EXPLORING GROUP MUSIC THERAPY PROCESS AND THE EFFECT OF MUSICAL ACTIVITIES WITH CHILDREN HAVING SOCIAL, EMOTIONAL AND BEHAVIORAL CONCERNS IN AN AFTER-SCHOOL SETTING

Veronika Kállai

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VERONIKA KÁLLAI

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Tiivistelmä – Abstract

Research have been proved that music therapy is an effective way to help children with social, emotional and behavioral concerns, however, the focus of children's music therapy is mostly on the ones with special needs and disabilities in an individual setting.

The following case study is aiming to explore suitable musical activities for group music therapy in an after-school setting, describe practical framework, as well as individual and group progress. The study was conducted as an action research and qualitative content analysis was used for analyzing the findings.

Data collection was taken place at an elementary school located in Jyväskylä with 4 participants from Finland, aged 7-10 years. Participants attended a total of 17 sessions, 45 minutes length. Data consists audio-video recordings from sessions, assessment form, the researcher's notes and questionnaires from parents and teachers.

Findings suggest group music therapy can be beneficial for regulating behavior, enhancing emotional awareness and expressing emotions, as well as developing cognitive skills.

Säilytyspaikka – Depository	

Muitatietoja – Additional information

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1   INTRODUCTION

There has been numerous research in the field of music therapy with children in various age groups from premature infants to adolescence in the past two decades. (Bruscia, 2012; Bruscia 2012; Oldfield, Sutton, Watson & Streeter, 2002; Tomlinson, Derrington & Oldfield, 2012; Meadows, 2011; Hadley, 2003) Although most of the studies are focusing on children with disabilities, special needs or being hospitalized, there is a growing interest and research with children without a diagnosis, having behavioral, emotional and / or social concerns. (Brackley, 2012; Aigen, 2012; Chong & Kim, 2010; Uhlig, 2011; Tyler, 2003; Lee, 2016; Smith, 2016)

However, most of the research is about individual work and there is not enough emphasis on music therapy groups with children, especially related to school settings and preventive work. As Lee (2016) pointed out in her case study, children with special educational needs (SEN) are more likely to have social, behavioral and emotional difficulties, as well as require additional classes and more attention. Although this case study does not include children with SEN, children without a diagnosis having social, behavioral and emotional concerns could still easily develop more severe issues. They can be bullied at school, drift into periphery of a group or class, or even be excluded from school.

Thus, children having social, behavioral and emotional concerns are in need of prevention. The positive effects of music therapy on children having special needs have been proved and researched and there is an ongoing and growing research in those "grey areas" with children without a diagnosis. However, there is still need for more research to explore how group music therapy can work in after school settings.

1.1   Motivation

As a kindergarten teacher with 6 years of working experience I have seen a lot of children drifting to periphery of a group because they had social, behavioral or emotional issues. I also worked with a group of socially handicapped children in a contemporary home as an art therapist. These children were usually not accepted fully in their group / class or in society

that can lead to bullying and exclusion. I have always been keen on supporting and helping children having issues on a social, behavioral and / or emotional level.

The literature review based on music therapy research with children confirms the benefits of music in various areas, such as cognitive, emotional, behavioral and social development. Being a kindergarten teacher and an intern as student art therapist, I have seen and experienced the effect of music on children myself and it made me realize, for some children music seems to be the most effective way to keep them focused and engaged in activities. I have become interested in music therapy before starting college and my bachelor's thesis was about the possibilities of music therapy within kindergarten teaching. However, I was not able to do any kind of practice and research in music therapy back then, and I could not observe other music therapists working with children either.

My dream was to have more experience and do research in music therapy with children. The University of Jyväskylä is focusing a lot on research and has a good co-operation with other institutes and schools in town. I was able to conduct a music therapy group with elementary school-aged children and further develop my knowledge about the effect of music, as well as learning about the theoretical framework for groups. I hope this case study provides insight of the therapeutic process, serves ideas for possible framework and activities for children having social, emotional and behavioral concerns, and foster motivation for further research of music therapy in school settings.

