EXPLORING THE PRACTICAL FRAMEWORK OF A MULTICULTURAL MUSIC THERAPY GROUP FOR CHILDREN WITH EMOTIONAL AND BEHAVIORAL NEEDS IN AN AFTER-SCHOOL SETTING

Jenna Smith

Master's Thesis

Music Therapy

Department of Music

30 June 2016

University of Jyväskylä

JYVÄSKYLÄN YLIOPISTO

Tiedekunta – Faculty	Laitos – Department
Humanities	Music Department

Tekijä – Author
JENNA SMITH

Työn nimi – Title
EXPLORING THE PRACTICAL FRAMEWORK OF A MULTICULTURAL MUSIC THERAPY GROUP FOR CHILDREN WITH BEHAVIORAL AND EMOTIONAL NEEDS IN AN AFTER-SCHOOL SETTING

Oppiaine – Subject	Työn laji – Level
Music Therapy	Master's Thesis

Aika – Month and year	Sivumäärä – Number of pages
MAY 2016	52 PAGES

Tiivistelmä – Abstract
Research shows that music therapy is effective in addressing therapeutic goals for groups of children with emotional and behavioral needs. However, most of the current research focuses on behavioral approaches to music therapy with children, and lacks in-depth explanations of practical frameworks surrounding the process (i.e., organizing, planning and implementing a group) for non-directive children's music therapy groups focused on emotional and behavioral needs in the school setting.
The following case study explores the practical framework surrounding a multicultural music therapy group for children with emotional and behavioral needs at an elementary school in Jyväskylä, Finland. The main objective was to describe and explore the practical framework surrounding the group in order to better understand the role the framework plays in the overall therapeutic outcome of a music therapy group for children.
The case study was conducted at an elementary school where the participants consisted of 5 children, ages 7 to 9, all from different countries (Finland, China, India, Pakistan and the United Kingdom). The participants attended 20 music therapy sessions that were audio and video recorded. Data from the recordings, as well as the therapists´ notes and reflections were analyzed through thematic content analysis. The results revealed that several key practical framework factors affected the therapeutic outcome of the group, including: The importance of individual assessment; the physical space; team communication; the importance of supervision; and flexibility and acceptance.

Asiasanat – Keywords
Music therapy, Framework, Group Therapy, Children, Emotional and Behavioral Needs, Multicultural, After-School Setting, Non-Directive

Säilytyspaikka – Depository	

Muita tietoja – Additional information

ACKNOWLEDGEMENTS

CONTENTS

1 INTRODUCTION

Music therapy is a growing field dedicated to promoting health and well-being to a variety of groups of people of all ages in various settings. There is an ever growing quantity of research validating the benefits of music therapy for children with emotional and behavioral needs. However, most of the current research focuses on behavioral approaches to music therapy with children, and lacks in-depth explanations of practical frameworks surrounding the process (i.e., organizing, planning and implementing a group) for non-directive children's music therapy groups focused on emotional needs. This paper explores the practical framework surrounding a music therapy group for children in Jyväskylä, Finland.

1.1 Research Aim

The purpose of this study is to describe and elaborate on the practical framework of a multicultural music therapy group for children with emotional and behavioral needs in an after-school setting, in order to better understand the role the framework plays in the overall therapeutic process.

Music therapy is currently utilized to help children improve emotional and behavioral functioning in schools, treatment facilities and in individual psychotherapy. Several recent studies have shown the positive effects of group music therapy for children with emotional and behavioral needs (Chong & Kim, 2010; Hibben, 1991; Kowski, 2003; Tyler, 2002). There is also a rich body of narrative case studies sharing the powerful effects of music therapy with young children in individual psychotherapeutic work (Aigen, 1991; Bartram, 1991; Herman, 1991; Oldfield, 2011; Tyler, 2003). Recent studies have explored the use of music therapy for children with diagnosed psychopathology (Gold, Voracek, & Wigram, 2004). However, Sausser (2006) suggests the need in the music therapy field for systematic research aimed at providing specific models for working with young students with behavioral and emotional needs in the school setting. Grogan and Knak (2002) also noted the potential for exploring the framework for psychodynamically informed children's groups in outpatient mental health. While the above study lent valuable information on organizing and planning non-directive

children's groups in the outpatient setting, there is a current need for further investigating frameworks for non-directive music therapy groups in school settings.

1.2   Motivation

As a new music therapist, I have recently been exploring my interests and passions in the field, working with a variety of clientele in various settings. During my clinical internship training at an adult psychiatric hospital in San Francisco, I was inspired by a music therapist who solely improvised with patients. Coming from a more activity-oriented, behavioral focused bachelor's training, I was intrigued by this seemingly magical way of working and engaging clients purely in the music. I was curious about how this approach would adapt with children. I was able to pursue this interest finding a job working as a music therapist with children at an after-school program in Brooklyn, New York.

Here, I discovered my passion for working with children with emotional and behavioral needs through creative music making. While working in a fast paced city school, seeing students for only 20 or 30 minutes a week, I noticed all of the factors webbed into the experience of working with children in an after-school setting. It was interesting to navigate as an outsider, coming into the school only once or twice a week for a few hours. From meetings with teachers and counselors, finding the right space for the group and obtaining instruments, to even the quick chats with the children as we dodged through the hallways to and from their classroom; I noticed the many factors involved. I decided to follow this curiosity for my graduate studies in Finland.

With the music psychotherapy focus of the master's program at the University of Jyväskylä, I had the opportunity to continue to explore more deeply working with young people in the creative field of music therapy. While this area of work is interesting and special to me, it is also quite challenging; all the more reason to curiously step into the unknown. My hope was to organize a group in Finland and gather some information about the intricate framework and its effects on the therapeutic process for children. The journey unfolds with this special group of young people from all over the world, playing together in Finland.

2   THEORETICAL FOUNDATION

2.1   Definition of music therapy

Kenneth Bruscia (2014) defines music therapy as: "A systematic process of intervention wherein the therapist helps the client to promote health, using musical experiences and the relationships that develop through them as dynamic forces of change" (p. 36). Philosophies behind music therapy date back to an early understanding that music is a fundamental part of being human. Many psychoanalytic theorists, including Daniel Stern, believe that the origin of music comes from early non-verbal forms of communication, and possibly even originated before speech (Stern, 1985).

Building upon this same concept, it is believed that all human beings can relate to, experience or create music in some way. Erkkilä, Ala-Ruona, Punkanen, and Fachner (2012) elaborate on this phenomenon, explaining that, "although clients in music therapy may have diverse connections to and capacities in music, there is always some kind of common root or core, which helps them engage in music-making" (p. 415). In other words, humans are musical beings, and this fact can be utilized for the purpose of achieving therapeutic goals.

A music therapy method which was frequently utilized in the group therapy process for this study, is active music therapy. Active music therapy, an experience in which clients play or improvise music is based on the idea that every human being has a natural ability to create and respond to sounds in an expressive way (Bruscia, 1998). Active music therapy can be a tool for entering into the pre-conscious level of one's experience, communicating emotional and symbolic meanings that may be difficult to articulate verbally (Bruscia, 1998; Erkkilä, 1997, 2011).

Music therapy is particularly unique in that it provides "symbolic distance" (Ahonen-Eerikainen, 1998) as it acts as a "symbolic shelter" (Erkkilä, 2011). In other words, when verbal expression may be too frightening or even impossible for young clients, the metaphorical shield that music innately possesses can be comforting and provide the safety a child may need to be emotionally vulnerable.

2.2 Therapeutic frameworks underlying music therapy for children

Music is an enjoyable, motivating and accessible medium to use with children which requires no musical training for them to benefit from it. Music therapy can affect changes in behavior and facilitate development of children's "communication, social/emotional, sensori-motor and/or cognitive skills" (American Music Therapy Association, 2006). The following sections explore some of the basic theory on therapies for children considered in developing an approach for working with this population.

2.2.1 The good enough mother

Winnicott (1997), a great psychoanalyst of the twentieth century, developed the theory of the "good enough mother". He explains that, "in individual emotional development the precursor of the mirror is the mother's face" (p. 179). In other words, a child needs a stimulating-enough environment to develop emotionally, which begins with facial, visual emotional feedback from the mother and/or primary caregiver. Stemming from Winnicott's original theory, Hibben (1991) suggests that music can function as "transitional objects to help children, through their play, to bridge their inner psychic experiences with the outer play" (p. 179). Through the therapist-music-client relationship, mirroring in music can serve as an emotionally corrective experience for children (Bruscia, 1998, Eschen, 2002, Priestly, 1994).

2.2.2 The anxious student

Virginia Axline (1989), a child psychologist and pioneer in the development of *Play Therapy* in the early twentieth century, theorized on how an unhealthy emotional state of a child can negatively affect their learning potential, and compares this state to an anxious teacher: "A teacher whose mind is beset with anxieties, fears and frustrations, cannot do a satisfactory teaching job. A child whose emotional life is in conflict and turmoil is not a satisfactory pupil" (p. 133). As the therapy group for this study was conducted in an elementary school setting, Axline's theory of the relationship between emotional and academic functioning is quite relevant.

Tyler (2002) explains that in music therapy, "difficult behavior can be understood as a communication from the child about his inner state rather than as a problem to be eradicated"

(p. 218). Challenging classroom behavior of students can be understood as information that the child is communicating about an emotional need, which can be addressed in therapy. In her illustration of her work with a group of hyperactive children ages 6 to 8, Hibben (1991) explains that music therapy can be particularly useful with children, because it allows them to enter into a "social contract through music-making…(where they are) rewarded by the music itself" (p. 81). It is this experience of a musical reward that can positively reinforce helpful behavior for children, and encourage them as they navigate testing out new ways of learning, behaving, communicating, interacting and being in the world.

2.2.3   The therapeutic relationship

One common thread in research in therapy in general with all populations and ages, is the importance of the therapeutic relationship. It has been determined that no matter what theoretical framework is being used, and no matter what the method or techniques implemented may be, therapy can only be successful if there is a strong alliance between therapist and client(s) (Wampold, 2001). Erkkilä (2011) reiterates this finding and suggests that: "It is this living relationship with the therapist that is primary to the effectiveness of psychotherapy, and which, in turn, significantly influences method and technique" (p. 199).

