to be some reticence amongst participants to start with. And although we relaxed as the interview progressed, there was still an air of formality and reserve to proceedings. We spoke for just under twenty-five minutes. As with the first staff interview, I had prepared an introduction that I

read out to the students at the beginning of the interview. In it, I encouraged them to be as honest as possible, and – as with the first staff interview – not to worry about hurting my feelings. I was trying to find out what the students had found most challenging or enjoyable about the sessions, what they thought would be most helpful therapeutically, and if they had any suggestions for improving the sessions; After all, I planned the sessions, and the staff observed from the periphery – but it was the students who experienced them.

And as with the first staff interview, I was nervous beforehand. I was worried about how to facilitate the interview so there wouldn't be moments of awkward silence, and I was worried about what the students would actually say about the music therapy work I was trying to do – would I measure up? Was I able to offer *anything* that could help them?

2.2. What might students gain from music therapy?

A variety of ways to develop and explore new skills

One student felt sceptical about music therapy to begin with: *'It was new to me. As it started out I kinda like doubted it...I got more into it as we did a couple of the first few weeks, and I started to really enjoy it'* (22-24). All student participants appeared to have enjoyed being able to learn or practise new skills within the music therapy sessions – whether that was *'....learning new stuff, like the guitar....it's pretty good'* (258), having a go at singing, *'I quite like singing. Far more than learning an instrument ... Kind of a talent I found recently, or liked. So doing things like that's quite nice'* (548-553), or learning more about song writing and music from other cultures: *'.....sort of making your own sort of songs, that was quite fun. ... And so were the tribal songs. [To comments from the interviewer*

about the trickiness of the language of the 'tribal songs'] It's still good... that's all part of the learning process [and when] you do get them down then you start to really enjoy it' (107-119). Another student liked '...how there are lots of different varieties and it's not just the same sort of style...' (155-156).

Transition, part 1.

One student felt that offering guitar lessons to students could assist in transition: *Teach people how to play music they like [on the guitar] ... So that when they're at school they have something that they can go and do themselves. (527-528)*

Opportunities to relax, bond with peers and express themselves.

Students seemed to feel that *'Group sessions are good....it helps to get everyone to cooperate and listen up... (46)*, with one participant musing that they were *'.... like a form of bonding, almost' (50)*. And, as identified by staff, there was also some reference from student participants to the expressive aspects of music therapy: *'....it's like in a way expressing yourself' (34)*. One student felt that, *'it was a really good way of relaxing' (18)*.

Evaluating progress

In another instance, a therapeutic exercise within the group music therapy sessions had an evaluative function for one student: *'.... we have done some recording.... That's quite a good way of ... evaluating yourself to see how good you are...because you can hear your own voice and everything' (388-402)*. This aspect of the session was not completely thought through on my part, and initially I wondered if being able to 'evaluate themselves to see how good they were' might inadvertently create insecurities for some students. In later sessions, the ability for

students to hear recorded versions of themselves did cause distress for some individuals. But, by the same token, it also seemed to allow the group to gain a sense of shared enjoyment and ownership – or ‘freedom and control’ as McFerran-Skewes (2003) puts it - over the music they were making.

2.3. The benefits of listening to music

Listening to music within sessions

Similar to the first staff interview, there appeared to be a lot of enthusiasm amongst student participants for more receptive music therapy activities within sessions: *‘I personally quite like just listening... like we might just listen to a song, you might say like a tribal song, or some cultural song. We just listen to it.... I quite like doing that’ (480-486).*

Relaxation

As part of the above discussion, students felt that listening to music could help them relax: *‘... just listening to stuff that you might think is good....that can help a lot. Like, actually a lot more than you’d think it would. Just relaxing (555-566).*

Transition, part 2.

In the context of the school setting, with its emphasis on transition, it was interesting that one student thought. *‘.. If we had [receptive] music, and then I was going up to [his transition school], it would help me relax a lot more’ (561-571).*

Effect on mood

One participant felt that listening to music *‘... can influence a hell of lot how you're feeling. If you've got a really sort of happy beat, like then straight away it*

starts to have some sort of influence on your mood...it's the same with sad songs, you know the opposite reaction...(582-588), while another participant recalled: 'There's a CD that came out a couple of years ago, and it's called Sad Songs. It had like thirty songs, and it is all sad stuff....like.....who would buy that?! Real depressing eh' (603-608).

2.4. Gaining (and losing) confidence

Being put on the spot.

One student had found it hard being asked to perform or sing with other students when he first took part in the group music therapy sessions: *'For me personally it's a lot easier now, but to start off and just being put on the spot to sing can be really [difficult]...just cause you're not confident in your own voice...'* (268-270).

Later I wondered why performing in the group had become 'easier' for this student. Was it some change the music therapy group had wrought, or was it due to outside factors? Another student described how he'd found it embarrassing playing a favourite song for the group at a listening session the week before: *'Yeah, I'm embarrassed! Just everybody looking at [me]...I've never actually properly played a song like that, as part of a group before...'* (505-507). I wondered what the significance of the last part of the quote above was – of 'never having played a song as part of a group before'. Later I wondered if one role of the group music therapy sessions could be the promotion of 'normalising' social interactions for students, especially if they had had little experience of this in the past. A similar point was alluded to by Tervo (2005), when he stated that 'music therapy may lead to a normative adolescence process ...'. In any case, it seemed I should try to find ways of making future sessions less threatening for students,

perhaps by providing them with an ‘exit-clause’ if required, or adopting a more graduated approach to activities within sessions.

Gaining confidence through group support and gradual increases in challenge

All participants had ideas for making the group music sessions less intimidating. The unifying theme in this discussion seemed to be *‘just slowly pushing them [the students] but not in massive jumps’* (352). In other words, introducing musical challenges slowly and at a rate that students were comfortable with. This point was developed by various participants: *‘Yeah, like you could be doing a beat, and like every chorus you could just sing a certain part by yourself, and then it goes to the next person and they sing a little bit...’* (370-371). Another idea drew on the group to support each individual within it: *‘I like...when you start singing with a group and gradually the group will start sort of backing you, just slowly, and you'd finally just end up singing by yourself’* (365-366). In common with the first staff interview, another idea outlined the use of small groups: *‘Have one whole lesson, people individually in some different parts of the school ... cause usually when everyone goes together you can't make your own stuff on the spot... and one day you can have a practice day and it's all 'slodgy' and stuff, but slowly get it together and wash it up, and then have final day. Sort of make a big deal about it....’* (406-416).

2.5. Possible barriers to participation

Volume of sessions

All participants seemed to have struggled with the sheer volume of sound during group music therapy sessions at times – *‘It gets quite loud ... it's quite hard to cope sometimes’* (313-321). The main culprit was the drums – or perhaps

overzealous classmates: *It's good when the group works together ... but usually ... everyone's just banging all sorts of stuff ...* (325-327). Elsewhere: *'... people just start banging their instruments as loud as they can...like people with drums start banging them harder and harder and harder ... as the music goes faster and faster, the drums go louder and louder...(329-338)*. One consequence of the first student interview was that I experimented with restricting the number of loud percussion instruments within group sessions.

Disorganisation within group sessions.

Perhaps linked to frustration with the volume of sessions was a feeling that sessions could be disorganised at times: *'...some of the things that I didn't really like.... just the whole conducting thing and [sitting] around trying to make your own song, it seemed kind of disorganised...(190-196)*. One participant drew a link between this disorganisation and unruly behaviour amongst students within the sessions: *'I find sometimes when we're doing something for a long time that people start, when they don't know when we're going to stop, just wandering around... [you] spend more of the lesson trying to get them back on track'* (222-226). As part of this discussion, participants identified the need for *'an overseer person ... to make sure that everything's running smoothly'* (212-213). This seemed to fit with observations from the first staff interview regarding disruptive behaviour within group sessions, and provided a strong reminder of the need for strong boundaries within each session. But beyond that, I wondered how more improvisational modes of music therapy might have affected staff and student perceptions. This question will be examined further in the discussion.

A lack of motivation to participate

Perhaps reflecting the need for a strong ‘overseer’ as discussed above were comments from participants related to the importance of finding pieces of music that everybody liked: ‘... *it'd probably help if we could find [a style of music] that everyone agrees they like...*’ (436-437). Despite expressing interest in the ‘variety’ of musical styles earlier in the interview, students also felt that a lack of interest in the musical material could contribute to a corresponding loss of attention within group sessions: ‘*When people start to get away from what they're playing because they don't like it, they just start playing with their instruments*’ (448-449). ‘*Yeah, if you like what you're doing you're gonna stay a lot more focused than if [you don't]*’ (453-454). It was interesting that the student participants themselves were able to discuss ideas within the interview that could have addressed some of these issues, such as using surveys and lists of songs which students could vote to work on. I could see links here to statements from the first staff interview that dealt with the importance of facilitating group experiences so that students were encouraged to use social skills such as compromising and working together (pg.30), as well as the importance of providing clearly structured activities to support the students.

Technical limitations

A statement from one of the participants seemed to fit with staff thoughts that technical skill on an instrument could be a barrier for some students: ‘*I just find it hard to concentrate on two things. So when I'm doing something I usually concentrate on one instrument I'm playing. And I can lose track of what everyone else is doing...*’ (170-172). Equally, though, as this particular participant was a keen guitarist, it could have simply been a matter of him gaining experience and

confidence on the instrument.

2.6. Summary

The main theme I drew from this interview, at least initially, was a sense of frustration concerning the apparent levels of disorganisation within the group music therapy sessions. This was not unexpected, as the staff had also mentioned this in their first interview. On the other hand, some insight was given into what students enjoyed about the sessions - the opportunity to explore new interests like singing or guitar-playing for instance - as well as student thoughts regarding what might be helpful and therapeutic for them within sessions. In common with the first staff interview, students felt that listening to music might be beneficial within sessions. However, whereas staff largely wondered if receptive music activities might encourage better listening during lessons, the students seemed to place more emphasis on the emotive aspects of listening to music. It was also interesting that there was less discussion about individual music therapy work, but more about issues within the group music therapy sessions. Upon reflection of the way participants had enjoyed learning new skills, I became more interested in the apparent overlap between therapeutic and educational goals, and what the ramifications and possible tensions might be for my music therapy work on a day-to-day basis. I also realised I would have to be a little pragmatic in what I chose to take from both staff and student interviews – and that in many ways my choices would be dictated by the resources I had available to me (introducing computer programmes would be quite problematic for this reason) and by what felt like a natural fit with my own view of the work. This is where the research journal became important - as a way of recording my thoughts during this ‘blending’ and integrating phase.

Findings from the research journal, part 1

*'Running down a dream
that never would come to me
Working on a mystery,
going wherever it leads.
'Running Down a Dream', Tom Petty.*

3.1. Introduction

Similar to the way I presented the interview findings, I wanted to make the 'voice' of the journal quite prevalent in this section. However, there were many entries which seemed to ask the same sorts of questions, so in some cases, one journal entry is presented which is representative of other entries. The research journal was a way for me to reflect on events over the course of my time at the Health School. It was also one of the ways I generated ideas for use within music therapy sessions. I should point out, however, that ideas recorded within the journal were not always used. Some ideas had to be modified dramatically or even abandoned for one reason or another on the day. Other ideas were never attempted because of time constraints or changes to the timetable. Having said that, the research journal still serves as a way of illustrating the types of questions I asked myself regarding music therapy within the school, as well as a general record of my observations over the research period. The findings are presented with an over-arching category in bold lettering, with related sub-categories appearing beneath it as underlined headings.