2 LITERATURE REVIEW

2.1 Defining music therapy

Bruscia's (1989) definition of music therapy:

> …a systematic process of intervention wherein the therapist helps the client to achieve health, using musical experiences and the relationships that develop through them as dynamic forces of change (p. 47)

Bruscia was one of the most important and well-known music therapists in the history of the profession and as most music therapists face the question, – *What is music therapy?* –he was also trying to find answers and search for appropriate definitions.

In the second edition of *Defining music therapy* Bruscia (1998) describes how each definition of music therapy has specific views on what music is, how music relates to therapy, what is the definer's view on health and illness. Indeed, the professional identity of the person creating the definition for this particular field is an important factor, and the definition of music therapy can often change as music therapists' gain more experience and their perspectives on the field are changing over time. (Bruscia, 1998)

2.2 Group therapy – historical background and essentials

The history of group therapy started in the beginning of the 20th century. Joseph Pratt, a Boston internist organized and led groups for clients having tuberculosis including didactic elements such as tips for coping with the illness. L. Cody Marsh has developed a group treatment for a psychiatric population. His approach was multidimensional and included art, music and dance. In 1921 Freud raised a basic question about what a group is in his text *Group Psychology and the Analysis of the Ego*. Freud made a difference between a group and a collection of individuals. A group has a key element, a leader with whom group members can identify and form an attachment. Another important element is empathy and the participation in each other's psychological lives. Later on, in 1943 Slavson founded the American Group Therapy Association. Following the psychoanalytical methods of Slavson,

Jacob Moreno has come up with the term *group therapy*. Moreno was "the father of psychodrama", focusing on active playing and improvisational drama. Group therapy has widespread during World War II and later the Vietnam War also stimulated the development of nontraditional group methods. Irvin Yalom described an interpersonal approach to group treatment in his book published in 1970 *The Theory and Practice of Group Psychotherapy*. (Brabender, Smolar & Fallon, 2004)

> Group therapy is a treatment modality involving a small group of members and one or more therapists with specialized training in group therapy. It is designed to promote psychological growth and ameliorate psychological problems through the cognitive and affective exploration of the interactions among members, and between members and the therapist. (Brabender et al., 2004, p. 14-15)

After defining and having a brief historical overlook of group therapy it is important to discuss what makes it beneficial and helpful for group members. There are four types of therapeutic factors in a group setting according to MacKenzie: supportive factors, self-revelation, learning from others, and psychological work factors. Each of these factors has subtypes that need to be mentioned to understand how and why group therapy can work. *Supportive factors* are installation of hope, acceptance, altruism, universality and cohesion. These subtypes include setting goals, responding in a helpful way to others, recognizing that one is not alone with a problem and others can have the same difficulties in life and experiencing a sense of togetherness. *Self-revelation factors* are self-disclosure and catharsis. Self-disclosure is crucial for group members to reach a level of trust and get to know each other, also to receive feedback from other members. Catharsis is a release of feeling that can bring relief, but it can also increase stress. *Learning from others* includes modeling, vicarious learning, guidance and education. Modeling is when a group member can see a certain behavior from another and adapt it. The most important part of vicarious learning is identification, a capability to see oneself as a part of another. Members can receive guidance from the therapist or other members of the group in forms of advice or directions. The education part of being a group member is the learning process and the rules being observed. Homework between sessions can also be a part of education. *Psychological work factors* include interpersonal learning and self-understanding. For both parts feedback is a crucial element to have, therefore members get to know more about themselves and the impact they make on others. (Brabender et al., 2004)

An important aspect of a group is the developmental stages. Figure 1 included below one-to-one taken by Bonebright's article (2010) briefly shows these stages of small group development formed by Tuckman and Jensen:

Forming → Storming → Norming → Performing → Adjourning

FIGURE 1. Tuckman and Jensen revised model of small group development

In the *forming* stage the group becomes oriented to the task, creates rules and test boundaries, as well as starting to form relationships with members and the leader. In the *storming* stage, interpersonal issues usually come up and main characteristics are lack of unity and polarization. During *norming* the group develops cohesion. Roles and norms are established, and group members are starting to accept each other. In the *performing* stage rules become flexible and group energy is channeled into the task. The last stage is *adjourning*. Of course, this model is just one from many others and has its limitations. (Bonebright, 2010)