2.2.4   Therapeutic factors

Irvin Yalom, an American existential psychiatrist, outlined a list of therapeutic factors that are considered extremely important in group psychotherapy. The factors are believed to cultivate and drive the therapeutic process and can be observed and used as tools for the therapist in group psychotherapy work. Yalom and Leszcz (2005) describe the factors: "Therapeutic change is an enormously complex process that occurs through an intricate interplay of human experiences" (p. 9). Therapeutic factors are an important part of the overall framework of a therapy group. Specific factors observed for this study were:

- *Universality*

- *Altruism*

- *Development of Socializing Techniques*

- *Interpersonal Learning*

- *Group Cohesiveness*

- *Catharsis*

Universality is the concept that group members may relate to each other in their problems and differences. *Universality* suggests, "the disconfirmation of a patient's feelings of uniqueness is a powerful source of relief" (Yalom & Leszcz, 2005, p. 12). Group members can bond in the fact that they all share difficult experiences or feelings.

Altruism is the phenomenon that people feel good when they do good things to and for other people. Yalom and Leszcz (2005) explain that, "the experience of finding that (clients) can be of importance to others is refreshing and boosts self-esteem…(group members can be) extremely helpful to one another in the group therapeutic process. People need to feel that they are needed and useful" (p. 17).

Development of Socializing Techniques: Yalom and Leszcz (2005) explain that "social learning, the development of basic social skills, is a therapeutic factor that operates in all therapy groups" (p. 19). Group members observe one another and use each other to try out and test socializing techniques.

Interpersonal Learning: The group is seen as a microcosm of the children's lives, and the way they behave is similar to how they behave in school or at home. Therefore, children can use the group as a space to test out new ways of interacting, experience that such new ways are in fact safe, and ultimately be able to implement new ways of interacting into their daily lives (Yalom & Leszcz, 2005).

Group Cohesiveness occurs when group members are attracted to the group and feel warm, comfortable and safe, like that they belong and are valued by the group. Once there is a feeling of unconditional acceptance and support from the others, the group can bond and work together so that therapeutic change can occur (Yalom & Leszcz, 2005, p. 45).

Catharsis is the act or process of releasing a strong emotion by expressing it in an art form, which comes from the Greek root "to cleanse". In group therapy, catharsis is the therapeutic process of expressing and releasing feelings to the group, and the therapeutic value that it brings (Yalom & Lesczc, 2005).

2.3   Possibilities of group music therapy for children

There is a growing body of research supporting the positive effects of group music therapy for children. Children spend much of their time at home and in school in groups, and music draws them together. Music can be used with groups of young people for therapeutic purposes, particularly with groups of children with emotional and behavioral needs. Aigen (1995) suggest that conflicts between group members can be treated not only as problems for the therapist to manage, but also as opportunities to address clinical goals such as "increased verbal and musical expression of feelings, interpersonal contact and self-awareness (p. 351). In other words, when conflicts arise between children in the group, such moments can be utilized by the therapists as moments of growth and learning, which is unique to the music therapy setting and can be difficult in the classroom. Tyler (2002) reported that group music therapy with structured activities as well as free improvisation combines "concepts of work and play, within a framework of psychodynamic understanding" (p.220) and can help with children's growth and general health, as well as intra-and-interpersonal relationships.

Music therapy groups offer the unique opportunity to help children work towards therapeutic goals in such a way that is motivating and enjoyable. Aigen (1998) notes that in the Nordoff-Robbins approach to creative interactive music therapy, "the work is the therapy" (p. 285). The working together of group members in musical interactions, activities and experiences can in fact offer the therapeutic value of group music therapy, in addition to the actual experience of creating music itself. This concept is particularly applicable to working with groups of children with emotional and behavioral needs in a school setting. Children come to the music therapy group with difficulties interacting in the classroom setting. Within the safe therapeutic environment of the music therapy group, they have the opportunity to work together to develop new, healthier, more positive and functional ways of working together and relating to one another.

The work of Hibben (1991) is useful in constructing a theoretical framework for group music therapy for children. The therapist studied a group of 6 to 8 year old children with behavior problems and disruptive disorders in the classroom setting. She found that music therapy can help children identify behaviors in the here-and-now and consequentially reinforce positive actions and interactions. Music therapy was specifically powerful in addressing "group

awareness, intimacy, bonding, cooperating, and problems of ego support and ego defense" (p. 74). The therapist helped children become aware of the impact of their behaviors on the others and discover new ways of interacting within the group, which could then be naturally transferred into their everyday lives.

2.4   Multicultural music therapy

The music therapy group in this study is extremely multicultural, representing 5 countries from around the world. While the multicultural element of the group is not the main focus of the study, it was a factor in the group experience. The emotional and behavioral difficulties that some of the children were having were believed to be in connection with their experiences emigrating and adapting to Finland. The multicultural element of the group also played a key role in connecting the group and allowing therapeutic factors (Yalom & Leszcz, 2005) to blossom. Making music in music therapy is connected to all aspects of one's personality/character traits, including their musical personalities, social experiences and cultural background (Metzner, 1999). For this reason, we chose to be mindful of the children's cultural backgrounds, and found this to be significant throughout the clinical process. The *Community Music Therapy* approach shares the idea that individual clients actually represent their entire communities, as people are inevitably shaped by culture. In turn, music can also help cultivate one's sense of place in the community (Stige, 2002, 2004). Playful music making provides a unique opportunity to bridge gaps between children from various cultural backgrounds (Jones et al., 2004). These ideals were considered and embraced for the current study with a multicultural group of children.

Recent humanitarian efforts in the field of music therapy have been exploring the use of music therapy for refugees in various countries around the world. Baker and Jones (2016) specifically investigated the effects of a short term intensive music therapy program on classroom behaviors of newly arrived refugee students in Australia. The study showed that music therapy helped to reduce severity of classroom externalizing behaviors, such as hyperactivity, aggressive behaviors and conduct problems. The researchers suggested that music helped to "channel their frustration, anger and aggression into the music experiences" (p. 256). Exploring issues of self-identity, adjustment, acculturation, anti-racism and feelings of failure allowed students to express themselves both verbally and non-verbally, which

reduced incidences of inappropriate expression within the school setting. The students were also able to practice appropriate behaviors such as impulse control, turn-taking, listening and respecting each other within a highly motivating and non-verbal group context (Baker & Jones, 2016).

3   METHODOLOGY

3.1   The case study

This is a *Qualitative Case Study*, conducted within a clinical setting consisting of 20 group music therapy sessions at a culturally diverse elementary school nestled in the forest of Jyväskylä, a city located in central Finland. All therapy sessions lasted 45 minutes. The music therapy group consisted of 5 children, ages 7 to 9, with varying emotional and behavioral needs. All of the participants were from different countries: Finland, China, India, Pakistan, and the United Kingdom. Aside from the boy from Finland, the other 4 children had recently emigrated to Finland with their parent(s) and families. The co-therapist, Ryan, and myself also came to Finland for graduate school from Hong Kong and the United States, respectively.

The sessions were co-lead by two music therapists, Ryan and myself. For the purpose of this study, the therapy sessions were audio and video recorded. The parents of all participants signed consent forms, allowing their children to be video recorded. The children's names have been changed in the study for confidentiality purposes. My role in this process was that of both researcher and therapist. As therapist, my job was to provide quality music therapy for the group of children. As researcher, I analyzed and reported the process.

This case study is an example of *Naturalistic Inquiry*, meaning it takes place in the natural or real-world setting, and the researcher does not manipulate or change any aspect of the process for a particular desired outcome. I simply carried out the appropriate tasks as the therapist, documented the process and observed the natural evolution of the experience after the fact in an attempt to capture normal and natural thoughts, feelings and behaviors from the participants (Wheeler, 2005, p. 64).

Researching something as elusive and subjective as therapy can be a difficult task. Aldridge (2005) embraces the process of conducting real life case studies in which researchers "have the virtue of continuing a close relationship with the natural social world of people which we ourselves are part of" (p. 13). He encourages the researcher to use personal information that the therapist has about the world as evidence. Wheeler (1995) explains: "Qualitative case study research in particular respects the tacit knowledge of clinicians" (p. 454). During this

research project, I embraced the philosophy that therapy and research about therapy is a human-to-human experience, and that the therapist´s emotional experience with the clients, through professional supervision, can be used as valuable information.

I chose to conduct a *Qualitative Content Analysis* as the method of data analysis within the case study design. When conducting *Qualitative Content Analysis,* the researcher "focuses on the narrative or the signs or symbolism in a text" (Croucher & Cronn-Mills, 2015). For this study, the texts are the video notes and the therapists' notes and reflections, with the story being told through the group experience, where signs and symbols emerge. The specific method used was *Thematic Content Analysis,* which is a research method that "systematically describes, categorizes and/or makes inferences about communication methods" (Croucher & Cronn-Mills, 2015, p. 206). All session videos were reviewed and analyzed repeatedly to find pivotal moments and themes.

Croucher and Cronn-Mills (2015) define *Manifest Meaning* as "conscious or intended meanings and *Latent Meaning* as "unconscious or unintended meanings" (p. 213). Both the *Manifest* and *Latent Meanings* of the narrative data were explored. In the following section, I will explain the process used for collecting and analyzing the data.