3.2 Working as a team – issues and aspects of working together.

As the title above suggests, entries under this topic focussed on music therapy

work in relation to other staff members.

Day-to-day communication and support between staff.

Throughout the weeks following the first round of interviews with staff and students, there were many references within the journal to what I termed ‘day to day discussions’ with staff. As the name suggests, these were the times I would consult with teachers and other staff about possible goals I could be working on within individual or group music therapy sessions that might link in with wider curriculum or transitional goals.

30/10/09

[Student] seemed quite stressed and unhappy today so I arranged to do some music with him, arranged fairly spontaneously with [his teacher]. In the course of this, he discussed some issues he was having at home ... which I fed back to the team. I am unsure whether this significantly added to the pool of information regarding [the student], but perhaps it simply added to the picture.

There was also a growing awareness on my part as the term progressed of the often behind-the-scenes work teachers did to support me during sessions, such as checking in with students who had left the room for one reason or another.

Inadvertent undermining: the importance of good communication

By contrast, several earlier entries within the term recounted instances where communication between other staff members and me appeared to have been ineffective, perhaps because of differing expectations or a different approach:

4/9/09

Thoughts on guitar workshop – generally felt fairly unsuccessful. ... It felt like we were working at cross-purposes ... I had sat down with [teacher] and discussed it earlier in the week ... and asked him to support me by helping students 1:1 ... but evidently I wasn't clear enough.

Crucially, a later entry described attempts to resolve the issues described above by discussing them with the staff member involved. These sorts of issues did not appear to be restricted to music therapy, either – another entry described a discussion between two staff members that suggested teaching staff could sometimes feel undermined in their efforts to enforce discipline if therapeutic work was not couched in the appropriate terms.

3.3. Music therapy within an educational setting.

The entries that follow deal with the interface between music therapy and the educational aims of the school, with entries related to supporting the academic programme and establishing links to the community for some students.

Striking a balance between therapy and education

Recurring preoccupations throughout the first research phase were questions of balance related to educational and therapeutic goals:

19/10/09 –

Today, tried to link into some of what [the teacher] was helping [the student] with in terms of the comic book creation. Used our session together to come up with some possible ideas for [the student's] book [as well as a theme song for the main character]... So, that felt like a good fit with education – but was it therapeutic in

any way?

A later entry reflected on how positive it felt when staff saw the value of the music therapy sessions:

30/10/09

Group was a slog today. It was funny that I thought it had been a real struggle, whereas I got good feedback from the staff regarding the engagement and 'quietness' of the students.... [One of the teachers] stated that the activity – choosing some new songs to sing at morning assembly – was 'purposeful', which I was glad about. I'm glad that the staff feel the work has use in the wider context.

Supporting the academic programme through music at the assembly

Some entries considered 'out-of-session' musical activities within the setting, such as using the morning assembly song to link in with the key competencies:

14/9/09

How about a morning assembly song that fits with the key competencies or anything else that the teachers are trying to teach/reinforce? Am thinking of the time I brought in 'I Will Not Let You Down' and [one of the teachers] said it was a very good song to fit with what was being learnt about in Co-operative Group. I wonder if it would be possible to do this intentionally rather than as a coincidence.

Balancing the requirements of transition and therapy

Sometimes the transition requirements for students meant that individual music therapy sessions had to be cancelled or postponed. This sometimes made it hard to plan sessions, maintain progress or develop the therapeutic relationship with

students:

26/8/09

On Friday, [staff member] said she felt bad for me sometimes because it can be hard getting consistency in the music therapy sessions sometimes. I suppose the core priority is transition, and sometimes that trumps music therapy. I am thinking in particular of [a student] and the way that music therapy sessions were never able to take place because she was transitioning back to [school]. ... It feels quite unfinished to me...

Contact with home and community: The limits of music therapy?

Finally, entries near the end of the first research phase became increasingly pre-occupied with establishing links to community-based music groups for students who were transitioning from the school. It seemed that one of my jobs as a student music therapist was finding out what was available for the students within the community, and then establishing contact with these organisations. Although this may have fit within a community music therapy model, with its aim of ‘accompanying [clients] as they move between ‘therapy’ and wider social contexts of [music-making]’ (Ansdell, Pavlicevic, Proctor & Verney, 2002, as cited in Ansdell, 2002), it was also quite confusing:

22/11/09

I feel unsure as to how to proceed. How much do the parents need to get involved in this process? – How much do I need to do the ringing? How much do I liaise with parents and staff etc...? For both of [the students], I think isolation could be an issue that they need to deal with, so it would be good if there was some way

they could use music lessons/sessions as a way of making new friends..Ethically, how much information do I give the possible teachers/groups the students will be going to? – How much is relevant? Would it be helpful or would it create some kind of preconception about the two.

3.4. Incorporating new ideas

Having asked the staff and students for their thoughts about the music therapy programme during the first round of interviews, it then seemed important to be responsive to their suggestions and ideas. The entries that follow therefore examine the ways I attempted to do this.

Receptive and active music therapy

A number of entries following the first round of interviews mention the use of listening exercises within group music therapy sessions:

16/11/09 –

Introduced the students to the blues, and listened to a few examples of the blues. [My music therapy supervisor] stated that the quality/attentiveness of the group seemed to change when I began playing Memphis Minnie to them. ... Although they may have been humouring me, they also seemed genuinely curious about the music and the stories of the performers.

I felt the following entry provided an interesting perspective in light of staff and student thoughts about receptive and active music therapy techniques during the first interview. In the session described below, I used a digital four-track¹ to record student musical improvisations that the students would then listen back to:

¹ A hand-held recording device which allows users to overlay different instruments and sounds.

16/11/09 –

Perhaps one thing that I learnt from today's session was the importance of the students physically making the music sometimes, and feeling that sense of control and ownership (just looking at those words now makes me wonder how often teenagers like these would experience those sorts of feelings). I'm thinking now of [a student's] smile when we were all laughing at his guiro playing on the recording. An exchange like that might not have been possible if we were only listening to a piece of music and talking about how it made us feel and so forth. Likewise, [another student's] realisation that she was able to contribute to a musical creation in an important way, and the enjoyment and sense of achievement she got from that, would also not have come about had we only been listening to music. So, perhaps what I'm aiming for is a combination of receptive and active music experiences.

Computer programmes

Following the enthusiasm expressed by staff in the first interview, journal entries show attempts to organise and research computer-based music-making programmes for use within the setting. One way I did this was by visiting a local school to find out what was most useful within the teaching industry. By the end of the first phase, though, little else had happened on this front.

13/10/09

Yesterday I emailed some stuff through to [teacher] about computer music-making programmes that we could possibly bring into the school. I felt this might go some way towards beginning to address some of the points the staff raised in

their interviews.

Experimenting with different structures within group sessions

I also considered different ways of structuring group sessions to incorporate more small-group activities:

16/11/09

One activity I could do is divide them up into groups and get each group to listen to the music together, research a little about it and then report back to the bigger group, plus also say whether they liked it or not.....?

As part of this, there was also an awareness that working in small groups could be quite challenging for some of the students at the school.

The internet and other media

I felt that the use of the internet and websites such as YouTube might be another way of embracing some of the possibilities offered by computers within music therapy.

13/10/09

I will try to begin drawing in programmes/websites like YouTube and Wikipedia and Interactive Whiteboard. One idea will involve the students finding out about one of their favourite musicians and delving behind the music to look at how events in the musician's life influenced the music they made. Look at how their favourite musician used their music to express ... how they felt about the world or to try to make sense of the world. They can get snippets of video footage/quotes from interviews or autobiography if needed... The students will then report back

to us at the end of the session/the next week - and tell us about it - maybe with illustrations/clips off YouTube/examples of lyrics. And importantly, 'What is something you could learn from this?' – 'how could you apply this to your own life?'

Getting rid of the guitar - exploring new approaches

Part of my drive to incorporate suggestions from the first round of interviews led to a feeling that an over-reliance on the guitar – my primary instrument - may have been hindering progress with some students:

22/9/09 –

...Maybe the guitar is becoming a bit of a straitjacket in some way. [It is] too easy to direct the flow of music, too easy to overpower the other person in the process of trying to support them. Maybe if I put the guitar to one side, I will begin to think more laterally and imaginatively?

'Sticking to your guns'

Finally, one entry reflected on the importance of not being dissuaded by apparent student apathy or resistance when it came to introducing new ideas or activities into sessions:

16/11/09

Today, students were initially quite disengaged, and in some cases quite oppositional and resistant to the idea of doing music therapy. However, as the session progressed, students began to perk up, and smile and laugh. The session reminded me of the importance of persisting in a task and not being dissuaded by

apparent reluctance of students to participate... by the end of the session, students were laughing and listening keenly to their improvisations.

3.5. Music therapy and the clients

Entries in this topic dealt with the use of music therapy with the students, reflections on the development of the therapeutic relationship and some of the issues related to working alongside teenagers.

Creating opportunities for positive social interaction and modelling positive behaviour: 'Breaking the ice'.

I wondered if one of my roles within the school could be to create situations that allowed students to socialise and get to know one another. Interestingly, this aspect of the work was not always confined to the music therapy room:

14/9/09 -

'Foosie Ball'² therapy' –

At morning tea I began playing Foosie Ball with [two students] – [I] tried to use it as a way of facilitating social interaction by getting some of the new students to join in, before extricating myself ...

On a similar note, I felt that music therapy might have a role to play in conflict resolution. In one case, I discussed with staff about running a music therapy session for two students who had been involved in a physical altercation. This session would have been based around a shared song that both students enjoyed, and may have allowed them to have a positive experience of each other. In other

² 'Table top soccer', where you have rows of little plastic soccer-players on metal poles, and you use them to propel a ping pong ball from one of the table to the other while your opponent attempts to do the same.

cases, I thought one of my roles might simply involve modelling healthier behaviour for some students:

27/10/09

Perhaps a good way of approaching the sessions is modeling for [the student] more forgiving ways of dealing with failure or set-backs...

On a similar note, I like the way that McFerran-Skewes (2003) puts it when she states that adolescents need ‘adults who allow them to have fun, to explore their identity and to prove ... that it is possible to survive the paradoxical and confusing years of adolescence’ (McFerran-Skewes, 2003). This idea would recur during the second phase of journal entries.

Developing the therapeutic relationship through creativity

I spent several entries considering how I might develop a therapeutic relationship with a new student at the school. In this case, the student was a keen artist who appeared to express herself by drawing rather violent cartoons, and I envisaged using songwriting as a way of providing a ‘voice’ for her cartoon characters:

23/9/09

I would say, ‘let’s go back to [a cartoon character she had created] ... I want you to write some lyrics about how he feels - not about what he’s done - but how he feels, and why he feels that way, and where he is going, and what he can do differently’.

In this case, advice came from outside the school that the best course of action would be to ignore the cartoons, perhaps because paying the cartoons attention

might inadvertently encourage them. I was initially unsure how to proceed following this advice. Fortunately, it transpired that this student responded readily to non-verbal instrumental improvisation as way of expressing herself, which seemed to reinforce the findings of Gold, Voracek & Wigram (2004) and other writers regarding the strengths of music therapy as a non-threatening, non-verbal therapeutic intervention for some clients.

Suitability of music therapy for students.