Bussmann (2014) describes another model of group formation. The Bernstein and Lowy model has five stages: orientation, power struggle, familiarity, differentiation and closing. In the orientation stage group members are getting to know each other and they are uncertain. The group members' focus is on the group leadership. The power of struggle stage is about finding position in the group. It is usually followed by rivalry and competitiveness. Some of the members are becoming more active and they are trying to control group actions. This stage happens to be the most essential. The stage of familiarity is more stable and the positions in the group are clarified. Phase of differentiation is an advancement of the previous, third phase. Group tasks are further solved. The phase of closing can happen if the group is no more interesting for the members or group tasks are successfully solved. (Bussmann, 2014)

2.3   Music therapy in groups

Cultures don't exist without music and music have been used for healing in groups of people for thousands of years, for example at religious ceremonies that involved singing, drumming and other music to connect others and voice shared emotion. (Davies, Richards & Barwick, 2014)

The history of group music therapy goes back to the late 1940's. Dr. Sydney Mitchell has formed an orchestra of patients at a hospital in the UK and has done a lot of research in music therapy. He emphasized the effect of music rather than the quality of the music performance and also analyzed how recorded classical music affects the patients. Music therapy has become recognized in the 1950's - '1960's more and more in the UK and the British Society for Music Therapy was formed. Paul Nordoff and Clive Robbins were practicing music therapists in the UK working with children with special needs. Their method emphasized social and educational approaches but at the same time they were focusing on the individual needs of the children in the music. (Davies et al., 2014)

Elaine Streeter, a music therapist and trainer emphasizes the role of the therapist within a group setting. According to her, the therapist can encourage clients to find their creativity and express themselves through music, recognize and connect with other group members. The improvised music the group is playing can represent their feelings and dynamics amongst each other without a discussion beforehand. (Davies et al., 2014)

It has been a growing interest among music therapists towards group settings in the past few decades. For example, Helen-Odell Miller was working as music therapist in a psychiatry setting in the 1980's, where social therapy was present. She was focusing more on the role of the improvised music and how it has fostered communication and shared feelings in the group. She also emphasized the balance between verbal and musical contributions. (Davies et al., 2014)

Group Analytic Music Therapy (GAMT) is music-centered psychotherapy established by Heidi Ahonen-Eerikäinen. It uses music both *in* therapy and *as* therapy, and these two ways considered equal. (Ahonen-Eerikäinen, 2007)

> GAMT involves the following dynamic and interacting elements:
> - Group members and their music
> - Therapist and his or her music
> - Group-as-a-whole and its musical atmosphere
> - Music, with its elements, (rhythm, tempo, texture, melody, dynamics, harmony, aesthetics, etc.)
> (Ahonen-Eerikäinen, 2007, p.91)

In this specific group process Ahonen-Eerikäinen focuses on externalization and internalization. External, abstract music turns into an internalized, personal experience during

GAMT. She explains, that the client's internal / inner feelings become externalized through improvisation that could be understood and worked through in an easier way. Her method includes both group and individual improvisations and analytical group discussions after the improvisations. (Ahonen-Eerikäinen, 2007)

2.4   Music therapy with children

Music therapy with children is widespread, especially across the UK. It has been practiced in several child care units, public schools, special education and hospice centers. A couple of examples (non-exhaustive list): Field's Children Centre, Cambridge – „Music for Youth" project (3 months - 4 years children), community music project; Nordoff-Robins Music Therapy at Eskside Children and Family Centre - group and individual sessions (from birth to 5 years of age); North Yorkshire Music Therapy Centre – „Music, My Voice" projects for children. UK is one of the places where music therapy with children has been in practice for many years and it does not only focus on children with special needs but also on preventing work and providing support for children with social and emotional behavioral issues. The theoretical framework and methods depend on the individuals' or group members' needs. Children with special needs or learning disabilities usually demand individual sessions and one-on-one attention, although children and adolescents with behavioral issues can also have the need of individual music therapy work. The value of music therapy for school-aged children is gradually becoming established and recognized in York and North Yorkshire in both in special and mainstream schools to help children to develop and learn. (Tomlinson et al., 2012)