3.2 Data collection & analysis

Data for this study was gathered throughout the 20-week therapy period. The main sources of data are the video recordings of the sessions, as well as a detailed collection of therapy documents which include:

- o The therapist's organizational and planning notes

- o Therapist and co-therapist post-session notes

- o Weekly reflections of the therapist's personal process, including descriptions of counter-transference

- o Documents from meetings, conversations and emails with the teachers and parents

- o Supervision notes

For the *Thematic Content Analysis*, a combination of an *Inductive* and *Deductive* approach was used to identify themes in the data. After completing the clinical process, I had a pre-determined structure of what the general themes might be regarding the practical *Framework Factors* of the group (i.e., logistical factors, physical space, team communication, etc.) and Yalom's *Therapeutic Factors*. In this way, the process was *Deductive.*

With these pre-determined factors in mind, I analyzed the data openly regarding the specifics of how they related to the therapeutic process, so that I could conceptualize the experience and find out the unique qualities of the group. In this way, it was an *Inductive* process, meaning the themes found regarding how the *Framework Factors* and *Therapeutic Factors* affected the therapeutic process arose from the data itself, without any pre-determined ideas of what they would be (Croucher & Cronn-Mills, 2015). Videos were analyzed by searching for pivotal moments and key themes, in relation to the framework and group therapeutic process. The same process was used for the therapy documents, and all findings were compared. From this process, a narrative report was drawn and reflected upon.

The specific process for finding themes and analyzing the video data was as follows. First, I watched the session videos and compiled a moment-by-moment documentation of the overall session structure. I highlighted any moments within the session that related to possible *Framework Factors.* I also highlighted any moments that related to the *Therapeutic Factors (Universality, Altruism, Development of Socializing Techniques, Interpersonal Learning, Group Cohesiveness and Catharsis)*. Finally, I reviewed the entire session, identifying pivotal moments and key themes related to the overall therapeutic process. These were put into categories relating to the therapeutic elements they reflect.

After finding key moments in the therapeutic process related to *Framework Factors* and *Therapeutic Factors*, I reported the group process as a whole, and reflected upon the process in relation to the framework. The goal of the report and reflection is to share the unique experience of the group and gain some understanding about how the practical framework affected the overall therapeutic process.

Triangulation was used to ensure credibility. Triangulation (Hussein, 2009) is a tool for providing validity to research, wherein two or more researchers examine multiple types of

data using multiple methods. For this process, peer-debriefing by the co-therapist was used. The co-therapist reviewed the research report in order to validate analysis and findings. The following section will introduce the 5 participants of the study.

3.3   The clients

Emily was 9 years old when she began therapy. She is a year older than the other 4 clients and in a separate English speaking classroom. She had moved to Finland two years previous to therapy from the United Kingdom. Her parents are divorced and she has two younger sisters. Emily is an intelligent, sweet girl who enjoys playing video games. She had participated in individual music therapy the previous year and enjoyed it. She is motivated by music and easily engages in any kind of creative musical activity, such as singing, dancing and playing games, and she particularly enjoys playing piano.

Emily's teacher reported that she lived in a sort of "fantasy world", and while she is creative and intelligent, she was having difficulties participating in class and was completing tasks slowly. The teacher was worried about taking Emily on small class trips, as she would run away from the group and hide. Emily admitted to having "panic attacks", and would often become overwhelmed and upset. She had difficulty socializing with others due to her need for attention and fragile emotional state, and her teacher hoped that the group would provide opportunities for Emily to learn to work better with others.

Chan was 7 years old when he began therapy. He had moved to Finland from China with his mother four years previous to therapy, leaving behind his father and younger brother. His parents are divorced and his mother is a doctoral student. Chan is intelligent and enjoys playing computer games. He is trilingual, but less confident in speaking English and prefers to speak Finnish. Chan's teacher recommended him for therapy due to some difficulties in socializing. She reported that he would only play with boys, refusing to play with girls. While there is an element of normalcy in this, she found it concerning. This also proved to be true in therapy, where he was heavily influenced by Mikko. Chan enjoys drawing and can be quite silly and goofy at times. He began taking piano lessons at the start of the music therapy process.

Mikko, the only Finn in the group, was 8 years old when he began therapy. He has one older brother and a newborn baby sister. Mikko has difficulty focusing, but had no official diagnosis at the time. However, he is intelligent and his teacher found that if he had support and was given clear step-by-step instructions, he was able to complete tasks well. She reported that in the previous year, he had received a lot of negative reinforcement in class, and that she was trying hard to give him opportunities to succeed and receive positive feedback during the current school year. Mikko enjoys play guitar, and we found that if he was given clear instructions, specifically using percussion instruments, he was more able to focus and follow directions. Mikko has leadership qualities, but displayed some quite concerning self-destructive behavior from the beginning of the therapy process.

Myra was 8 years old when she began therapy. She had moved to Finland from India one year previous to therapy with her parents and two brothers. She enjoys playing guitar and is good friends with Sana. Myra's teacher recommended her for therapy due to her constant need for approval by the teacher. The teacher believed that this was possibly cultural, and that Myra may have some difficulty adjusting to the Finnish style of learning. The teacher suspected that Myra had learned to measure her success based on approval received from teachers; a cultural normality in India. In Finland, the approach to education is quite different, and this can be difficult to adjust to. Children are not given as much feedback from teachers in terms of the teacher's opinion. Education serves as more of a platform to develop one's own ideas. The teacher hoped that music therapy may help Myra learn to cultivate her creativity and find joy in the success of her personal learning.

Sana was 7 years old when she began therapy. She had recently moved to Finland from Pakistan with her parents and three sisters. Her mother and father are graduate and doctoral students. Sana is a sweet and happy little girl, and is good friends with Myra. She loves piano, dancing, singing and easily engages in most activities. However, she was always fighting to be heard and constantly seeking attention. Although she is good friends with Myra, they would often argue. Her main challenge during therapy was learning to negotiate with Myra.

3.4   Clinical approach

The therapy process for this study was co-lead by myself and another music therapist. We used an integrative approach, including a *Client-Centered* way of working, wherein the therapist follows and supports the client's musical process, as opposed to a directive approach (Rogers, 1959). We focused on investigating the best way to engage clients creatively, in order to best enter into each child's "world of emotions" (Erkkilä , 1997, 2011).

A *Whole-Client* approach was also embraced for this group. Ivy (1981) stresses the importance of investigating the history of an individual's family background and involvement in music during the assessment period of music therapy with children. She indicates that this "may help diagnostically decide the form of music therapy which might be most beneficial in treatment, and also the attitudes, values and feelings which may be influencing an individual's progress in music therapy" (p. 35). In our work with this group, we felt it was best to have the mindset of considering each child as an individual with his or her own personal cultural background, family structure, personality, musical interests, learning style and ways of being and interacting in their musical and physical worlds.

3.5   Music therapy method

The method used for this music therapy group was based on the concept of *Structured Freedom*. Grogran and Knak (2002) describe the use of *Structured Freedom* as a "creative tension, which requires therapists to find a balance between structure and a more free environment which enables all the group members to feel safe enough to use the setting" (p. 213). Ideally, by the therapists´ creating a clear and safe framework verbally and musically, children are then given the freedom and space to access creativity and display expressivity, allowing therapeutic progress to begin.

In the beginning of the process, we used extremely structured activities in which the children could get used to the music therapy environment and feel safe. We tried out different activities each week until we more or less understood which ones worked with the group; which activities they enjoyed, were motivated by and inspired the most creativity.

Once the group bonded and was in the middle-stages of therapy, we gave the children more freedom with less activity-oriented and more expression-oriented experiences, such as structured improvisation, drawing and free movement. Towards the closing phase of therapy, the children guided the choice and flow of experiences more autonomously. Both opening and closing sessions were highly structured to ensure safety.

3.6   Stages of therapy

In group therapy work, there is much research on the stages of group development and the importance of understanding them when working with groups of all ages and populations. Garland, Jones and Kolodny (1976) outline one method of understanding the stages of group development which was considered when studying this particular group process. The stages are as follows: (1) *Pre-Affiliation Stage,* (2) *Power and Control Stage* and (3) *Intimacy Stage.*

In the *Pre-Affiliation Stage*, children may be curious and move back and forth between slowly engaging and avoiding, to avoid pain or disappointment. The therapists must give enough space, yet invite trust, and facilitate activities that do not require competency or physical touching (Hibben, 1991)

In the *Power and Control Stage*, children tend to fight for positions of power or status. They may form alliances or act aggressively as a form of self-protection in a new experience that may provoke fear. The therapist must plan songs and activities with clear rules to provide structure and safety in which children can negotiate power struggles and develop ego strength and self-control. The music is a container for group action so that children can gradually test out new ways of interacting (Hibben, 1991). This is also the time for searching for what cultivates each child's personal creativity (Erkkilä, 1997, 2011).

By the *Intimacy Stage*, the therapist can encourage clients towards greater intimacy, sharing and expression of feelings. The group may require less structure and children may be able to negotiate together to solve interpersonal problems.

4   RESULTS

4.1   Establishing framework

The following section will describe key elements concerning the establishment of the framework of the music therapy group, including themes such as building a foundation and creating contact.

4.2   Build the foundation

Forming the group

When the group was formed, the intention was to build a music therapy group for elementary school children with emotional and behavioral needs. Both the co-therapist and myself speak little Finnish, so it was necessary for the group to be conducted in English. We approached the principal of the school regarding forming the group. The principal then introduced us to one of the two English classroom teachers, who informed the parents of their students about the opportunity to participate in a weekly music therapy group. The specific goals of the group were explained: Provide support for children with emotional and behavior needs while working towards interpersonal goals and building some foundational music skills.

The children's teachers and parents then recommended 5 children for the group where there was an apparent need for extra support and some concerning behavior in school. After an initial meeting with the teacher and several assessment sessions, the general strengths and needs of the children were understood.

Space & instruments

Although the small logistical details of forming a group may seem insignificant, such practical matters are important and may greatly impact the experience of the group, ultimately affecting how successful it may be (Grogan & Knak, 2002). Before beginning the project, we met again with the main teacher we had been communicating with, and she showed us the classroom where we would conduct the group after school. The classroom is in the higher

level grades wing of the school, a short walk from the wing of the classrooms of the younger participants. This particular elementary school is not well equipped with a music room, but we were given access to a small storage room with some instruments, including a xylophone, glockenspiel, guitars, Congo and bongo drums, and some percussion instruments.