Another issue I wondered about was the suitability of music therapy for some students – what made it an appropriate intervention for some students and not for others? The journal entry below discusses the results of the end-of-term student survey, in which students were able to state their thoughts about music therapy within the curriculum, and illustrates the types of questions I asked myself afterwards:

16/9/09

Some students really enjoyed [music therapy] whereas others felt it was not particularly helpful and took them away from doing things that might be more helpful – i.e. getting NCEA credits. Is that something that could be addressed by discussing with students more fully at the beginning about what I do and how I might be able to help? Or is it because I'm not targeting the work at the right place, or because the students are avoidant or even unaware of what their needs/problems are? ... just because a student may have some musical ability doesn't automatically mean that MT will suit them.

3.6. Summary

The predominant themes from the first phase of journal entries seemed to revolve around new ways of thinking about music therapy within the setting, such as considering different ideas and methods to use within group music therapy sessions. In addition, many entries discussed aspects of working with other staff members, and described numerous examples of ‘day-to-day discussions’, as well as instances where this communication was ineffective. Alongside this were entries that wondered about the ‘limits’ of music therapy. Attempts to support educational goals were described, and questions of balance between therapeutic and educational objectives were raised.

Phase Two

Findings from second staff interview

'You gotta live

For yourself

For yourself

And nobody else'

'I'll Go Crazy', James Brown

4.1. Introduction

The second staff interview took place on the 30th of November after school. I was initially unsure how to approach the second staff interview. It felt like we had covered a lot of ground within the first interview and I wanted to avoid wasting people's time by re-hashing the same territory. However, with just over 10 days left in the school year, it seemed like a good opportunity for a kind of summation of the year's work. To that end, the questions asked for more general considerations of how music therapy had contributed to the school.

Perhaps because there were less people in the second interview, or because people were somewhat worn out as the end of the year approached, the second interview seemed more subdued than the first, with a more reflective feel to proceedings.

There were four participants in the second interview, and we spoke for just under half an hour. All four participants had been present at the first staff interview - there were three teachers, one of whom was the team leader, and the occupational therapist.

4.2. How can music therapy contribute to the setting?

Supporting academic and emotional goals in a creative way.

It was felt by staff that individual music therapy sessions had offered a creative way of supporting academic, emotional and transitional goals for students: *'I think it's offered them an opportunity to work on things that we've seen have arisen. And we've said 'could you reinforce that in your sessions, or give the student an opportunity to go over that with you, and incorporate that into music' ... I think as the year has gone on, I've found that you've looked at ways that you can link in with stuff that we're doing, or that the students might be dealing with and music's an opportunity to link in with you (53-60) ... on an individual case-by-case, it's an opportunity to reinforce what's happening in this setting in a creative ... different way' (71-73).* There also appeared to be greater cohesion between what was being addressed within music therapy sessions and what was happening within the wider school: *'... [it's] as if you'd been working on the same goals ... as opposed to, they're doing their stuff out here and ... then they have music. It's all part' (75-77).*

Supporting transition.

I had been able to assist transition for an individual student (an enthusiastic musician) by organising weekly visits to a local music school for him. According to staff, *'... that's linked in very much with us and transition. Like in a practical way, taking him up to that music place with that whole exposure thing. It's a practical way of integrating what you're doing into the programme here' (84-88).*

Positive feedback from parents and home

Staff specified positive feedback from parents as a pleasing spin-off from music therapy sessions: *'I think it's also stimulated conversation with parents as well. Cos ... the feedback you get in some of the reviews, you know, parents get that feedback at home. So, whatever's working in your group is reflecting in their own environment at home. Which is positive'* (352-356). This discussion continued: *'... I guess that says a lot really, doesn't it. Of course they probably all do talk more about the stuff they really enjoy. But the fact that there is something that they are really enjoying and enthusiastic enough to go home and talk about, and if you've got key therapeutic links and learning links to it, then it's good that they're enjoying it as well'* (374-380).

An alternative way of developing therapeutic outcomes

In common with the first staff interview and much of the literature (Tervo, 2005 & Gold, Voracek & Wigram, 2004) regarding the strengths of music therapy, one participant felt that: *'... talking therapies are so hard for adolescents at the best of times, so it's a wonderful alternative way of developing some therapeutic outcomes'* (339-341).

Providing a different perspective for students

Another participant felt that the presence of another person brought something positive to the school: *'I just think another presence, another body adds in another dimension again for students. And you bring in something else – like, you're role isn't teacher, it's not the OT, it's a different role. So it brings that in and I think that's really good for kids to experience.'* (343-350)

Encouraging musical participation during the day.

One staff member said '*.. I think that's something you've been key in ensuring that we've ... stuck with that, singing in the morning. (575-576).*

4.3. Development of music therapy within the setting.

Different structure to group work

Some staff felt there had been positive changes in the way group sessions were run since the first staff interview: '*...just thinking about also from the last interview the shifts and changes. I think that the way you've structured it now enables more group thinking through specific tasks that then are related to music... where they're working in small groups, and it is around music, but it's also them using a lot of other skills with each other ... So, more smaller group work*' (92-102). This was contrasted with the previous approach where, '*...it was just everyone in the room together doing 'stuff' [i.e., making noise and hitting things] ... versus actually 'group work' group work, where they're ... collaborating and working through something and having to make decisions together ...*' (102-110). Additionally, it was felt that there were more '*age-related musical-type activities ... In relation to some of the listening stuff ... sort of more youth-focused*' (130-132).

Many different ways to participate in music therapy sessions.

It was thought by at least one of the teachers that there were more opportunities, '*...for the students to engage in the music therapy in lots of different ways. So, it can be individual, it can be in small group in the workshop, or it can be with the whole class. And that will help – kind of – meet everybody's needs really ...*

depending what they like and want to do. ... There's a good mixture of things happening for students' (151-156). In turn, this may have allowed students 'more options to explore therapy in a number of different ways' (334). This was reiterated by other staff members, who expressed favour for 'the whole thing of working in those small groups, and in pairs and then individual. (310-312).

Role of other staff within music therapy sessions.

One staff participant wondered if it had been helpful having teaching staff involved in the group music therapy sessions as a way of managing students: '*... maybe having another staff member like ... – a teacher, sort of – also onboard. Just sort of able to rove as well ... managing groups (247-251).*

4.5. Developing positive relationships with staff and students

Working as a team – communication and awareness

A significant theme in the second staff interview was the importance of developing positive relationships – not just with students, but also with staff: '*I also wonder, too, if it's – like for me, having more understanding of what you're doing, and I approach you more.... there's maybe a better understanding on both sides...'(261-265). Interestingly, others wondered if they were simply more aware of what the student music therapist was working on: 'So we're more aware of what you're doing, or you're asking us... Because you might have been doing that all along – I'm not sure, but I've only just become aware of it the last, later part of the year' (255-259).*

Importance of therapist participation in wider school programme

Some staff felt it was important that I was involved in other parts of the

programme as a way of developing rapport and trust with the students: '*... I've always felt that your participation in the rest of the programme is really important, because it's not just about the therapeutic bit you do, it's that relationship with the kids and you being a part of that whole thing*'(558-561).

4.6. The longer-term future of music therapy within the setting

A lack of funding and the need to maintain balance within the curriculum

Another significant theme from the second staff interview focused on the longer-term future of music therapy within the setting, with issues related to funding and academic priorities being highlighted: '*... I definitely believe we ... need some more therapeutic input here because of our number of students. But, there's not the funding at the moment so it's kind of not an option. ... And at the moment, I think we'd be saying 'maths teacher'*' (453-486). Another staff member commented that, '*I think it would be a shame. I think music therapy has proven itself to be useful ... and purposeful for the students. I'd hate for us not to have a music therapist, but totally get that whole [financial issue] ...*' (507-509)

Maintaining therapeutic quality

Linked to the issue of funding identified above was a sense that the value of music therapy would be compromised if it was only available one day a week: '*I think the value of you being here three days a week gives you that link-in with the kids, more so than you coming in for a half-day once a week... to give it the quality that it has now, you're here three days a week. And there's just no way*' (515-520). In the context of developing therapeutic relationships with the students, '*... just having a music therapist come for half a day a week, I couldn't see that as being hugely beneficial ...*' (567-569)

Student vs. qualified music therapist

This led to a discussion about organising another student music therapist for the setting: *'Do we just say 'oh, we've got music because we've got a student' or are we really committed and we want a qualified, finished music therapist? That's what it usually comes down to, like at [another facility for adolescents with mental illness]. It's like 'oh well, we can get a student' you know.... (482-483).* Staff also wondered, *'funding-wise, what does [music therapy] come under? Does it come under education or does it come under health?'* (497-500).

4.7. Summary

As noted in the introduction, the second staff interview seemed to have a different mood to it than the first. It seemed to catch people – myself included – at a low ebb near the end of the year. And, despite many references to the positive things music therapy had contributed to the school, the second interview seemed to run up against rather awkward realities regarding the continued presence of a music therapist (either student or qualified) on-site: A lack of funding and a priority for more academic content within the school ahead of music therapy. Consequently, I felt a little disappointed by the end of the interview, and it was harder to maintain an objective 'researcher's mindset'. This will be examined in more depth during the discussion. In any case, I chose the quote from James Brown that began this section because it captures something of the struggle everyone has to deal with when it comes to making a tough decision – making it, and then accepting the consequences afterwards. And in many ways, I think the second staff interview dealt with tough decisions and tough questions: what, as the end of the year approached, was the future of music therapy within the setting? How committed

was the school to adopting music therapy as a part of the programme, and what would it mean – for the school, the staff, the students and their families - if there was no music therapy in future? What had the school really gained from music therapy? Given the discussion during this interview about organising another student music therapist and the acknowledgement that having no music therapy would be a '*huge loss*' for the school, it was sobering to reflect that, at that point, there would be no music therapy student available for the school the following year.

Findings from the second student interview

'I don't see nothing new but I feel a lot of change

And I get the strangest feeling,

As I'm heading for the light'

'Heading for the Light', by the Travelling Wilburys

5.1. Introduction

The second student interview took place on the 30th of November. There were four participants. Due to transition and absence, there was a significant change in the makeup of the group since the first student interview, with only one student present from the first interview, and three new recruits. Having learnt my lesson from the first student interview, I made sure I had time beforehand to set up some chairs in a circle facing each other. Since I had such a high ratio of new recruits, and since the sole original participant had been late for the first student interview, I decided to use the same questions I had used from the first interview.

5.2. What might students gain from music therapy in this setting?

Gaining confidence

Several students felt that individual music therapy sessions had contributed to helping them feel more confident and capable: *'I have real trouble with confidence and self-esteem. And through music, like, knowing that what I've written in poetry can actually be songs and sung and sound really good - has given me more confidence in myself and my ability to do things'* (362-366).

Another said, *'The thing is, you've given me some confidence. Maybe one day to get a band or something like that'* (346-348).