Three case studies were similar to my research interest the most about children aged 5-9 with aggressive behavior who risk mainstream school exclusion. Brackley (2012) described their individual process in music therapy and how they were more and more able to express anger in acceptable and pro-social ways with the help of music and role play. Brackley also emphasized the role of counter-transference and getting supervision when working with these kinds of issues with children such as expressing anger or controlling and abusive manners. (Brackley, 2012)

Music Therapy and Group Work also has several examples of music therapy with children, focusing on group work with children having special needs. The Croft Children's Unit have children with various diagnosis, such as attention deficit disorder (with or without hyperactivity), autistic spectrum disorders including autism and Asperger's syndrome, Tourette syndrome, developmental delay, attachment disorders, specific language disorders and conduct disorders. Group sessions are conducted by a music therapist and a nurse working at the centre. In Northern Ireland psychodynamic music therapy has been used with children with autistic spectrum disorder to increase social-emotional communication. The common thing mentioned in this chapter about children and group music therapy that all the groups have a "hello song" and a "goodbye song" to structure the sessions. (Oldfield et al., 2002)

Bruscia has collected numerous case examples of music therapy used with children. In his work *Case examples of music therapy for developmental problems in learning and communication* he describes how music therapy supports the development of a child with various kinds of disabilities, such as neurodevelopmental disorder, celebral palsy, selective mutism, Down-syndrome or other kind of developmental delays. These case studies are focusing on individual music therapy, mostly including active methods like vocal and instrumental improvisation, music making or songwriting. In most cases music therapy is a complementary therapy for these children and they usually take part in other kind of therapies and treatments as well. In addition, sometimes music therapy includes other types of arts like drawing. (Bruscia, 2012)

Case Examples of Music Therapy for Children with Emotional or Behavioral Problems by Bruscia is focusing both on individual and group work with children and adolescents with or without disabilities. Music therapy sessions sometimes take place in a classroom or after-school setting. This selection of case examples is more relevant for my work since it also describes various sessions and music therapy methods with children who do not have any kind of disabilities but are emotionally disturbed, aggressive or have other emotional or behavioral issues. The methods used in different cases are mostly active, including songwriting, vocal and instrumental improvisation, movement or storytelling but listening can also be a very crucial part of the music therapy process. (Bruscia, 2012)

Since my research interest is focusing on primary school-aged children without a specific diagnosis, I was rather looking for similar studies. Aigen (2012) described a case of an eight-year-old boy with poor self-awareness and listening skills, demonstrating impulsive behaviors and having fights at school. His therapy process included making up stories combined with music, listening to popular songs and making altered, improvised versions of them. Improvisation, "rapping" and writing altered lyrics to songs were main techniques used throughout his sessions. According to Aigen, the most therapeutic element was his use of creative fantasy and music. For Aigen's client music served a transportive function in between fantasy and reality and helped him with his emotional development. (Aigen, 2012)

A case study conducted by Chong & Kim (2010) discusses how education-oriented music therapy can impact students' emotional and behavioral problems and academic competency. 89 elementary school students from different schools were chosen to participate in the study, divided by groups of 6. Children who had not been clinically diagnosed but who demonstrated significant, identifiable social and emotional problem behaviors were referred by teachers. Certified music therapists provided 2-3 group session per week. Results of this study have shown that music therapy was effective in enhancing social skills and bringing about appropriate changes in behavior. (Chong & Kim, 2010)

Meadows (2011) has collected one of the most comprehensive list of case studies in music therapy across the world with clients in all age groups receiving various methods during sessions. Numerous case examples can also be found with children from premature infants to adolescence. In this collection of studies most children have a diagnosis such as Rett-syndrome, development delay, Down-syndrome or autism / being on the autistic spectrum. Music therapy approaches and methods vary depending on the clients' needs and the setting. They include music listening, singing, playing instruments, vibrotactile stimulation, songwriting and so on. (Meadows, 2011)