Each week, we would gather instruments from the storage room, and then wait for the classroom teacher of our room to be finished with his lessons for the day. Once the school day was finished and everyone had packed up their belongings and left, the room was then ours to set up and prepare for the music therapy group. We did our best each week to make this transition as graceful as possible. However, some inevitable inconveniences occurred, such as the teacher running over time, or the occasional student coming into the room during the group to grab a forgotten notebook or book bag. Ryan and I did our best to remain flexible and patient throughout any interruptions or inconveniences. We accepted the reality of working in an after-school setting: This was the space available so we worked with what we were given. We also understood that it is important for the therapists to remain grounded in the space to ensure the safety of the group (Grogan & Knak, 2002, Hibben, 1991, Yalom & Leszcz, 2005).

4.2.1   Create contact

Teacher meetings

The initial contact period for the music therapy group began with a meeting with the English classroom teacher. The teacher gave us a brief description of each child and explained her perspective on their personal needs and ways of being at school, as well as any insight she had into their history, families and personal home lives. At the beginning of the therapy process, the teacher also forwarded our contact information to the students' parents, welcoming them to contact us to have a personal meeting or any contact throughout the therapy process.

Parent meetings

Grogan and Knak (2002) stress the importance of engaging with families of children throughout the music therapy process. In the initial stages of therapy, they suggest that it is "crucial not only to ensure that the children attend, but also to create a environment where

families feel supported and where difficult issues can be thought about". They note, "making alliances with parents and establishing practical frameworks for the work to take place requires skills that are complementary to, but different from, clinical music therapy" (p. 210). While it may be difficult to navigate the process of communicating with parents, which does require social skills quite different from therapeutic ones, we did our best to communicate with families when possible, particularly if it seemed beneficial for the children, while remaining realistic, sensitive and respectful.

The co-therapist and I had meetings with the parents of the children who contacted us during the assessment period; Sana and Chan's mothers. These meetings gave us valuable information about the children and contributed greatly to the process of our understanding them, as suggested by Grogan and Knak (2002). We learned at this meeting that the purpose of the music therapy group was a bit mysterious and unclear to them, so part of the meeting was dedicated to educating them on what music therapy is, and what the purpose of the group was.

Sana's mother immediately reached out to us via email to set up a meeting at the school. We met with her in a private room to discuss the purpose of the music therapy group and gather some information about her daughter. Besides the information stated previously, she explained that she and her husband were very busy and that the four girls often entertained and even took care of each other. She made it clear that the family is close, but that emigrating to Finland from Pakistan was difficult, and that the family unit is important for all of them; that they look after one another and work as a team.

Sana's mother validated our observations that she is a musical, creative, sweet little girl who loves music, and enjoys dancing and singing. She said that Sana often dances and sings around the house with her sister. She also explained how it is obviously difficult for the parents to be completely available all of the time for three children, and that Sana often fights to be heard at home to get the attention she needs. She noticed how much her daughter loves music, so she thought that the music therapy group would be a nice opportunity for Sana to have fun playing music, while also receiving some additional support. The meeting with Sana's mother was helpful in understanding her experiences at home, and how this relates to her behavior and needs in the group.

Chan's mother also reached out to us via email at the beginning of the process. She was a bit concerned by the fact that Chan was recommended for a "therapy" group. During the meeting we reassured her that this group was intended to provide some support for her son, and that his teacher recommend him for the group because she believed he may be able to benefit from an opportunity to improve his social skills. Chan's mother shared that she had moved to Finland with her son four years ago. She and Chan's father are divorced, and the father was still living in China. She seemed a bit overwhelmed, busy with her studies, and admitted that Chan spends a lot of time playing alone at home.

Chan's teacher informed us that he is a "perfectionist", and if he cannot do something perfectly, by his standards, he often won't engage in an activity at all. Ryan and I reflected that this may have some cultural influence. Because his mother is busy and wishes for her son to be happy, she generally allows him to decide how he would like to spend his time. In this way, Chan does lack structure and rules. As the therapy process progressed we had difficulty getting Chan to attend therapy when there was not another boy present. By communicating with Chan's mother throughout the process, we decided together that the main goal for Chan was to complete a process; in this case, the music therapy process. We assured Chan's mother that the music therapy group would be a nice opportunity for her son to socialize some with female peers, receive some support and express himself, while learning some basic music skills.

Assessment & goal setting

After the initial meeting with the classroom teacher, meetings with parents and several assessment sessions, we began to understand the strengths and needs of the children and could begin to form some individual and group goals. Below are the specific goals for each client in the group:

TABLE 1. Group goals

	Social	Emotional	Cognitive	Behavioral
Emily	Improve listening skills Develop socializing techniques	Experience feeling heard Affective expression		
Chan	Increase play with female peers Develop socializing techniques			Complete the music therapy process
Sana	Improve listening skills	Experience feeling heard		Improve impulse control
Myra	Improve listening skills	Improve self-confidence		Improve impulse control
Mikko	Develop appropriate socializing techniques	Increase self-esteem Affective expression	Improve attention	Improve impulse control

The group members had some varying needs, and thus varying goals and objectives. However, there were also some similarities in their needs. All clients could benefit from extra support, opportunities to feel heard and developing self-confidence. Both Sana and Myra needed to improve impulse control and listening skills, and could learn to negotiate together and develop such skills. Chan's case was interesting in that he refused to play with girls, and yet was negatively influenced by Mikko. Would the group provide him with the opportunity to develop in the way that he needed? Emily was in need of opportunities to express herself and feel heard. As therapists, our task was to try and meet all of the specific needs of each client, and to begin to cultivate trust within the group so that group cohesion could form, relationships could develop and all participants could start to work towards their specific goals and objectives.

4.3   Therapeutic process

This section aims to describe the findings concerning the therapeutic process. The process is described based on the therapeutic stages as defined by Garland, Jones, and Kolodny (1976) in order to represent the findings in a clear, narrative way. Key moments concerning therapeutic factors by Yalom (2005) will be displayed as well as other important inductively found pivotal moments. Lastly, the effect of the therapeutic process on the individual clients will be described

4.3.1   Pre-affiliation stage

The goal for the beginning sessions was to get to know the children; their personal ways of being in the world and musical interests. As therapists, our job was to discover any music or instruments that they enjoy; what motivates them. The assessment period was also a time to establish a way of working with the group. Initial activities were provided to allow the children to become comfortable and start to understand the nature of a music therapy group. We communicated that the therapy group was a safe place for them to have fun, express themselves and explore music together. Because the children's teachers and parents essentially assigned them to the group, it was also our responsibility during this time to create an attractive atmosphere for the group members to want to engage in.

A "Hello" greeting song and "Goodbye" closing song were introduced during the first session, establishing a concrete framework within the sessions and a ritual that would be carried out throughout the entire therapy process. The children quickly picked up on the lyrics and melodies to these songs, enjoyed them, and would sing and play instruments to them each session.

Activities used in the initial sessions were ones that allowed the children to get to know each other, become comfortable and have fun (Hibben, 1991). Activities included games such as Instrument Hide and Seek, musical games such as structured improvisation with concrete musical instructions (play/stop, loud/soft, fast/slow etc.), conducting turn taking, and drum circles. We implemented activities such as dancing and following movement directions with scarves, including a large scarf which helped concretely develop the group bond. We also immediately asked the children what songs and instruments they enjoy.

During the very first session, we had our first conversation about moving to Finland from different countries. Even in the earliest session we observed *Universality* in action (Yalom & Leszcz, 2005). Moments of multiculturalism were an underlying support in establishing *Group Cohesion* (Yalom & Leszcz, 2005). During the second assessment session, Sana shared a middle-eastern rhythm that she and Emily played together and which Emily enjoyed: "It's a pretty good rhythm", Emily noted. Seeds of developing the *Group Cohesion* were planted.

During this period, we developed an understanding of the specific needs of each client. Myra quickly displayed her eagerness to perform well and gain the acceptance of the therapists (Yalom & Leszcz, 2005). Sana immediately tried to control the group and fight to be heard and to be the first group member to play or choose an instrument in any activity. She and Myra would argue over an instrument at least once during every session. Emily quickly showed her need for attention and support as well. During the fifth and final assessment session, she suggested that the group members have special names that day, and that hers would be "Taco Cat". We began to observe that Emily lived in a sort of fantasy world, one where she could assume different characters than herself.

We immediately observed Mikko's difficulty concentrating and found that clearly modeling directly in front of him was helpful, and that he was often successful at engaging in activities using percussion instruments. It was difficult to engage Mikko in musical activities and he separated himself from the group from the beginning. Similar to his behavior in class, he did everything he could to receive negative feedback. He also spoke very negatively about himself and most of his playful behavior was violent towards himself or self-injurious. As therapists, we did our best to provide activities that would engage him and that he could be successful at, and gave him plenty of positive feedback when he participated appropriately.

We observed quickly how Mikko's behavior had a powerful effect on Chan. We knew Chan tended to only want to play with boys, and we saw during this initial contact period that Chan idolized Mikko, and would follow anything he did. This was concerning, because Mikko was disruptive with little impulse control, and this had a negative influence on Chan. We also observed towards the end of the assessment period that Emily was somewhat drawn to the negative behavior of Mikko and Chan as well. Our goal was to find a way to have all the

group members feel heard and get the support they needed, while also supporting positive socializing behavior. The therapy process ahead of us was sure to be a challenge!

4.3.2   Power & control Stage

The group moved into more of a working stage in which we began to get to know the children on a deeper level and a way of working with them started to develop. We also began to get glimpses into what motivated each of them creatively. It became clear how strong Mikko's needs were and how powerful he was in the group. Mikko had developed a way of behaving that was attention-seeking and destructive to the group. While demanding our attention, he was also a negative example for Chan and distracting for the others.

During the *6th session*, we tried giving Mikko the role of the "Leader" and offered him the opportunity to act as a conductor for the group. Mikko refused and proceeded to make a physical barrier between him and the group using classroom desks. Chan followed suit, and this began the physical separation of Mikko and Chan from the rest of the group. This greatly affected Emily, whose empathetic character was revealed as she often tried to encourage the boys to participate, explaining that she felt sad when they did not play music together.