A sense of acceptance within sessions

Some students felt that the music therapy sessions were relaxed and allowed them to be themselves: *'What I really like about it is that ... it's really relaxed and stuff. The thing I really hated ... about schools, with music class – they all tell you to do the chords and stuff. Here, we can just jam. ... You can be yourself. (285-291).* A related point was made by another participant later in the interview: *'And even with writing songs, even if they're real deep, you could use them metaphorically when, in other therapies, it's like you can't say 'the sun is burning' – as in you're being burnt with everything. Everyone will just think you're completely crazy' (456-459).*

An opportunity to learn new skills that might assist in transition

Similar to the first student interview, most students seemed to have appreciated the opportunity to learn more about an instrument they may have been interested in: *'I've learnt a lot of stuff on the guitar. It's awesome. I love it' (50).* Another student – in common with one of the participants in the first student interview, felt this aspect of the sessions could help during transition: *'.... I think it's pretty good learning the guitar. I can use that in guitar groups at [transition school]. You know, make friends there ...' (85-87).* He returned to this point later in the interview, placing emphasis on the value of learning *'...everything technical about the guitar ... it means I can perform that bit better in a group and get along well. Cos, you know what I mean, if I'm not doing very well, it's not going to be very helpful' (410-413).*

A different way of coping with stress

By stimulating and encouraging interest in music, music therapy appeared to have

helped some participants in developing different ways of dealing with negative emotions: *'Like usually when I'm upset or something, or just like dissed out, I get lost in the music. I completely forget what I was thinking about, and I just come out 'ahhh' [relaxed]'* (331-333). Later this student added *'When I didn't know what music therapy was, I didn't 'use' music. I used other stuff that wasn't helpful'* (351-353).

An opportunity for self-expression

One participant felt that individual music therapy sessions had *'... got me more confident with my music and able to express... Independent on working with you on one.'* (45-48). Other participants referred to this aspect of individual sessions: *'It's helped me express how I'm feeling when I have a lot of difficulties with it ... [through] songwriting stuff. Like, with my poetry and stuff. I find that really hard to talk to people about'* (61-68). Adding to this point, the same participant later stated *'.... I also do like individual [music therapy], because it's ... time that I wouldn't usually have to get my emotions out in a proactive way'* (156-157). The non-verbal expression of emotions within music therapy was also hinted at *'....Even if it's just banging a drum because you're angry'* (328).

Relaxation and enjoyment: 'Making a bit of noise'.

All the students seemed to have enjoyed being able to, in the words of one participant, *'make a bit of noise'* (174). Another participant said *'I just like jamming. I love it. I just do it cos it feels good. Crank out some riffs, together with the bass'* (159-162).

Positive spin-offs of music therapy within the wider setting: 'listening in'.

One participant revealed an interesting side-effect of the individual music therapy sessions in relation to the wider setting: *'Also, what I like is ... you'll just be doing your work. But then you'll hear someone playing the guitar or whatever. They don't really notice that you're actually listening to them ... But it seems to lighten the mood up. The whole thing seems a lot happier having music ... So, it's really good. Like, because I'll have a really bad day. Then I'll hear someone playing some really nice song, and I'm like 'Oh my gosh, that's actually made me feel happy' (291-304).* A similar point was noted by another participant: *'Well, you never really hear music in [this participant's transition school] very much unless it's an important day or something – cos it's so big. So you do hear music a lot here, and it's quite good. Quite good' (317-319).*

5.3. Group vs. individual music therapy: a safe space to challenge yourself.

Less pressure and more support within the group

Some participants drew support and inspiration from other members in group music therapy sessions: *'... you can bounce around ideas with each other ... and if you're not that confident in group sessions, you've got people around you that are really encouraging' (135-141).* This was contrasted with individual sessions, where the sole focus on the individual could be quite challenging at times: *'... that's why I like group more, because it's less of focus just on me' (151-154).* On the other hand, the same participant identified challenges that arose within the group setting as well: *'...singing, as well as opening up to people. Because I usually withdraw into myself, and all the songs that I like to sing and stuff are really deep' (202-204).*

Length of sessions

Two participants commented on the length of music therapy sessions, with one student stating that she would have preferred longer individual sessions because, *... we get into it and then it's like 'oh, we've gotta go now'. To curriculum studies' (120-121)*. Correspondingly, having enough time to work things through was viewed by another student as one of the strong points of the group music therapy sessions *'... you have lots of time to work on [activities], in the group' (132-133)*.

Individual music therapy: greater comfort to explore.

One participant found that it was challenging *'having to sing' (183)* within sessions. However, it appeared to be more complicated than simply not enjoying it: *'... it's kind of like 'I don't really want to [sing], but I do' ...' (188-191)*. In this respect, individual sessions may have allowed this participant to explore his singing in a safe environment: *'Oh, but still, I still love one-on-one, for my singing kind of thing' (143)*.

More opportunities to listen to music in group sessions.

A newer student to the school expressed interest in having a 'music appreciation session': *'Everyone would bring, like, a CD, we'd all listen to a song and go around in a group. I thought that would be pretty good here' (244-247)*.

5.4. Practical matters.

The technical challenges of playing an instrument

In common with statements from the first student interview, two students mentioned technical aspects of guitar-playing such as keeping in time and

switching chords as something they struggled with during both individual and group music therapy sessions: *'It's a bit more technical than emotional, but just switching chords...Trying to make my way around the guitar. (230-232)*

A lack of resources to explore other musical avenues

Several participants expressed disappointment they hadn't been able to try playing other instruments, specifically the bass guitar: *'One thing for me was using the bass guitar' (106)..*

5.5. Summary

Participants in the second student interview described many positive outcomes from the music therapy sessions they had experienced. Individual music therapy sessions had allowed students to gain confidence in their abilities and to explore different ways of expressing themselves. Some participants felt that being able to express themselves musically provided them with new way of dealing with negative emotions such as anger or stress, whereas in the past they might have resorted to 'unhelpful' ways of dealing with these emotions. Individual sessions also seemed to provide a safe place for students to challenge themselves – through having a go at singing, for instance – as well as a place for them simply to 'be themselves'. Finally, participants stated that the sessions were enjoyable and made them feel good. Being able to learn how to play an instrument within individual or group sessions – for instance, the guitar – was viewed by some participants as a way of assisting transition by allowing them to take part in shared musical events within mainstream education.

Some participants stated that they sometimes found this sole focus on themselves within individual sessions challenging. By contrast, group sessions were seen as a

forum where students could generate ideas together, and other group members were able to provide support and encouragement during activities. On a wider level, several participants enjoyed listening to the music that was generated within individual and group sessions, with one participant noting that this ‘inadvertent soundtrack’ sometimes seemed to lighten the mood in the rest of the school. In common with the first student interview, some participants struggled with the physical act of making music within sessions – i.e., by being able to change from chord to chord while also keeping in time. Other participants felt that individual sessions could be longer, as it was felt that they were only just getting warmed up before it was time to leave again. The length of sessions was felt to be one of the strong points of group sessions, as there was plenty of time to work through ideas. Finally, some participants wished they had been able to explore different instruments, such as the bass guitar.

Findings from the research journal, part 2.

*'I know where I come from
and I know where I'm going
out of confusion
and into the unknown'
'Rest', Tim Finn*

6.1. Introduction

The second phase of the research journal continued from the 30th November into the first week of the New Year. While I had finished going to the Health School in early December, I was still reflecting on my experiences, especially in light of the data analysis I was undertaking. Findings from the second phase of the research journal show a continuing pre-occupation with linking with the community and wondering where the limits of the job lay. Later entries attempt to put my experiences at the school into perspective, by considering what I had contributed to the environment and how staff and students might have benefitted.

These findings are organised in an identical way to the first research journal findings – i.e., overarching categories in bold typeface, and related sub-categories underlined beneath, along with supporting material.

6.2. Music therapy within an educational setting, part 2.

Similar to the first phase of the research journal, categories under this theme sought to consider what music therapy had contributed to the school from a broader perspective, as well as methods I might employ in future if I was introducing music therapy into a new clinical setting.

Contact with home and community: The limits of MT, part 2.

The pre-occupation with organising musical links to the community for several students that started near the end of phase one continued into the beginning of phase two. Some of the options that were considered were local guitar teachers and music schools within the community. I even went on-line and searched for potential 'jamming partners' amongst the local musicians who had posted ads on music-related websites. Further thoughts regarding the delicacy of the issues that presented themselves are outlined below:

1/12/09

I continue to grapple with establishing community links for some of the students. It is hard – they are not like other students their own age, and in some ways it would be counter-productive to try to set them up with 'just anybody'. It needs to be someone sensitive, friendly and sure of themselves. Not someone who might feel it necessary to compete or get all 'control freaky' on it. Not someone who, in the interests of 'creating art' or whatever - allows themselves to become obnoxious.

One of these students expressed interest in studying music at a tertiary institution, and this again made me wonder how I was to support him, and what the limits of my role as a student music therapist was. This student, in particular, appeared to have responded quite strongly to the expressive and creative opportunities provided by individual music therapy. Did I need to help the student prepare for his audition? Did I need to write some kind of reference, or help fill out forms? Make a phone call? Before I got too carried away, I realised that there was support in place to help with the 'nuts-and-bolts' side of transition – the other teachers at

the school and various community agencies, for instance. I eventually reflected that...

2/12/09

Perhaps my job was simply to 'light the fire' for him – provide him with an opportunity to experience a sense of enjoyment and accomplishment – provide him with a sense of identity and self-expression. And it is the job of the others to create the links to further courses etc for him. ... Now he has the opportunity to delve deeper into the music. And importantly, he'll be able to make friends with other musicians on the course – providing the social interaction that is so important for him to sustain.

Contributing to the culture of the school

Following my last day at placement, I attempted to sum up my recent experiences at the school:

14/12/09

For staff, it seems I was able to 'contribute to the culture' of the school. But what culture is that? Making music throughout the day, valuing creativity, encouraging students to explore and value their creativity, encouraging students to find different ways of expressing themselves? I was able to provide a means of relaxation for some of the students, which was helpful for the staff. For students, I seemed to give them new ways of expressing themselves, new ways of having fun, different ways of building up their confidence and challenging themselves.

Raising awareness

Some entries also reflected on instances over the school year where staff members had appeared unaware of therapeutic processes, for instance by interrupting individual music therapy sessions or intruding on attempts to develop therapeutic relationships with students. With this in mind, later entries considered ways I would attempt to mitigate this if I was going into a new clinical setting:

4/1/10 -

If I was going into a setting where there was no familiarity with music therapy – I might address the staff before I started, using PowerPoint or simply make a presentation...

On further reflection, I think it would also be important to negotiate with a new setting regarding the boundaries and requirements of music therapy within the setting, in addition to making a presentation.

6.3. Music therapy and the clients, part 2.

Similar to the first phase of journal entries, these entries examine aspects of therapeutic work with the students.

Modelling healthy behaviour: Providing an alternative view

Continuing a category begun in the first phase of journal entries, I began to wonder if one of my roles might be, in common with Shields (2001), ‘influencing and encouraging both musical and non-musical self-perceptions, opinions, and attitudes in a positive fashion’ (2001). This seemed especially relevant when I thought about students lives outside of the school:

8/12/09

Maybe one of my roles, as far as [this student] went, was to present a different way of thinking about achievement and creativity than she might hear at home - to present ... a different set of values. Maybe that is all you can do sometimes.

On a similar topic, one entry described the visit of a prominent young local musician to the school, a visit I had organised with him via my personal MySpace page. One neat thing about this visit was that the musician, in his discussion on the power of music and art to transform negative emotions into a positive means of communication and expression, reinforced many of the same sorts of ideas we had discussed within music therapy sessions over the term. Perhaps this provided students with the opportunity to see some practical examples of the way they could benefit from developing other means of creative communication.

4/12/09

One good thing about yesterday was that I arranged for [a visiting musician] to come in and talk to the students. He spoke very well and discussed the ways that creativity gives people a way of transforming negative experiences/emotions into something positive through ... art. I think the students really responded well to him because he was able to talk on the same level as them ... and talk through NCEA and the importance of sticking with it to get University Entrance and so forth. He also outlined his future plans and dreams to go to Auckland and make a go of it as a musician. It was cool to watch the students respond to him and ask questions etc. Also cool that he was able to model quite a realistic, practical approach to

some of the struggles ahead – stating that if things weren't going well on the music front, he could always go to university then and so forth.

Maintaining a therapeutic mindset

Some last minute lessons were learnt about the importance of maintaining a therapeutic mindset during sessions, even when one is stressed:

8/12/09

One thing I discussed with [my clinical supervisor] the other day ... was ensuring that you always try to maintain a therapeutic approach to things. We were talking about a rough session I had last week in which some of the students became quite oppositional towards me. [Supervisor] suspected it might have been because I was projecting my own feelings of frustration and stress outwards and the students were picking up on these and responding negatively. I think this is pretty on-the-mark. I was very stressed that day, and didn't have a moment before the session to just take a breather and collect my thoughts like I usually do ... Instead I just launched into it in a state of 'peeved-ness' and some of the students seemed to pick up on this and were peeved back.

I think the boundaries were a bit shaky on my part, and I was struggling to keep my cool. You can get into trouble if you try to pick a fight or prove a point with students, I think. You kind of have to have a thick skin but be empathetic at the same time. I don't know if that is a basic therapeutic technique or something to include in the research. Either way, it is relevant in terms of addressing the needs of students within the school.

Importance of technical skill

Finally, there was a brief reflection about the importance of genre within the setting - i.e., the ability to play the type of music students responded to as a way of developing the therapeutic relationship.

26/12/09 –

Would it have been easier for me at the school if I had been a real guitar shredder³ ... I know students – mainly males – did seem to respond to that kind of stuff the few times I would break it out (not particularly well, it must be said).

Tervo (2005) appears to expand on this point when he states that the significance of rock music – and, I would suggest, other forms of popular music - for teenagers is as a channel which allows them to express, experience and share the ‘new and never before experienced changes taking place within[themselves]’ (Tervo, 2005).

6.4. Incorporating new ideas, part 2.

In contrast to the first phase of journal entries, there were far less entries within the second phase that focussed on incorporating new ideas into music therapy sessions – perhaps because a significant portion of phase two took place after the school year had finished. One entry that did deal with new ideas noted an attempt to use a student’s iPhone within a session, with mixed results. And despite the earlier efforts to get music-making computer programmes into the school, I still concluded the year noting the ...

27/12/09

³ Shredding: playing the guitar extremely quickly, as exemplified by guitar-players like Kirk Hammett from Metallica.

... rather half-hearted and hamstrung attempts to get music technology into the school. I wonder what importance the overall use of technology has in the role of music therapy – I suppose it depends on your client group and what you are trying to achieve. I think it could have been a great addition – an untapped field, more or less. Certainly, it is something I would suggest any other music therapy student going to [the Health School] could pursue, especially if they were less confident with guitar/music type skills.... I think it might have been a useful thing to leave behind. But it was hard given the time constraints I was faced with...

6.5. Summary

The second phase of journal entries seemed to have a more evaluative, summative nature than the first round of journal entries. Whereas the first round of journal entries devoted a lot of thought to considering new ideas and new ways of structuring sessions, the second phase – perhaps inevitably, given that the year was coming to an end – focussed on issues of closure and finishing the work. After the school year ended, reflections sought to place the contributions of music therapy to the setting within context: what was I able to offer? How could I have made it easier? What might I do differently next time? Further thoughts on this topic will be examined in the next chapter...

Summary of the findings

Answering the question

The question I set out to answer in this project was: *How can music therapy most effectively address the needs of the students and support the ideas and learning objectives of the staff at an innovative new school for adolescents with mental health issues?* Participants responded that music therapy was helpful in the following areas:

Socialisation.

- Both students and staff identified ways that music therapy could assist in socialisation. For students, this entailed learning musical skills such as guitar chords, which could help them make friends and join in communal music activities during transition. Staff felt that music therapy assisted some students within the school to make friends and relate to their peers, identifying one student who struggled with ‘chit-chat’ but was able to engage with his peers by playing the guitar with them.

Skill mastery.

- Linked to the point above, students enjoyed being able to learn new musical skills on instruments such as the guitar and share these with their peers

Emotional Management

- For some students, music therapy sessions provided a place to relax and ‘get lost in music’, which enabled them to step back from problems or negative emotions they might have been feeling. Some students spoke of ‘using music’ to deal with their problems, whereas before taking part in music therapy sessions they might have resorted to ‘unhelpful’ means.

Confidence and self-expression

- Individual music therapy sessions provided students with a forum in which they could express themselves and experience success, which led to an increased sense of confidence for some participants.

Cooperation and risk-taking

- When effectively structured, group music therapy sessions enabled students to work together to achieve goals. Some students appreciated the peer support that was available within group sessions, which made them feel more confident to challenge themselves.

Improved the environment

- Many students felt that hearing live music regularly ‘lifted the mood’ within the school.

It felt good!

- Students said they enjoyed music therapy because ‘it felt good’, and was a place where they could ‘be themselves’ without having to learn chords and notes

Striking a balance

The findings showed the importance of finding an appropriate balance within the music therapy sessions, particularly within the areas outlined below. This balance was usually achieved through negotiation and consultation with staff and students.

- Group and individual music therapy
 - Although some concerns were raised in the first phase regarding group music therapy sessions in particular, later findings suggested that both forms of music therapy could be beneficial for students – provided they were structured effectively. It was interesting that, for one student who enjoyed the freedom of expression within the individual sessions, there was another who found the sole focus on themselves uncomfortable, and instead preferred the peer support and interaction of the group sessions. This suggests the importance of finding an effective balance between the two forms of music therapy, and shows that both forms have particular strengths that can complement each other.
- Structure and improvisation
 - In the first phase, both staff and students commented on an apparent lack of structure within group music sessions, which caused

frustration and confusion for group members at times. As shown by the comments of the students, some of this frustration may have been due to an over-reliance on activities such as musical improvisation. By the second phase, it appeared that I had developed ways of creating structure within sessions – for instance, by using small group exercises, planning sessions more thoughtfully, and perhaps simply by gaining experience at managing group dynamics. Even so, it was frequently necessary to remain flexible within sessions, and to alter plans as events dictated. Within this, musical improvisation was still used - but as another tool rather than a ‘default setting’ when I didn’t know what else to do. This suggests that it is important to develop appropriate levels of structure and improvisation within group sessions.

- Active and receptive techniques

Similar to the point above was the importance of finding a good balance between receptive and active music therapy activities; both student and teacher participants in the first phase of interviews all expressed strong interest in including more listening activities within sessions. As I noted in my research journal, this was an area that I had not considered in much detail up to that point, and the challenge became doing this in a way that linked the activity to the key competencies. For instance, one activity called for the students to work together to select some new songs to sing at morning assembly, which involved them listening to and discussing potential songs in small groups.

Peace, love and understanding: Valuing diverse approaches to treatment.

It was interesting to reflect upon the different perspectives staff members sometimes had of the therapeutic work within this setting. For instance in the first staff interview, some participants expressed concern with disruptive student behaviour within group music therapy sessions, while another participant observed that this provided an opportunity for students to learn about appropriate social behaviour. Although these comments may have been motivated more by concerns about the way I ran the sessions at that point, I did wonder how some methods of music therapy might be perceived by outside observers; improvisation, for instance, with its emphasis on spontaneity and flexibility (Wigram, 2004) might well appear unstructured and even chaotic to an outside observer at times. To refer back to Hall & Music (2008) and their perspectives on the challenges of delivering therapeutic work in school, the observations above illustrate the importance for health professionals from different backgrounds to find ways of coming to a mutual understanding of their different ways of approaching problems, and to carefully negotiate how these are integrated into a setting. This leads me to note that one of the benefits of the research process itself lay in providing an opportunity for staff and students to speak openly about what they thought the strengths and weaknesses of the music therapy programme were within the school, and therefore, help create the type of communication described by Hall & Music (2008). Following from the point above, it can be seen that another significant part of the process is for the therapist to remain open and flexible to new ways of thinking about and engaging in the work. For instance, there was a sense from many participants in the first phase of interviews that music therapy could encompass a much broader range of activities than had been attempted up to that point. There was a lot of enthusiasm for the use of computer programmes such as Garageband within

sessions, as well as the use of music from computer games and movies to interest students in music therapy. This meant that some of my assumptions about how music therapy worked had to be reappraised, and many journal entries in the first research phase considered ways of incorporating different types of media into music therapy sessions; YouTube, Wikipedia, iPods and even a student's iPhone were all used in music therapy sessions at one time or another, as were increased uses of receptive music activities and small-group work. These approaches did have me wondering, on occasion, whether what I was doing could still be classed as music therapy. In this respect, it was reassuring to refer to Ansdell's (2002) definition of community music therapy, which appeared to create a flexible framework which music therapy could be 'placed' within.

Finding the limits

Finally, the findings show that it is important to establish the limits of music therapy within a setting like the Health School, with its emphasis on transition. These limits can be best worked out through consultation with interested parties. Journal entries showed a lot of worry about this aspect of the work, especially near the end of the year as I considered possible links to musicians in the community for some of the students. This worry could have been largely minimised through more effective consultation with staff, students and the parents of students. On this note, it was interesting that later entries showed a dawning recognition of the role of others within this process – teachers and support people who were able to hunt out training courses for students to attend, and parents who could take the next step of securing a guitar teacher, for instance.

Discussion

An analysis of the research method

According to Collins (2006) interviews are commonly used when researching with children and adolescents in schools, and are valued as a way of incorporating the perspectives of those whose lives at school are often changed by policy decisions into the decision-making process. Given that I was trying to find out how music therapy could most effectively assist staff and students within the school, the use of interviews seemed like an appropriate research method. The use of a research journal, meanwhile, would add an extra perspective and allow me to record my actions and thoughts in responses to the interviews, as well as providing me a place to reflect on my music therapy practise within the setting. As noted above, an interesting ‘side-effect’ of this process was the sense of obligation that seemed to result; having asked staff and students for their opinions, it then felt necessary to be responsive to the resulting ideas and suggestions, and to try to address them in some way. With this in mind, action research might have been an appropriate research methodology to use, as this aims to solve problems within a setting and often uses the perspectives and objectives of the participants as a way of directing the research process (Stige,2005).

Short-comings of the interview method were revealed during the student interviews, where some participants seemed to struggle to express themselves verbally- in one case, a student was so reticent that he was almost not represented in the findings at all. Perhaps some form of written questionnaire in conjunction with the interviews may have been helpful in this instance, as used by Saarikallio & Erkkila (2007). It is important to note that it appeared to be students who were generally enthusiastic about music therapy that took part in the student interviews. It would have been interesting to get additional perspectives from students who may have been

unconvinced or unsure about music therapy within the school. It is also worth considering the power imbalance between the students and the student music therapist/researcher – and to consider that some students may have simply been being polite for fear of embarrassing or offending the student music therapist during the interview.