In this session, we implemented a movement activity with scarves to Ryan's improvised modal piano music. During this activity, Sana showed Myra how to wear a scarf as women do in Pakistan. Myra showed Sana how women wear scarves in India, and the girls danced in the circle wearing scarves as Middle Eastern headdresses. Emily interjected: "You can actually express your feelings with scarves!" While the girls danced together and expressed themselves, the boys engaged in playful yet violent dancing with scarves. Ryan and I wondered if Mikko's needs were possibly too severe for him to be in the group. At this point, we considered suggesting individual music therapy sessions for Mikko to his teacher and parents and removing him from the group. We would assess this after the eighth session.

The *8th session* was our last session with Mikko. During this session we attempted to engage the boys in a playful experience with the rest of the group based on their interests. They enjoyed dancing and playing together in a way that resembled a video game battle, and the rest of the group improved music as they danced together.

Mikko and Chan's behavior seemed to bother Myra, and she took it upon herself to make some "Group Rules", including "Play instruments gently, No running around, No pushing, Sit with others, No bad words, and No shouting". Myra's tendency to want to please the teacher revealed itself as she took on the role of mediating the group in response to Mikko and Chan. Emily shouted "Horray!" This showed that she liked the idea of having group rules. The girls were obviously affected and needed more structure.

During a structured improvisation activity in this session, Emily began teaching Sana how to play the castanets. Emily enjoyed playing the castanets, and her engaging in interpersonal learning with Sana was a positive moment that showed that despite the chaos brought on by the boys, the group could continue to develop. However, we questioned whether this was best for the others. Ryan and I decided that it would be best for Mikko and for the group for us to recommend individual music therapy sessions to his teacher and parents, removing him from the group activities. As Hibben (1991) suggests, "only the neediest children (will) continually resist or deny group consensus (p.179). We believed that Mikko´s needs were too strong for him to benefit from the group. However, after this session, Mikko's family moved to the United States and this was our last session with him.

Missing Mikko

The *9th session* was the first session without Mikko in the group. This was a delicate time, and an important moment for the children to reflect on the loss of Mikko and adjust to the new dynamic of the group. The group was still figuring itself out in a sense; trust was still being formed and it was clear that support was needed amidst these changes and transitions.

The dynamics of the group were now quite different. Without Mikko, Chan was faced with the challenge of engaging in the group without the presence of any male peers. Emily was beginning to express herself creatively. At the beginning of the ninth session, she practiced playing the melody of the "Hello Song" on the piano, and shared that her favorite part of music therapy so far was the time they had "special names". Emily was beginning to challenge herself musically, but still communicated her need to exist in a fantasy world.

There was obviously a lot of emotion in the group that day. During the Check-In, Emily shared how she was feeling musically, and rated her mood as "10 on a scale from 1 to 10",

because Mikko was not there, and he made it feel like "weekly torture" for her. Chan, on the other hand, was feeling differently. He wandered around the group for a while, seemingly not knowing how to adjust without Mikko there to follow. Chan banged on a few instruments, played a few high-register notes on the piano, and then hid behind the piano. The group tried to guess what Chan's number was (his mood on a scale from 1 to 10), but Chan refused to share. After a while, Ryan spoke with Chan individually in Chinese, and he shared that he was feeling sad because he wanted to play with Mikko. The group then played a "Goodbye Song for Mikko", but Chan did not play, saying that he only wanted to play a game with Mikko. It was a positive thing that Chan could openly share his sadness with the group.

The group finally decided to play Instrument Hide and Seek, as a way for Chan to have a chance to play a game, his favorite thing to do with Mikko. The girls and Chan worked well together, giving musical cues so Ryan could find the hidden instrument. Chan even volunteered to go next in hiding an instrument for the others to find! Emily showed her support for her friends, expressing excitement when the girls found the instrument that Chan had hidden: "That was a record time!" she yelped joyfully. At the conclusion of the ninth session, the girls and Chan played together with the large scarf, singing "Goodbye" and bouncing a bell together up and down with the scarf. This simple activity displayed their ability to work and play together, and the group bonded and strengthened as the conclusion of the fall semester approached.

The *10th session* was the last session of the fall semester. From the beginning of the session, Emily informed us that on that day, she was "Taco Cat" once again. As therapists, we wondered if Emily may be reacting to the fact that there was an upcoming month-long break, and her way of coping was to assume the protective character. Still, she was able to participate. It was difficult now to get Chan to play with the girls without Mikko, so on this day we negotiated with him that he would spend ten minutes with the group, and he agreed.

Rules are good

This is the point in the therapy process where we faced the difficult task of getting Chan to attend the group without Mikko. He began testing our boundaries. We discussed the issue with Chan's mother throughout the following weeks, but she was having difficulty being

assertive and making it a rule that Chan must attend the group. It is normal for a parent to have difficulty supporting their child's attendance during difficult phases of therapy (Grogan & Knak, 2002). Ryan and I discussed the issue in supervision, and we realized that:

a) It was a positive thing for Chan to act this way. It gave us information about his needs and showed us that he is comfortable behaving authentically with us. Testing boundaries is a normal and healthy part of the therapy process with children.

b) Chan needed us, as therapists, to give him rules and structure. We found through this process that when Chan was given clear rules, he followed them more easily, and became free to be playful and creative.

The session was filled with improvisatory and expressive activities, such as blowing and dancing with feathers to "Let It Snow" and structured improvisation to classic holiday songs. We found that the group enjoyed and did well with structured yet musical and creative experiences such as these. Sana also shared a song from Pakistan that day for the group to dance along to and take turns sharing dance moves. Emily suggested wearing the big scarf like "The ghost of Christmas past", and Chan wore his scarf like a Superman cape. Dressed as Superman, Chan did a silly dance with noises while playing the triangle and the rest of the group copied his dance and sounds. The children were playing and engaging in activities in a creative way. They seemed to be moving forward after the loss of Mikko, and further developing the *Group Cohesion* (Yalom & Leszcz, 2005) as a new and different group.

Chan stayed with the group much longer than the agreed ten minutes, but he eventually did leave and the girls sang "Goodbye" to him. Later, the girls worked together nicely in an Instrument Hide and Seek game. Sana's difficulty with impulse control came through particularly during the game. As therapists, we encouraged her to wait and make sure the others were ready, take a deep breath, and begin counting at a reasonable pace. Little by little, Sana's impulse control began to improve.

It was time for the 10th session to end, and Emily expressed that she was not ready to sing "Goodbye". It was clear that she was sensitive to the fact that the group was ending for the winter, and she expressed this once again by sustaining the last note of the goodbye song as she sang. She needed to have some control in the uncomfortable state of change. Emily also

wanted to share her own YouTube channel with Ryan and I. We gave her the extra support she needed, and I sat with her for a few minutes longer after the group ended. Emily played the melody for the "Goodbye" song on the piano and shared that she would miss us over the holidays. We wished her a nice winter break and that we looked forward to playing with her more come spring.

Spring

Session 11 began the spring semester of the music therapy group process. After a month break, the session served as a re-adjustment session for the children to become re-acquainted with one another and with the energy of the group. After singing hello, we did a song called "Find A Friend", where each group member picks a friend to share how his/her holiday break was. Emily shared that she visited England and had fun, Myra visited India, Sana shared some fun activities she did at home and Chan played a song for the group on the kantele, a traditional Finnish instrument. He also picked Ryan to share about her break, and successfully switched instruments with her, which is part of the activity. Chan was beginning to show improvement in his social skills.

During this session, the group participated in a dance and song-sharing activity, where group members took turns sharing songs for one another. Sana shared a song from Pakistan, Myra improvised a "Rock Star Song" for the group, Chan improvised some sounds on the guitar and Emily sang her favorite song with the group, "Song of Healing" from the video game, "Zelda". The lyrics to the song may be symbolic of Emily's inner world:

> Day to night, dark to light,
> Fall the sands of time.
> Let the years like the gears
> Of a clock unwind
>
> In your mind walk through time
> Back to better days.
> Memories, like a dream,
> Wash tears away.
>
> Like a star in the sky,
> Darkness can't reach you
> Light the night, joy is light,
> Till the new dawn.
>
> Cast away your old face
> Let go your spite,

With this mask I'll ask
To borrow your light

The song's lyrics speak melancholically of remembering and longing for better days in life. The words suggest memories and dreams washing tears away, to a place where darkness cannot reach you, until a new beginning comes. The melody of the song is also in a minor key, which suggests a feeling of sadness. The themes of the song are rather emotionally mature for a 9 year old girl.

After Emily shared her song, the rest of the group played a game with Ryan, and I spoke with her privately for a few minutes. She shared how her life is difficult at times because she has two younger sisters, and often becomes angry and has "temper tantrums". Emily expressed how she does not enjoy one of her classes, and that she preferred her class in the United Kingdom. She shared about the divorce of her parents. The main problem, she admitted, was that she had a self-proclaimed "screen addiction", and that she knows she spends too much of her time playing video games.

Emily seemed to need some individual support during this time, and it is a positive thing that she felt comfortable enough to openly express herself. When Myra asked what we were talking about, Emily said, "my life". Myra understood, and by this time it was time for the group to sing the "Goodbye" song.

The Christening and Universality

Session 12 began the group´s first experience with Figure Notes, a method for teaching music for children using colors and shapes rather than classic music theory. Chan was absent from this session. Towards the beginning of the session, Emily became extremely upset and shared with the group that this was because she had to go to a Christening with her mother's family that weekend, and she was not looking forward to it. She shared her frustration and anger about having to travel to another town, sit for hours and eat food she did not like. Myra and Sana began asking Emily questions; details about the Christening and why she did not want to go.