Additionally, I sometimes found that taking the dual role of researcher and participant made it hard to maintain clarity about my findings. This was doubly true during the process of data analysis, where making sense of the large amount of data sometimes made me feel like I was losing my own perspective while trying to understand everyone else's. Discussing some of the findings with my peer reviewer was helpful in this respect, especially in regard to the second round of interviews; I was particularly intrigued by her idea that the staff interview seemed concerned with 'barriers' – i.e, a lack of money to employ a music therapist - while the students seemed to focus on the possibilities of music therapy, right down to imagining forming a band amongst themselves. In retrospect, I wish I had undertaken this part of the project more rigorously by using a formalised peer-review process.

Technology

The use of computer-based music-making programmes such as Garageband was largely unexplored by the end of the year, and there is ample scope for expansion in this area. I would recommend any future music therapy student within a similar setting explore the therapeutic opportunities afforded by the use of these and similar computer programmes. And at the risk of sounding like an advertisement, a fascinating research topic could be the use of new technology such as the iPod and iPhone within music therapy for this client group. Notwithstanding the hefty price-tag, the iPhone in particular appears to have great potential as a creative musical tool

by offering access to numerous virtual instruments and recording programmes. This might make it an accessible option for students who struggle to play an instrument the ‘old-fashioned way’.

Music therapy: How much is that doggie in the window?

One of the recurring themes of both staff interviews was a consideration of the wider role and value of music therapy within an educational setting, especially in regard to a longer-term adoption of music therapy. This was especially apparent in the second staff interview, where the benefits of music therapy within the setting were contrasted with a sense that funding was unavailable for any meaningful on-going involvement by a qualified music therapist at the school. Furthermore, even if funding was available, priority would be given to an additional Maths teacher before a qualified music therapist. On a personal level, I felt quite deflated by the end of this interview. I felt as though I had worked very hard throughout the year to get my music therapy work up to an acceptable level but, to paraphrase Bruce Springsteen, my best still hadn’t been good enough. I think this feeling was also linked to a sense of anxiety as the end of the year approached and the ‘real world’ of life beyond study beckoned; I found myself nervously wondering if there would be a job for me anywhere. In contrast to the sober tone of the staff interview, the second student interview – held earlier the same day – had seemed quite ebullient, and this enthusiasm made me think that the value of music therapy within the setting was evident in the comments of the students themselves. On that note, writers like Saarikallio & Erkkila (2007) and Shields (2001) have offered research which supports and emphasises the importance of music for this age group. Meanwhile, Gold, Voracek & Wigram (2004) and Bradley, Davis, Hendricks et al (1999) have offered research that suggests the use of music therapy can achieve significant outcomes for this age group; perhaps further

research within the New Zealand context could examine possible sources of funding for music therapists within this clinical area. In any case I think that, if music therapists want the funding, they will need to ensure that what they are offering is going to meet the needs of the setting. This is where starting a dialogue with a new clinical setting – as this project effectively forced me to do - becomes increasingly important. This dialogue – the sharing and understanding of perspectives as outlined by Rickson (2009) and Hall & Music (2008) – helps ensure that music therapy within a setting like the Health school is relevant and meaningful to the setting. I think that the closer music therapy can come to meeting the needs of the students and the setting, the stronger the case it can make for its inclusion within an educational setting of this kind. As a way of bolstering this case, future music therapy research could also examine links between music therapy and educational goals in clinical settings of this kind; the Ministry of Education's emphasis on 'Key Competencies' – the interpersonal skills and attributes which enable an individual to get by in daily life, as described within the introduction - appear to provide ample scope for cross-over between educational and therapeutic goals. And as Alley (1979) noted, a music therapist could conceivably support and address any other curriculum area.

Conclusion: I Can See Clearly Now

Music therapy within the setting appeared to be most helpful to staff and students when it was flexible and responsive to new ideas and suggestions. As many writers have noted (Gold, Voracek & Wigram, 2004, Bradley, Davis, Hendricks et al, 1999 and Tervo, 2005), the flexibility and adaptability of music therapy is one of its strong points. However, trying to be adaptable within the setting sometimes meant I had to operate in quite counter-intuitive ways, such as moving away from an emphasis on active music-making activities. This did not involve simply abandoning active music making, but looking at different ways of using it within sessions – for instance, using small group activities and less group improvisation. It also involved recognising therapeutic opportunities that existed outside of music therapy sessions – for instance, the type of songs that could be sung at school assemblies. Finally, it meant gaining a sense of the limits of music therapy within the setting, especially when it came to thinking about student's lives beyond the school – and realising that there were other people and organisations that could support the music therapy work beyond the end of the session.

This research project highlighted the power of effective communication and negotiation within a setting of this sort. There were a number of different disciplines and ways of thinking about therapeutic and educational work being brought to bear on the setting, and the process of conducting interviews with the staff and students forced me to confront this. Sitting down with the staff and students and asking them what they thought of the music therapy I was providing and how it could be improved allowed me to hear people's concerns and ideas about music therapy and then address them. I would suggest that open communication of this kind is not always easy for either party. For me, it required an acknowledgement that the way I was working

within the setting was not as effective as it could be, and a matching suspension of feelings of defensiveness. As shown in entries from the research journal and elsewhere, this could be quite challenging at times – especially when, as in the second staff interview, the findings regarding the long-term future of music therapy within the setting were not promising. However, the benefits of this kind of open communication with staff, students and parents are that it ensures that music therapy within the setting is relevant and meaningful. When it comes to considering wider issues of funding and school priorities, this in turn means that music therapy can make a strong case for itself as an important part of the school programme within an educational setting.

To conclude, I arrived at the City School feeling a contrary mixture of doubt and idealism about what music therapy could achieve within the setting. As the months progressed, reality went to work on those pre-conceptions; the idealism was changed by the reality of struggling amidst the chaos of the early group music therapy, and by gaining a greater awareness of the challenges facing the students at the school. At the same time, the lingering doubt was modified by being able to observe those instances where the music therapy work I undertook with some students did seem to make some kind of difference – even if it was just a brief moment of laughter as students shared a favourite song, or listened back to a song they had just written. As I begin searching for work in the field in earnest, I often remind myself of those moments. It should also be mentioned that, some months after I had finished at the school, I received an unexpected email from the principal at the City School. It appeared they had a student who might benefit from music therapy, and they wanted to know if I would be interested in working with him. If so, they would make an application for the funding....

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Appendix 1. Introduction and questions from each interview.

Note: Included below are the ‘scripts’ and questions I prepared before each interview.

These were my starting points but it is worth noting that, in some cases, I did not need to ask every question listed as they were answered in the course of the interview. In other cases, I omitted questions due to time constraints or because I did not feel they were appropriate or useful for the research.

First Interview with Staff

27/8/09

Thank you all for agreeing to be part of my research project today – I really appreciate it.

As you know, the central question of my research topic is ‘How can music therapy address the different needs of staff and students here at [REDACTED]

And by ‘different needs’, I don’t mean that the staff need music therapy (although I *am* available if you feel you’d like to play on the xylophone one afternoon) – I mean, of course, staff needs in terms of transition plans and educational objectives for the students

So, that’s what we’ll be spending the next 20-25 minutes discussing.

I would like to point out right from the beginning that I’m not looking for a glowing review of music therapy during this interview. I freely admit that it has been a steep learning curve for me here at [REDACTED] I know that some people here have worked alongside other music therapists in the past who might have quite different ways of working from me. And for others, having a student music therapist on-site might be a

new experience. So with that in mind, I'd like to open the door for anything people would like to say – doubts, concerns, questions, suggestions.

Are there any questions/comments?

The first question is a fairly broad one, and it is this:

1. 'How can music therapy assist students in their transition plans?

I.e., through establishing links with music groups at students school, or even having students from the mainstream school come and visit us.

2. How can I, as a student music therapist, support some of the educational goals for our students?'

i.e., linking into areas of the curriculum. For instance, I gather [REDACTED] has been working on a project about dogs – maybe I could work with her to write a song about a dog or something.

3. How could music therapy help address the wider context for students? I.e., through involvement of parents/wider community etc.

4. What difference have you noticed in students who have been taking part in music therapy sessions, either individually or in a group.

5. *How do our students seem to benefit from music therapy?*

6. How does [REDACTED] as a whole benefit from music therapy?

7. Finally, What do you imagine the long-term future for music therapy might be at [REDACTED]

First Interview with Students

7/9/09

Thanks for agreeing to be part of my research project today – I really appreciate it.

As you may or may not know, the central question of my research topic is ‘How can music therapy address the different needs of staff *and* students here at [REDACTED] and that’s what we’ll be spending the next 20-25 minutes talking about – or sooner, if we feel we’ve said everything on our minds.

Some of you will have been part of the group music sessions, and some of you will have worked individually with me. The point is that you will all have different thoughts about what you have found useful – or not - about the music sessions.

With that in mind, I really want to encourage you to be honest about what you think, and not to worry about hurting my feelings. I reckon this research will be most useful if you say it as it is.

What do you think about that?

Any questions?

So, let’s begin.

Just to remind you, the main question I’m trying to answer is ‘How can music therapy address the different needs of staff and students at [REDACTED] As you know, the staff have needs in terms of thinking about transition goals and educational goals for you guys.

But I wonder what you think the needs of students at [REDACTED] are? What do *you* guys need when you come here?

How have the sessions – either individual or group – addressed your needs?

If you don't feel they have, how could the sessions be more helpful and therapeutic for you?

What have you found most enjoyable about the sessions?

What have you found most challenging about the sessions?

What new musical activities would you like to explore in future?

Examples such as listening to music, performing a concert etc

Any other thoughts/comments/suggestions?

Second interview with staff

30/11/09

Hi everyone, thanks again for being available to help me out today.

This is the second and final research interview you'll need to be part of.

I am still in the process of sorting through the information from the first interview we did back in August. I'm afraid the process has been quite slow-going, especially when other academic commitments encroach.

Despite that, I have still attempted to incorporate some of the ideas that were discussed. In particular, I have tried to use more listening-based activities within the individual and group music sessions, whilst attempting to retain some use of active music-making. Likewise, I have tried to get more small group work activities taking place within the group sessions.

We covered quite a lot of ground in the first interview, but just to refresh your memories, the question my research project is attempting to answer is, 'How can music therapy address the different needs of students and staff within [REDACTED]

There is a chance that we may find ourselves revisiting some of the same territory we covered first time around, but it could also be that this interview serves as an opportunity to draw together some of the threads of the year. So with that in mind, let's get started.

1. What do you think music therapy has offered the students in this environment?

2. Has music therapy worked the way you thought it would in this setting?

2a. How?

(Has the reality of the music therapy course differed from your expectations?)

3.What difference have you noticed in the school environment having had music therapy in the curriculum this year? (as opposed to last year, when there was no student music therapist around).

4.How do you feel about MT now as opposed to the start of the year?

5.What plans does the school have for music therapy next year?

6.How successful do you feel the music therapy programme has been overall in terms of addressing student needs?

6a.How could it have been improved?

Any other thoughts/ideas/statements you would like included?

Second Interview with students

30/11/09

Hi everyone,

thanks very much for being part of my music therapy research project today. I really appreciate your assistance.

The question I'm trying to answer is 'How can music therapy address the different needs of staff and students here [REDACTED] and that's what we're going to be thinking about for the next 20-25 minutes.

(brief discussion about student and teacher needs)

Some of you have taken part in the group music sessions, and some of you will have worked with me individually. And some of you have been working with me for quite some time, whereas some of you are quite new to music therapy.

The main point is that you will all have different thoughts about what you thought was useful or not – and this is a great opportunity for you to let me know about how it's been for you.

So, with that in mind, I'd like to encourage you to be as honest as you can and not to worry about hurting my feelings or anything like that. The research will be most useful if you say it as it is.

Any questions?

So, let's get started!

1. How have the music therapy sessions – either individual or group - addressed your needs?

1a. If not, how could the sessions be more helpful for you?

2.What have you found most helpful/enjoyable about the sessions?

3.What have you found most challenging about the sessions?

4.How does [REDACTED] differ from other schools you've been to?

4a.How has music therapy contributed to your thoughts about the school?

5.What have you learnt in the music therapy sessions that might be helpful in future?

Appendix 2. Consent forms and information sheets.

Student Information Sheet

Music Therapy Research



Perspectives on Developing a Music Therapy Programme within an Educational

Setting.

<u>Main Researcher:</u> John-Paul Young	<u>Supervisor:</u> Sarah Hoskyns
	<u>Music therapy Dept.</u> <u>New Zealand School of Music</u>

Hi everyone,

As some of you may know, I have been studying towards a Masters in Music Therapy. Part of getting my qualification requires that I undertake a piece of research this year.

Since [REDACTED] is a new school, and I'm the first music therapy student to be here, I decided I would like to find out what music therapy might be able to offer the school – both for you as students, but also for the staff and even the wider community. I feel that one of the most meaningful ways this research can help is if it is collaborative and we work together to come up with ideas as to how music therapy can fit in.

I'll also be meeting with the staff and discussing with them about how I might be able to use music therapy to help with some of their educational plans and ideas.

How can you join this project?

I'd like to invite everyone who has been part of either the group music sessions or who has received individual music sessions at any point over the term to take part in this research. If you're interested, give it some thought and then let [REDACTED] know. You should also talk to your teacher about it, because your participation might depend on how you're getting on with your Curriculum Studies and transition plans. Since you're all under 18, I will also need to send a consent form and information sheet home to your parents.

What will happen?

The research will involve us meeting together as a group before the end of the term for about 30mins to talk about how we've found the music therapy sessions. This will be an opportunity to discuss your thoughts about the music sessions.

These discussions will be recorded so I can remember everything that gets said. If you don't like the sound of that, you might prefer *not* to take part. However, you will get the chance to read over the write-up of our talk so you can check and remove

anything you've said that you don't like from the final version. If you have any trouble with reading, one of the staff will be able to read it through for you.

I'll draw the limit at 8 students – otherwise, it'll get a bit hard to hear everyone's voices and ideas.

What happens to the recordings and the write-up?

The recordings will be held in a safe place at the School of Music for 10 years, after which time they'll be destroyed.

When it comes time to write the research up, I'll make sure to change everyone's names so your identity will be protected. However, [REDACTED] is a fairly singular school, so there is a *slight* chance you might be recognised by someone reading the research.

Once it's finished, it will be bound in a book and kept at the Massey and Victoria University libraries. A copy will also be left here at the school so you can take a look if you are interested.

What are your rights?

If you decide you'd like to take part, remember:

- You have the right to withdraw at any time, up to the end of collecting the recordings around the end of Term 4.
- You don't have to answer any questions you feel uncomfortable with.
- You will have a chance to check over the write-ups of the discussions and correct them if necessary.

It is up to you whether you would like to participate in this research. Whatever you decide, you are always welcome to be part of the music groups and to ask for individual sessions if you'd like them, as usual.

I'll make sure to report back to you once the work is finished. If you've transitioned on by the time I've got everything done, I'll make sure a copy of the results finds its way to you via your [REDACTED] teacher.

This study has received ethical approval from the [REDACTED] Regional Ethics Committee, ethics reference number (CEN/09/07/045). If you have any queries or concerns regarding your rights as a participant in this study, you may wish to contact a Health and Disability Advocate on 04 494 7900 or 0800 11 22 33. This is a free service provided under the Health and Disability Commission Act. Please note that in the unlikely event of a physical injury as a result of your participation in this study, you may be covered by ACC under the Injury Prevention, Rehabilitation and Compensation Act.

If you have any other questions, please email JP at [REDACTED].

Otherwise you can email my supervisor, Sarah Hoskyns at the New Zealand School of Music, at [REDACTED]

Thank you for your time!

Student consent form



Consent to participate in Music Therapy Research Project

Students

Project Title: Perspectives on Developing a Music Therapy Programme within an Educational Setting.

I have read and understood the Information Sheet regarding this research.

I have had the details of the research project explained to me, and any questions I have about the project have been answered to my satisfaction. I understand that I can ask further questions at any point in future.

I understand that I can withdraw from the project at any time, up to the point that the group discussions have been concluded.

I understand that if I decide to withdraw, I can still join in the group music sessions and request individual music therapy sessions if I choose.

I understand that the group interviews will be recorded, but that I can read over the transcript of these interviews and change or remove anything I've said that I'm no longer happy with.

I understand that my name will be changed in the final write-up of the research.

However, [REDACTED] is quite a singular school, so there is a slight chance that someone reading the research might recognise me.

I have been given enough time to think about whether I want to participate in this research or not.

I have been given the contact details of people who can help me if I have questions about the research.

Please return this form to [REDACTED] at [REDACTED] within 1-2 weeks.

Signature:

Date:.....

Parent Information Sheet

Music Therapy Research



Perspectives on Developing a Music Therapy Programme within an Educational Setting.

<u>Main Researcher:</u> John-Paul Young	<u>Supervisor:</u> Sarah Hoskyns
	Music therapy Dept. New Zealand School of Music [REDACTED] [REDACTED]

Dear Parent/Caregiver,

This year, I have been placed at the [REDACTED] as a student music therapist. This is my second year studying towards a Masters in Music Therapy and part of my qualification requires that I undertake a piece of research.

Since [REDACTED] is a new school, and I'm the first music therapy student to be placed there, I decided I would like to find out what music therapy might be able to offer the school – both for the students, the staff and the wider community. I feel that one of

the most meaningful ways this research can help is if it is collaborative and takes into consideration the thoughts of the students and staff regarding music therapy within the school.

How can your son/daughter join this project?

I'm inviting all the students who have been part of either the group music sessions at school or how have worked individually with me at any point over the term to take part in this research. Participation may also depend on how your son/daughter is getting on with their schoolwork.

What will happen?

The research will involve the students and myself meeting together before the end of the term for about 30mins to talk about how we've found the music therapy sessions. This will be an opportunity for us to discuss our ideas and possible future directions for the music sessions. I'll also be meeting with the staff to discuss the music therapy sessions with them.

These discussions will be recorded so I can remember everything that gets said. If you are uncomfortable with this, you might prefer for your son/daughter not to take part. However, they will be given the opportunity to read over the interview transcripts so that they can check and remove anything that they have said but are no longer comfortable with.

What happens to the recordings and transcripts?

The recordings will be held in a safe place at the School of Music for 10 years, after which time they'll be destroyed. When it comes time to write the research up, I'll change the names of the students and school, so that the identity of your son/daughter

will be protected. However [REDACTED] is a fairly singular school so there is a slight chance they might be recognised by someone reading the research. Once it's finished, the research project will be kept at the Massey and Victoria University libraries. A copy will also be left at [REDACTED] for you to read if you are interested.

What are the rights of your son/daughter?

If they would like to take part:

- They have the right to withdraw at any time up to the end of the data collection period - around the end of Term 4.
- They don't have to answer any questions they feel uncomfortable with.
- They will have a chance to check over the write-ups of the discussions and correct them if necessary

If they decide they would rather not be involved in this research, they are still welcome to be part of the music groups and to ask for individual music therapy sessions, as usual.

I'll make sure to report back to them once the work is finished. If they have transitioned on by the time I've got everything done, I'll make sure a copy of the results finds its way to them via the staff at [REDACTED]

This study has received ethical approval from the [REDACTED] Regional Ethics Committee, ethics reference number (CEN/09/07/045). If you have any queries or concerns regarding the rights of your son/daughter as a participant in this study, you may wish to contact a Health and Disability Advocate on (04) 494 7900 or 0800 11 22 33. This is a free service provided under the Health and Disability Commission Act. Please note that in the unlikely event of a physical injury as a result of their participation in

this study, they may be covered by ACC under the Injury Prevention, Rehabilitation and Compensation Act.

If you have any further questions, please email JP at [REDACTED]

Otherwise you can email my supervisor, Sarah Hoskyns at the New Zealand School of Music, at [REDACTED]

Thank you for your time!

Parent consent form



Consent to participate in Music Therapy Research Project

Parents/Caregivers

Project Title: Perspectives on Developing a Music Therapy Programme within an Educational Setting.

I have read and understood the Information Sheet , and I give consent

for to participate in the research project.

I have had the details of the research project explained to me, and any questions I have about the project have been answered to my satisfaction. I understand that I can ask further questions at any point in future.

I understand that my son/daughter can withdraw from the project at any time, up to the point that the group discussions have been concluded.

I understand that if my son/daughter decides to withdraw, they can still join in the group music sessions and request individual music therapy sessions if they choose.

I understand that their name will be changed in the final write-up of the research.

However, [REDACTED] is quite a singular school, so there is a slight chance that someone reading the research might recognise them.

I have been given enough time to think about whether I want them to participate in this research or not.

I have been given the contact details of people who can help me if I have questions about the research.

Please return this form to [REDACTED] within 1-2 weeks.

Signature:

Date:.....

Staff Information Sheet

Music Therapy Research



Perspectives on Developing a Music Therapy Programme within an Educational Setting.

<u>Main Researcher:</u> John-Paul Young	<u>Supervisor:</u> Sarah Hoskyns
	Music therapy Dept. New Zealand School of Music

Hi everyone,

This year I have been working towards completing my Masters in Music Therapy. As part of getting my qualification, I am required to undertake a piece of research derived from my practical placement.

Since [REDACTED] is a new school, and I'm the first music therapy student to be placed here, I decided I would like to find out how music therapy can begin to address the different needs of the students, staff and wider school community. I feel that one of

the most meaningful ways this research can help is if it is collaborative and takes into account the wider context and innovative nature of the school.

How can you join this project?

I'd like to invite any of the teachers or support staff of [REDACTED] to be part of this research. Please contact me via email or leave a note on my desk at school if you would like to participate.

What will happen?

The research will involve us meeting together as a group 2-3 times over the course of the term for about 30mins to discuss ways that music therapy might be able to address some of the educational needs of the students. These discussions will be recorded so I can transcribe everything that gets said. However, you will be given the opportunity to read over the transcript and remove or amend anything that you've said for the final version.

What happens to the recordings?

The recordings will be held securely at the School of Music for 10 years, after which time they'll be destroyed. When it comes time to write the research up, I will change the names of the students, staff and also the school, so that identities will be protected. However, [REDACTED] is a fairly singular school, so there is a chance you might be recognised by someone reading the research. Once it's finished, the research project will be bound and kept at the Massey and Victoria University libraries. A copy will also be left at [REDACTED] for you to peruse if you are interested.

What are your rights?

If you decide you'd like to take part:

- You have the right to withdraw at any time, up to the end of collecting the recordings around the beginning of Term 4.
- You don't have to answer any questions you feel uncomfortable with.
- You will have a chance to check over the transcripts of the discussions and correct them if necessary

I will present a report to the school once I have finished writing up the thesis.