With some verbal prompting from the therapists, Myra and Sana also shared how they, too, have experienced being upset about having to do things they did not want to do. *Universality* was in motion (Yalom & Leszcz, 2005), connecting the group members and reinforcing their bond, further developing *Group Cohesion* (Yalom & Leszcz, 2005). Sana shared her experience leaving Pakistan, and Myra could relate, remembering moving away from India. The girls shared and connected around experiences related to leaving family members they did not want to leave, the journey to Finland, and fantasizing about returning to their home countries. Myra noted that everyone from the circle was from a different country, and pointed to each group member as she named the different countries we were all from. Emily was too upset to actively listen to the other girls, but it was positive thing that she felt comfortable enough to express her emotions to the group.

The rest of the session was spent learning the "Hello" song using Figure Notes. It was a challenge for the girls to listen to instructions, wait their turn to play the instrument they wanted and practice handling the inevitable frustration that comes with learning an instrument. However, this intervention of using Figure Notes, an extremely structured way of playing instruments, seemed to work well for the group and Ryan and I agreed to continue implementing the technique moving forward.

New room

Session 14 was the beginning of the group's experience in a new music therapy room. We were told by a teacher that we would have to move rooms, and the new space was a bit more quiet and contained. However, there was no piano in the new classroom which was negative for Emily as she enjoyed playing piano. The new room was our only option, so the group moved forward together in a new space.

The main intervention during this working phase of the group process was learning and practicing different client-preferred songs using Figure Notes, balanced with some games and more free-play activities. During this session, the main activity was playing a song called "The Bing Bong Song", a song from a popular children's television show. During this period of the therapy process, it was very difficult to get Chan to come to the group without Mikko. After communicating with his mother and a few trial-and-error attempts at getting Chan to

attend, we realized it was best for him if he had strict rules and boundaries regarding the group. It was the rule that he come, as it was his goal to finish the process. However, we gave him some flexibility within the group and allowed him to draw and engage in parallel play with the girls (Schmuck & Schmuck, 1979).

During this group, Chan drew colorful video game scenes while the girls played "The Bing Bong Song". Emily did not particularly like the song, so she joined Chan in drawing, and also sang along while Sana and Myra played instruments. The main goal during this activity was to assist the girls in practicing negotiating and making decisions about the music together. Sana had the idea of splitting the song up into parts. The rest of the group agreed that it was okay with them, so we spent most of the session practicing the song with assigned parts, including Emily singing and Chan drawing to the music. Chan engaged more actively with the group during the "Goodbye" song, playing the drum and giving high-fives to group members when prompted in the music. The group seemed to adjust to the new room, and the working phase of the group continued.

Playing together

By *Session 17*, the music therapy group was well into the working phase of the process. At this point of the therapeutic process, the therapeutic factor of *Developing Socializing Techniques* was often observed (Yalom and Leszcz, 2005). Relationships developed and the group members displayed their truest needs in how they behaved with one another. Because Chan does not like playing with girls, he began to bother Emily, and as therapists we helped them work on ways of interacting through the music, developing socializing techniques.

In this session, we introduced a new intervention: Drawing to music. As a relaxing, classical piece of music played, the children were instructed to draw a "Safe Place". Emily chose not to participate in the drawing. After the music ended, the group practiced taking turns, sharing their drawings. Myra shared a drawing of a garden in India where her mother would take her, entitled "Garden". Sana shared her drawing of turtles, entitled "Lady Home". Chan chose not to share his drawing, but Emily noticed that it was a drawing of a scene from the video game, "Mind Craft", which she explained to the group. Chan wanted Emily to share next. She had been making artwork separate from the group, which consisted of sharpened pieces of

crayons, entitled "Smudge". It appeared as though Emily was withdrawing from the group, and possibly reacting negatively to Chan´s behavior.

During the second part of the session, we introduced another new song called "Playing Together"; a structured improvisation including prompts regarding similarities between group members. For example, the leading therapist would keep a harmonic bass structure on a melodic instrument, instructing all of the children to play on their preferred instrument. The therapist would give vocal cues in the music, such as, "Play if you live in Finland" - "Play if you're from China" - or - "Play if you like ice cream", etc. After being somewhat isolated from the group in the beginning, Emily joined the group for this exercise and actively engaged in the music. All group members took turns playing and stopping when prompting. Their impulse control and listening skills were clearly improving.

During this experience, Myra played guitar and shared about being from India. Emily related to this in her being from the United Kingdom. Once again, *Universality* bonded the group and allowed space for creativity in the music (Yalom & Leszcz, 2005). When prompted to play "If you miss home", Emily played the glockenspiel loudly, and Sana suggested, "Play if you like good movies!" Chan played when the lyrics evolved to: "Play if you have a brother or sister who doesn't live in Finland", which lead to a conversation about missing family. We made sure to end the experience on a light note, playing about favorite deserts and hobbies. The session was an intense one, with the children connecting around difficult shared life experiences.

4.3.3   Intimacy stage & closure

Session 18 began the closing period of the music therapy process at the elementary school. Only Myra and Sana attended the session, so they had an opportunity to practice the skills they had learned over the course of the year. We made a plan for the session with the girls in the beginning, which Ryan and I found over time was useful, so that the clients understood the structure of the session. The main work of the session was reviewing songs they had learned using Figure Notes. The girls showed much improvement in impulse control and listening skills. They were able to negotiate turn-taking and instrument choices independently and play together successfully.

At one point in the session while playing the glockenspiel, Myra asked Ryan to show her how to hold the mallets like chopsticks. This turned into a nice experience where everyone shared how they eat in their home countries, and practiced using "chopsticks" as people do in China. The girls also engaged in a playful and creative experience with the large scarf. They negotiated choosing songs, and the group moved and danced with the scarf together in such a way that was moving for the therapists. The connection and growth between the girls was apparent.

Session 19 continued the closing process for the music therapy group. Emily was absent again. The main activity of the session was a drawing experience where the group was told to draw anything about the music therapy process together while listening to classical music. They were encouraged to draw images about their experience in the group or a specific activity or memory that they liked best. It was positive for Chan to sit and draw with the girls. After the music ended each group member shared his or her drawing. Sana shared her drawing of each of the group members in a holiday scene, with blue snow on the ground and the title "Happy Christmas Day". She added Chan last, and he helped her spell his name on the drawing. It was a big accomplishment for Chan to sit and draw with the girls, and work with Sana to include him in her drawing.

The group admired Chan's drawing; a colorful video game scene as usual. We asked him to name the piece, and he made some silly sounds. Myra shared her drawing of her favorite instruments, with the main focus being the guitar and a picture of her. It took a while for Myra to decide what to draw. She initially wanted some help from the therapists on deciding what the draw, but with some encouragement she independently came up with the idea to draw herself with her favorite instruments. The fact that she decided this herself and was pleased with her own creative process was very positive. Myra showed much improvement in the self-confidence she had gained from learning to play the guitar in the group.

Session 20 was the final closing session for the music therapy group process. Unfortunately, Emily was absent for the final session. We had spoken with her teacher, communicating that we still had one session left, but it is unclear as to why she did not attend. Her teacher had expressed that she was worried about Emily. After reading Emily's music therapy progress report, she was surprised that Emily participated so well in music therapy, as the music

teacher reported that she rarely participated in the general music class, and had only played an instrument once during the entire year. The teacher was in the process of attempting to get Emily individual extra support from the school and healthcare system. It was disappointing not to close the experience with Emily. This is something we had to accept as therapists: Not all therapy processes end as the therapists may desire. Reflecting on the entire process, it was clear that the group had been a positive support system for Emily, and that it had provided information for her teacher on the nature of her needs.

Chan attended the final music therapy group, successfully completing the entire group process. Myra and Sana were sentimental about the group ending, bargaining with us to continue coming. We expressed that we too enjoyed the group, that we were proud of everyone for all they had learned and shared, and that even though the process was over, we would remember the experience fondly and all the music we made together. We gave the children the opportunity to decide how to spend the last session together and made a plan. Sana chose a few popular songs she wanted to share with the group and Myra shared a project she had been working on about India. She put some pictures of India on the board, and shared with Sana and Chan about her home city of New Deli. All of the children spontaneously drew pictures of money from their home countries on the board, sharing them with one another, and Chan wrote his name in Chinese.

Finally, Chan proposed playing Instrument Hide and Seek, only he wanted to hide himself and have the others find him. We had not played the game like this before, but agreed to follow Chan's lead, and took turns having one group member watch Chan and play the music to guide the others to find him. All three children enjoyed this game and it was a pleasure to observe them working and playing together so nicely during the final session. At last, it was time to sing our final "Goodbye" song. Chan pointed to Emily in a group picture on the classroom wall, suggesting that we sing goodbye to her. Emily was missed in the final session, and we all sang goodbye to her. After an emotional goodbye form Myra and Sana, the three children packed up their bags, put on their snow boots and waved goodbye one last time.

4.3.4   Effect of therapeutic process on clients

All of the factors involved in organizing, implementing and planning a music therapy group are intended to create a condition for successful therapy. In order to better understand the effect of the framework on the overall therapeutic outcome of this group, the following section will discuss each client's progress towards their personal therapeutic goals and objectives.

Myra showed great improvement in her listening skills and impulse control. In the beginning of the therapy process, she argued with Sana over instruments and who would go first in an activity, and brought up conflicts with Sana from outside of the group. Over the course of the year, Myra worked hard on learning to negotiate with Sana and she became less argumentative. Her general mood also improved as well. In the beginning of the therapy process, Myra was somewhat of an angry child, and by the end she was lighter and more joyful in her affect.

Myra's most important improvement was in her development of personal creativity and self-confidence. In the beginning of the process she tried to please the therapists and asked for our opinions during creative experiences. During the therapy process Myra discovered her love for guitar and played it each week. Her confidence improved and during the last session she was able to create a piece of art that pleased her rather than seeking the therapists' approval. This improvement in her creativity and self-confidence was a pleasure to observe.

Sana began therapy as an attention-seeking little girl who would constantly fight to be heard or be the first child to begin an activity. Sana showed improvement in her flexibility, impulse control and listening skills. She practiced negotiating with Myra each week, and by the end of the process she was calmer and more engaged in creative experiences with her peers, demonstrating improved listening and social skills. It was important for Sana to have extra support. By receiving extra attention and the space to experiment with interpersonal learning, Sana was able to relax and feel heard.