This study has received ethical approval from the [REDACTED] Regional Ethics Committee, ethics reference number (CEN/09/07/045). If you have any queries or concerns regarding your rights as a participant in this study, you may wish to contact a Health and Disability Advocate on (04) 494 7900 or 0800 11 22 33. This is a free service provided under the Health and Disability Commission Act. Please note that in the unlikely event of a physical injury as a result of your participation in this study, you may be covered by ACC under the Injury Prevention, Rehabilitation and Compensation Act.

If you have any further questions, please email JP at [REDACTED]
Otherwise you can email my supervisor, Sarah Hoskyns at the New Zealand School of Music, at [REDACTED]

Thank you for your time!

Staff consent form



Consent to participate in Music Therapy Research Project

Staff

Project Title: Perspectives on Developing a Music Therapy Programme within an Educational Setting.

I have read and understood the Information Sheet regarding this research.

I have had the details of the research project explained to me, and any questions I have about the project have been answered to my satisfaction. I understand that I can ask further questions at any point in future.

I understand that I can withdraw from the project at any time, up to the point that the group discussions have been concluded.

I understand that the group interviews will be recorded, but that I can read over the transcript of these interviews and change or remove anything I've said that I'm no longer happy with.

I understand that my name will be changed in the final write-up of the research.

However, [REDACTED] is quite a singular school, so there is a slight chance that someone reading the research might recognise me.

I have been given enough time to think about whether I want to participate in this research or not.

I have been given the contact details of people who can help me if I have questions about the research.

Please return this form to [REDACTED] within 1-2 weeks.

Signature:

Date:.....

Appendix 3. Examples of data analysis of interviews

Note: I have included a few examples of the data analysis from some of the interviews, to provide an indication of how I organised the data into various categories. These categories changed somewhat as the research progressed, so what is contained below is a 'snap-shot' of this process.

Structural Meaning Units, first student interview

Value of the setting.

JOHN-PAUL: 'How can it address the different needs of staff and students',

■■■■■ - Just space, in terms of when you need it, it really helps a lot.

This is like almost kind of like a space, it's like....it's very nice....it's like.....

you're not really put on the spot too much, and it's ok because it's really relaxed

and everyone knows what you're going through...yeah, it's good.(95-98)

Relaxation –

■■■■■ I think it was really good, it was a really good way of relaxing...(18)

Receptive MT

■■■■■ Plus, listening to music...like when you're in a bad time it's just...(555)

■■■■■ - Yeah, it's really relaxing.(557)

██████ - I listen to Slipknot. Puts me to sleep....weird stuff...but hey...(559)

██████ - Yeah, like as I was saying before, just listening to stuff that you might think is good or....(561-562)

██████ - ...that can help a lot. Like, actually a lot more than you'd think it would. Just relaxing.(566)

██████ - Like for, say, if we had music, and then I was going up to High, it would help me relax a lot more.(570-571)

A new and different way of doing therapy.

██████: ...especially...sort of...it was kind of like a change from doing therapy with ██████ or stuff like that.

It was new to me.(22-23)

██████: As it started out I kinda like doubted it...(23-24)

...I got more into it as we did a couple of the first few weeks, and I started to really enjoy it. Especially like doing dancing, we did some dancing with songs....(28-30)

Opportunities to express

██████: ...it's like....it's like in a way expressing yourself.(34)

Developing new skills

██████ - I learn more about the guitar (62)

██████ - *Did you find the single sessions more helpful because it was just one-on-one? (71)*

██████ - Pretty much (73)

██████ - That helps a lot more rather than being in a group and learning the guitar...sort of like one teacher and a group of students....(77-78)

██████: Group sessions? Um.....sort of making your own sort of songs, that was quite fun.(107-108)

██████: Yeah, that was really good and so were the tribal songs...(112)

JOHN-PAUL: I think sometimes the words can be quite tricky to get a handle on, can't they?(114-115)

██████: It's still good..I mean, that's all part of the learning process, like once you do get them down then you start to really enjoy it...yeah.(117-119)

██████ - Ah...individual, I quite like....learning new stuff, like the guitar....it's pretty good.(258)

██████ - I quite like singing. Far more than learning an instrument.

I don't know - I just love singing.(548) Kind of a talent I found recently, or liked. So doing things like that's quite nice.(553).

Structural Meaning Units, second staff interview

Working as a team – (communication and awareness)

■ And...I dunno. Maybe it's because you talk more, or ask more about
– maybe it's your communication with us about the individual things, around linking
in with students.(253-255)

So we're more aware of what you're doing, or you're asking us. And so we're
actually more aware of that individual work, might be. (255-257)

Because you might have been doing that all along – I'm not sure, but I've only just
become aware of it the last, later part of the year. (257-259)

■ I also wonder, too, if it's – like for me, me having more understanding
of what you're doing, and I approach you more. Like for things with certain students.
(261-263)

So, again, that communication is more open with each other and both – you know –
there's maybe a better understanding on both sides, as well.(263-265)

■ Hmm, so you feel a lot more able to say to John-Paul, because you know what
he's doing, 'can you somehow link this into what such-and-such and vice versa'.(267-
269)

■ Yeah.(271)

■ No, it's just similar to what everyone else is thinking really. In terms
of, you know, just the fact of 'before and after'. (300-301)

And also, what [REDACTED] said, the whole communication stuff. Where, you know, you come up to me and I say ‘oh can you ...’ you, know, we might have an issue raised – ‘well, maybe you could do that in an individual slot that you have with a student’ (301-305)

And that’s been really helpful.(305)

Different relationships and roles within the team

[REDACTED] And I just think another adult for them to relate with. It’s a different – I mean, I know we’re not supposed to have people here for numbers, and it’s not about that – but it’s like another adult here who it’s a different. Like, we’re all different and bring in our own different stuff for these kids.

And I just think another presence, another body adds in another dimension again for students. (343-347)And you bring in something else – like, you’re role isn’t teacher, it’s not the OT, it’s a different role. So it brings that in and I think that’s really good for kids to experience.(348-350)

[REDACTED] ... And that’s why I’ve always felt that your participation in the rest of the programme is really important, because it’s not just about the therapeutic bit you do, it’s that relationship with the kids and you being a part of that whole thing.(558-561)

...Cos I know initially there was some questions around you doing certain things in the programme, weren’t there, because it wasn’t necessarily music therapy. (562-565)But to me, I see it as the whole picture. It’s the relationship with the kids which is all part and parcel, I find. That’s my opinion on that one. (565-567)

Placement of MT during the week (frequency/regularity)

■ And if we did do that, it would never be three days a week. Do you know what I mean? (515-516)

I think the value of you being here three days a week gives you that link in with the kids, more so than you coming in for a half-day once a week. (516-518)

It would have to be – to give it the quality, I think that it has now, you're here three days a week. And there's just no way. (518-520)

■ And I think, where I'd like to see it working if we could have the ideal, would be to have someone that is able to be here Monday, Wednesday, Friday. (539-541)

That are very much linked in with the kids, with the programme, the incidences as they arise, so you know what the kids are going through, we don't have to spend all this time catching you up with something to go and spend some time with someone that day. Like, you're in with it. (541-545)

And you've got that relationship as part of the general running. (545-546)

Yeah, you're part of the staffing. You're not just the visiting music therapist that comes in for a half-day, you're part of the staff with the kids. (549-551) Which I think, for me, creates the therapeutic part. And that's what I'm trying to say about the 'extra person' – because you're part of it. You're part of the 'therapeutic milieu', they call it. (551-553)

■ So, in regards to just having a music therapist come for half a day a week, I couldn't that as being hugely beneficial ... (567-568)

Appendix 4. Data analysis of research journal

Note: Because the research journal was so large, I simply decided to include a few examples from each section as a way of indicating how I organised the data. The data underwent a number of changes as the research progressed so again, these examples serve more as ‘snap-shots’ than definitive end-points. The entries are presented as they were written, so some informal language and the occasional spelling mistake may appear.

Communication with staff

24/8/09

Reflections on Creative Time, Friday 21/8/09

██████████ was involved in Creative Time, as was ██████████

██████████ He was keen to use the Creative time to work on a ‘theme song’ to use during the play he has been putting together with the students.

It was an interesting clash of ideas, I feel. I was under the impression we would be using the time to put a song together collaboratively, whereas I think ██████████ already had a definite idea of what he wanted to achieve within the session. I only realised as the session progressed that he already had a clear idea about what he wanted to do – right down to having lyrics and even a guitar riff organised. Whereas I had approached it more from the angle that none of us knew what the song was going to be, and that it could sound like anything. So that was interesting – I think we were both a bit disgruntled by the end result. It could have been discussed more clearly between us before the session to figure out what each of our expectations was. As a music therapist, I felt it was most important to take my cues from what the students

were making musically. On the other hand, for someone who isn't a music therapist (and frequently one who is) perhaps it is a bit nerve-wracking and quite counter-intuitive to go into a music session without a song prepared. Or rather, a definite idea for us to follow.

Collaboration b/w music therapist and [REDACTED] teacher – issues, ideas, common ground, integration with Creative Time. Therapeutic aims – how can it serve both purposes? Awkwardness and not knowing how to proceed. Collaboration is tricky at the best of times – esp. when not done before. Different agendas? Competing agendas? Complementary ideas. How to work together more.....

I have been in frequent contact with [REDACTED] regarding his aims etc with the play he is putting together. I wonder if there is something I could be doing more proactively?

Discussed with [REDACTED] some of the therapeutic needs for [REDACTED] in terms of asking for help and assistance. Discussed ways I could introduce and encourage him during Music sessions.

Working as a team

27/10/09

Work with [REDACTED] today – I had a good discussion with [REDACTED] afterwards where we talked briefly about some possible goals for her. One thing I noticed was [REDACTED] quite violent response to her own perceived failings when it came to trying to get the lyrics of a favourite song right. On the other hand, she was worried about seeming 'bossy' to me when she asked that I change the chords, or took issue with me playing the wrong chords.

We discussed the notion of trying to modify her quite unforgiving perfectionism, as [REDACTED] seemed to think this might become a barrier when it came to [REDACTED] transitioning to [REDACTED] at a later stage, where it is important to be able to take criticism without belting yourself in the forehead or lapsing down into depression and/or suicidal thoughts.

Research

Tuesday 1/9/09

Have begun transcribing the interview. Painstaking business, taking bloody ages. Some thoughts.....what do I recall from the interview now. I must remember to talk further about some of the ideas that came up especially in terms of using more technology – i.e., Garageband etc – as a way of engaging with students who might not be so confident making music using actual musical instruments. Likewise, the brief discussion about a guitar group workshop as a means to practise social skills etc – that is going to be happening on Friday. It feels important to make sure that anything that gets stated in the interview process related to music therapy at [REDACTED] is acted upon or addressed in some way, so that the interview process is not unconnected to reality but plays an active role in making things more effective for both staff and students.

Receptive MT

Thursday 3/9/09

Tomorrow, have asked students to bring one of their favourite songs for us to listen to as a group – felt that this might build on some of the ideas mentioned by the staff. I just need to figure out ways of making this therapeutic. It feels like something that I

am not so sure of, but at the same time, might be a little less stressful than the way I usually do it.....

Teaching strategies

15/10/09

Reflections on class yesterday....Continued to refine note-keeping process. Fairly steady day – what did I learn. Continue to discuss with [REDACTED] about balance between my instincts re: MT and staff suggestions that came up during interview re: receptive listening skills. How best to strike a balance –

Discussed ideas about working in pairs to find out about favourite musicians and look at how life events have influenced and impacted on their music – the need to link this into key competency type stuff. But also look at broader themes