Chan succeeded in reaching his main goal in therapy, which was to complete the music therapy process. After Mikko left, he had lost his desire to attend the group, as there were no longer any other male peers involved. Chan's desire to only play with boys was strong and

affected his entire social world. Chan needed rules and structure in his life and in the group. Once we made it clear that it was the rule that Chan come to the group, he came more willingly. Once we learned that Chan's creative motivation and potential was in drawing, we supported this and gave him opportunities to draw in the group, allowing him to express himself and connect with the girls at his own pace. Towards the end of the process, Chan's moments of play with female peers increased, showing improvement in his social skills. We recommended to the team that he be given opportunities to draw.

Emily: Our main therapeutic objective for Emily was for her to experience feeling heard and supported. By having a safe community in the group, Emily practiced listening skills and learned socializing techniques. After learning from the music teacher that Emily had only played an instrument one time throughout the entire year, we gained a new perspective and were able to see that this group had been beneficial for Emily. The fact that she played and engaged with the other children was a great achievement for her. Her empathetic and caring nature had been an important asset to the group and we reflected this back to her. Emily faced some difficulty with Mikko and Chan, and this could have been a factor in Emily not attending the last few sessions. Overall, Emily was able to receive support from the therapists and the group, play with her peers and learn some basic piano skills as well. Most importantly, Emily's behavior in the group offered important information about her inner emotional world. Having communicated this with her teacher, the team will help Emily in continuing to receive the support she needs.

Mikko was in the group only for the first 8 weeks of the process. Due to the severity of his needs and his short attendance, Mikko benefited from the group very little. The co-therapist and I believe that Mikko would benefit most from individual therapy, or possibly working in a dyad with one other peer. The group was too large and the process too short to work closely with him and address his needs properly. The importance of individual assessments will be discussed further in section 5.2.1. It was positive for Mikko to have an experience where he could express himself and receive positive feedback. We hope that the encouragement he received from the experience was helpful as he continues on in his life in the United States.

4.4   Framework factors

This sections aims to describe the findings concerning *Framework Factors*. Through the process of reporting the group experience and carefully examining the group process in relation to the framework of organizing, planning and implementing this group, several key framework factors were found to be most relevant and important to the therapeutic outcome of the group. They are as follows:

1.   The importance of individual assessment

2.   The physical space

3.   Team communication

4.   The importance of supervision

5.   Acceptance & flexibility

4.4.1   The importance of individual assessment

Working with Mikko helped us learn the importance of having a proper individual assessment before the clinical period begins. Due to the nature of the after-school setting, we only received referrals from the classroom teachers, and we assessed the clients during the beginning of the therapy process. We learned the importance of carefully evaluating whether a child is ready for a group before the therapy process begins.

In my experience, it is difficult to conduct a proper, in-depth individual assessment with a group of children in an after-school setting. Often times the therapist(s) do not work at the school and come to the school only for a short period of time each week. The therapist is somewhat of an outsider to the working organism of the school, and therefore it is difficult to become a part of it, and have the time and opportunity to properly assess clients. This study suggests that music therapists take special care to communicate the importance of individual assessments to teachers and other staff at the school. Teachers may not fully understand the importance of assessment, and recommend students for a group without having the therapeutic skills or perspective. This also relates to the importance of educating staff about music therapy, which will be discussed further in section 5.4.

4.4.2   The physical space

This study revealed that the physical space of the music therapy room and instruments is an important factor in the framework of the group. The co-therapist and I observed that the chaos of the initial room affected the energy of the space. The group was more chaotic in the first room, due to the business of the wing of the school and the somewhat disorganized set-up of the classroom, as well as older students entering the room from time to time. We found the children to be much more relaxed in the second smaller, more organized, quieter room in their usual wing of the school. However, this may have been influenced by a) the first room was used during the beginning of the process which is typically more disorganized b) Mikko was present in the beginning and not in the second room.

It was also clear that the amount and types of instruments affected the group. We learned that when there were very few, high quality instruments for the children to choose from (one for each child), they were less overwhelmed and distracted. Sometimes this meant that they had to negotiate sharing and taking turns, which is a good opportunity during the working phase of the group. Carefully considering the room and instruments being used is crucial to the framework.

4.4.3   Team communication

One of the most important things that were learned from this process is the power and importance of team communication. Because music therapists are often external staff to the school in an after-school setting, it is important to reach out to teachers and parents from the beginning of the process. Teachers and parents may not know much about what music therapy actually is, and it is our job as therapists to educate them. It is also important to plant the seed for communication, so that they feel comfortable reaching out to therapists about the very important and delicate therapeutic processes of their students and children. Grogan and Knak (2002) even recommend attempting to organize discussion groups for parents of children in therapy groups to process their experiences and be best able to support their children. Such an idea may not be practical for many after-school music therapy programs, but it is an ideal goal to work towards.

Particularly in Chan's case, communicating with his mother was important in his process, first because it allowed us to understand him more deeply. Chan's being often alone without adult guidance or sibling social skills development was probably a contributing factor to his inability to socialize with female peers and his need for rules and structure in therapy. Chan's mother's relationship with Ryan was unique and important. It was helpful that she was able to speak in Chinese with Ryan and communicate comfortably regarding her son, which was important to his therapeutic growth.

Communicating with the classroom teacher was important on many levels. Initially, she was able to give us insight into each of the children that was crucial in our understanding and beginning to work with them. In Mikko's case, the teacher's information about what helped him concentrate and complete tasks in class was very helpful in establishing a way of working with him in music. Meeting Sana's mother allowed us to understand her home life in a way that made her behavior in music clear and helped us understand her needs, interests and goals. Talking with Myra's teacher about her need for her approval gave us great insight into Myra's needs and how her cultural background influenced them. Finally, communicating with Emily's teacher was possibly the most important element of our work with her. Talking with the teacher several times allowed us all to understand:

a) The severity of her emotional needs

b) How beneficial the therapeutic environment was for her

It was important that the teacher shared with us how Emily tended to live in a "Fantasy world", and the severity of her need for attention and difficulty socializing. We were able to confirm this with her behaviors in music, such as assuming other characters like "Taco Cat". Emily's interest in music allowed her to express what was going on in her inner world, such as singing the lyrics of her favorite song, "Song of Healing". The symbolic nature of music provided a safe distance, an opportunity for Emily to share her feelings, and an opportunity for us as therapists to reflect back her experiences through music, providing an emotionally beneficial experience for her. From learning how little Emily participated in music class, we realized how the music therapy group allowed her to truly express herself, practice socializing with her peers and be extremely creative and playful.

From the music group, we were able to learn about Emily's needs and communicated this to her teacher. Emily's teacher was quite concerned about her and was in the process of setting up a family meeting with the psychologist. From the information gathered from the music therapy process and the communication with the teacher, Emily will continue to get the support she needs in the future. It was clear that music and expressive arts therapies can be a possible avenue for Emily to express herself and receive the support she needs.

4.4.4   Importance of supervision

Throughout the music therapy process, the co-therapist and I met with a supervisor several times to discuss the progress of the group, discuss anything we were struggling with and gain insight into the process. We found this to be extremely helpful and important in our process as students and clinicians. Personally, I found that if a therapeutic situation was unclear to me, discussing it with the supervisor helped me to gain perspective. For instance, I was feeling lost about how to engage Chan when he did not want to attend the group and insecure in my ability to engage him. Our supervisor helped us understand that it is actually positive when a child behaves honestly and naturally in the group, and that in reality what Chan really needed were clear and strict rules. Chan's challenging behavior communicated his emotional needs. Once we gave Chan the structure he needed, he attended more willingly.

4.4.5   Acceptance and flexibility

Reflecting upon this process revealed the importance of acceptance and flexibility in organizing and implementing a group in an after-school setting. Because the therapist is most likely temporarily visiting the school for a short period of time, it is necessary to be able to flow into the already working organism that is the school, and be flexible with any unexpected changes or surprises. It was essential to have a certain amount of acceptance and equanimity regarding the therapists' impact on the children. While the therapy is no doubt beneficial, there are external factors that the therapist cannot control, such as limited communication with team members and parents at times. This process revealed the importance for therapists to have a certain amount of acceptance that they only have a short glimpse into the children's lives at the school and must be able to separate them from the process when needed and let go.

5   DISCUSSION

The aim of the current study was to describe and explore the practical framework surrounding a multicultural music therapy group for children with behavioral and emotional needs in an after-school setting, in order to better understand the role the framework plays in the overall therapeutic outcome of a group. First of all, the results shine a light on the important aspects of establishing a framework for a music therapy group for children. Secondly, the therapeutic process was described in order to understand the overall effect of the framework on the therapy process, and describe key moments which illustrate present therapeutic factors by Yalom (2005) and other important themes for the clients. Once this information was established, important framework factors which influenced the therapeutic process could be revealed. After reporting and carefully examining the framework around this group music therapy process, several factors were found to be most significant in the outcome of the group: (1) *The importance of individual assessment* (2) *The physical space* (3) *Team communication* (4) *The importance of supervision* (5) *Flexibility and acceptance.*

This study revealed that all 5 factors found had an impact on the overall outcome of the therapy process for a multicultural music therapy group for children with emotional and behavioral needs in an after-school setting. The difficulty yet importance of the individual assessment were the initial key factors of the framework. The physical space of the room and instruments affected the energy, comfort level and working space of the group, as well as were motivating factors for children to engage. Communication with parents and teachers was crucial in the development and outcome of the group and flexibility and acceptance were found to be essential for the therapist to embrace in order to best serve the needs of the children.

5.1   Establishing framework

The initial establishment of a framework was a key factor in the organizational stages of the group. The logistics of contacting the principal and setting up meetings with the teachers took careful planning and flexibility. Finding a room and gathering instruments were important elements of the initial process of organizing the group. Creating contact with the teachers and

parents, and assessing clients for therapy and setting goals are included in establishing the framework. This study shows that all of these factors affected the therapeutic process of the group. During the initial establishment of the framework, it was revealed that it is crucial for the therapists to remain grounded in the space to ensure the safety of the group (Grogan & Knak, 2002, Hibben, 1991, Yalom & Leszcz, 2005). As originally suggested by Grogan and Knak (2002), the initial contact period of establishing relationships with parents and teachers proved to be essential in establishing a proper framework for the group and thus cultivating optimal grounds for the therapeutic process to begin in a healthy way, ensuring continued open communication.

5.2   Therapeutic process

Throughout the therapeutic process, therapeutic factors drove the process and related to the overall practical framework of the group. The main therapeutic factors observed were: *Universality, Altruism, Development of Socializing Techniques, Interpersonal Learning and Group Cohesiveness*. Working through the before mentioned factors had a therapeutic effect on the children, based on the effects of music therapy on the individual goal settings of the children. Moments of *Universality* often in relation to multiculturalism connected the group members, fostering *Group Cohesion* and allowing for opportunities for *Development of Socializing Techniques* and *Interpersonal Learning* (Yalom and Leszcz, 2005).

The "social contract" that music making naturally provides allowed the children to work, through the music, on improving socializing techniques, as suggested by Aigen (1995) and Hibben (1991). Myra and Sana were able to learn to negotiate and work together, Chan improved in his goal area of playing with female peers and Emily was able to practice socializing with peers in the therapeutic setting of the music group. The study showed that therapeutic needs presented in a multicultural group of children confirm the relationship between culture and music therapy suggested by Metzner (1999) and Stige (2002, 2004) and that music therapy can have a positive effect on young people who have emigrated to a new country (Baker & Jones, 2006). The symbolic nature of music provided a safe distance, an opportunity for Emily to share her feelings and an opportunity for us as therapists to reflect back her experiences through music, providing an emotionally beneficial experience (Ahonen-Eerikainen, 1998, Bruscia, 1998, Erkkilä, 1997, 2004 & 2001, Eschen, 2002,

Hibben, 1991, & Priestly, 1994). By finding the proper balance of providing rules and structure that allowed for creative opportunity, Chan was free to begin to draw and engage in parallel play with the girls, which was a big step towards his developing appropriate social skills (Schmuck & Schmuck, 1979).

5.3   Framework factors

Throughout this thesis, the influence of framework factors on the therapeutic process was most interesting to me. It appeared that the following factors were most important: *The importance of individual assessment; the physical space; team communication; the importance of supervision; and flexibility and acceptance.* We learned the importance of evaluating if a child is ready for a group before the therapy process begins. Similar to Axline's theory (1989), the study confirmed that a child must be potentially emotionally, socially and cognitively capable before beginning the group process. It was clear that the amount and type of instruments affected the group, as well as the amount and quality of team communication, as originally suggested by Grogan and Knak (2002). The importance of supervision was revealed by the therapeutic realizations made through the therapist-supervisor relationship, specifically involving how challenging behavior communicates a child's emotional needs, as proposed by Tyler (2002). Flexibility and acceptance was a theme mostly realized by the therapists through the challenging and interesting task of organizing, planning and implementing a multicultural music therapy group for children with emotional and behavioral needs in an after-school setting.

5.4   Considerations & suggestions

Music Therapists as foreigners

It is important to reflect upon the unique situation of the music therapists being foreigners working in a multicultural environment. The Finnish elementary school environment and style of communication was new and unfamiliar for both of us, which made navigating the process of organizing the group unique and more complicated than if we had organized a group in our home countries. We had to be curious, open, flexible and creative while organizing and

implementing the group. The fact that the co-therapist and I were both foreigners may have made it more complicated to conduct a proper individual assessment in the beginning of the therapy process. It could be that because we were communicating with school staff members in a foreign country, we were tentative or unsure about how exactly to communicate at times. We tried to find the right balance between remaining open and available for communication with staff members and parents, while also respecting team members' choices not to communicate. While there are benefits to the multicultural element of the therapist being a foreigner and it was an interesting experience, it may be ideal for the therapist to be working in his/her home country when organizing a group and communicating with team members.

Music therapists as external staff

The greatest challenge the co-therapist and I faced was navigating how to find our place in the school as external staff. We were "outsiders" in the sense that we do not work the school, came there for only 1.5 hours a week, and are also not Finnish, as previously noted. By remaining flexible we were able to find our way in the system of the school and classroom of our clients. In retrospect, it would have been positive to communicate even more with staff members of the school, specifically the music teacher. We could have done more to communicate with all of the parents of the children, or work more closely with the classroom teacher to work towards connecting with more with parents. It is recommended that music therapists entering into a similar experience do everything they can to become connected to the staff, teachers and parents. It may feel uncomfortable or strange to find one's place as the music therapist in an after-school setting, but with good communication, curiosity and an open mind, while always keeping in mind the best interest of the children, it is possible. This study revealed that it is important for the therapists to attempt to make contact with every individual involved in the child's educational and personal lives before the therapy process begins (i.e., parents, teachers, music teachers, staff and the children themselves).

Experience & potential

Ryan and I were also limited by our own experience. As beginning music therapists, neither of us had experience setting up a new music therapy group in an after-school setting. However, both Ryan and I have potential as music therapists and utilized the unique skills we

possess. Ryan was particularly helpful in her ability to lead a group of students as a former teacher and her advanced piano skills were valuable for cultivating the creativity of the group. Personally, I have my own previous experience working with children in a similar setting which lent some foundational knowledge and skills for working in this area and I was able to guide Ryan through the process as much as possible. I had learned from previous experience the importance of remaining calm and trusting the moment, the music and the therapeutic process. I also enjoy working with children and consider myself to be flexible and skilled at singing with children, both of which were useful in this therapy process. As therapists, I believe it is important to recognize one's own hidden and known potential, and utilize these in therapeutic work.

Educating about music therapy

Music therapy is still not well for many people around the world. After reflecting upon this experience, I see the importance of educating the community around the music therapy group about the field, particularly teachers and parents. As previously suggested, an informational workshop would be beneficial for any music therapy group in an after-school setting. It could have also been helpful in this project to do a music therapy information session for teachers and sessions, educating staff and caregivers about what music therapy is. Music therapy is still a relatively mysterious therapeutic medium for many people, so it would be helpful to provide information to anyone and everyone involved in the children's lives in order to cultivate as much communication and understanding as possible, which inevitably helps children in their therapeutic process.

Working in schools

From my previous experience and now conducting this study, I recognize the many important practical factors involved in organizing, planning and implementing a music therapy group in an after-school setting. In my previous experience, after-school music therapy programs were organized by a school faculty member in conjunction with an organizer of an outside music therapy program. In this study, the co-therapist and I organized the group independently, which was a learning experience for both of us. It illuminated the complexities that go into organizing such a group. It is important to find the adequate space for the group, ideally with

little opportunity for people outside of the group to enter into the room. In this study, we were given an original room which was sufficient but not ideal. Outsiders could come into the room, it was a bit chaotic and it was located in a wing separate from the children's classroom. We found it important to communicate with the teachers in order to navigate finding the best room for the group while also being flexible and understanding.

Timeframe

This study was conducted over a 20-week period and the sessions were 45 minutes in length. The length of the entire process was suitable for this particular group of children. The group served as a safe space for the children to come to each week for most of the academic year. Particularly Myra and Sana were able to benefit from the 20-week time frame. It would have been beneficial for the group to continue throughout the spring or into the next academic year, particularly for Chan and Emily, as more time was needed to address their long-term goals. The session time of 45 minutes was appropriate for this particular age group, 7 to 9 years old. It gave them enough time to settle into the group each week, but a longer session time would have made it difficult for the children to focus as they were still very young.

Instruments

In terms of gathering instruments for the group, we were lucky in the fact that the school was able to give us access to a music storage room with plenty of instruments. This study showed that a few high-quality and varied instruments allowed for the children to be motivated and focused. As there were 5 children in the group, it was found to be helpful when each child could choose a different instrument, with two remaining for the therapists. It is also suggested that at least one therapist always play a harmonic instrument, particularly during improvisations. It was necessary for the therapist to guide non-directive music activities with a clear harmonic structure. Suggested instruments for a group of 5 children include:

- o Open tuned guitar

- o Piano or keyboard

- o Xylophone

- Glockenspiel

- Congo drum (or one large drum of any kind)

- Bongo drums

- A few hand percussion instruments (Claves, sticks, shakers)

5.5   Future implications

Music Therapy is a growing avenue for addressing therapeutic goals for children in the school setting. Due to the lack of current research in the field on the subject of developing frameworks for non-directive music therapy groups for children with emotional and behavioral needs, this study aimed at providing some helpful information for future music therapists pioneering creating groups in the school setting. Hopefully this study can provide some useful ideas and tools for future music therapists. Continued research is suggested to further develop a practical framework for similar music therapy groups for children with emotional and behavioral needs in the after-school setting.

5.6   Conclusion

Organizing, planning and implementing a children's music therapy group in an after-school setting is by no means easy or simple. There are many factors involved. However, the benefits and joy that come from playing music with children, developing relationships with them and observing their relationships with one another unfold, listening to them when they are in need, and witnessing their creativity and skills flourish and blossom, are well worth the hard work.

My goal for this research project was to describe and explore the practical framework surrounding a multicultural music therapy group for children with behavioral and emotional needs in an after-school setting, in order to better understand the role the framework plays in the overall therapeutic outcome of a group. I discovered many important factors of the framework: Implementing oneself into the school as an outsider, communicating with teachers and parents, finding an appropriate room, gathering or bringing proper instruments, assessing children for therapy, and being flexible as the many twists and turns of working in

this setting inevitably come the therapist's way. The current study shows that several factors are important to consider when organizing, planning and implementing a music therapy group such as this, including: *The importance of individual assessment, the physical space; team communication; the importance of supervision; and flexibility and acceptance.*

It was an honor to play and work with this group of children from all over the world each week. We first met the children during the cold, dark days of Winter, and I was pleased knowing that music therapy could play a helpful role in their lives as we walked out of the doors of the elementary school and into the forest on the first day of Spring.

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