For my research interest the most relevant case study was described by Uhlig (2011) who worked with an 11-year-old African American boy in a public school for children with special needs. He had behavior issues, developmental delays and poor academic skills. He was involved in music making, playing instrument and he was the most engaged in rap music, vocalizing his aggression and other feelings. Eventually, he also got interested in blues and

had his own performance at a school concert in front of teachers and schoolmates with a great success. With the help of music, he was able to express his feelings, acknowledge others and their feelings, become more relaxed and balanced, and his cognitive skills have developed as well. (Uhlig, 2011)

Psychodynamic music therapy has also been practiced with children. Hadley (2003) describes that psychodynamic therapy is based on the traditional psychoanalytic psychotherapy and its treatment techniques have evolved from free association. Various techniques have been in use such as play and creative arts with a widening scope of patients, including children and nonverbal clients. Psychodynamic music therapy approaches have a wide range of techniques used within sessions, such as improvisation, songs, music imagery and music listening. Hadley has collected a few case examples of children receiving individual psychodynamic-oriented music therapy. In most cases children had various diagnosis or illness, such as cancer, selective mutism, being autistic or suffering from abuse and trauma. (Hadley, 2003)

The most relevant case for my research interest was described by Tyler (2003) who was working with an 8-year old girl with moderate learning difficulties, also having aggressive and disturbed behavior. Tyler used different methods through her sessions, with a great emphasis on role-playing accompanied by instruments, singing and dancing. By the end of her therapy process her client was able to be herself as a child, find her authentic voice, experience and express feelings. In addition, her skills in music have also developed. (Tyler, 2003)

Although I have found numerous examples of case studies related to children and music therapy, it seemed like in most cases there was a diagnosis. I was struggling to find more examples related to my field and interest, as well as an appropriate framework for my group. My supervisor, Esa Ala-Ruona suggested me to read a recent case study by two music therapy students from University of Jyväskylä in 2016 that was based on group music therapy with children having social, emotional and behavioral issues in an after-school setting. Lee (2016) and Smith (2016) both have written their master's theses about their experiences with this group of children from slightly different angles. Lee was focusing more on the actual music activities and the development of the group, while Smith had a greater emphasis on the theoretical framework, the process of the therapy and the multicultural background of the

clients. A group of 5 children from various countries took part in 20 weekly sessions for 45 minutes at an elementary school located in Jyväskylä. Lee's and Smith's study suggests that music therapy could be beneficial for the personal growth of young children. (Lee & Smith, 2016) I shared approximately the same research interest with both of them and decided to continue and further develop their work.

2.5   Differences and overlaps of music therapy and music education / teaching

Even though music therapy has become a discipline many decades ago and there has been numerous research in the field, a lot of people – even professionals such as doctors, teachers, health care providers etc. – could still be confused what a music therapist exactly does during his / her work. Music therapists are often mistaken by someone who is an entertainer or a music teacher. As a student music therapist who is also a qualified kindergarten / preschool teacher, I find it crucial to distinguish the two professions and describe the main overlaps, differences and the challenges to balance between being a teacher and a music therapist.

Although music therapy and music teaching have major overlaps, they are two very distinct professions. Jan Hall (2012) draws the attention on being aware of these overlaps across all areas of a child's school experience. They require different trainings, expectations and objectives, as well as documentation and support network. Some of the activities used by both teacher and therapist to reach their goals but the goals are not the same. The same activity is being chosen for completely different reasons. According to Hall, any musical experience can be therapeutic though she is concerned that any situation when music calms or entertains called as music therapy. (Hall, 2012)

The main contrast between the two professions lies in the diverse goals. The goals of music education are to increase musical knowledge and to develop skills in playing a musical instrument, while music therapy's goals include improving psychological functioning through musical experiences. In music therapy it does not matter whether the client can sing or play the right notes or not, previous musical experience or training is not required because the focus is on the deeper psychological process instead of developing one's musical skills. In therapeutic work music used as a tool that can affect the areas of attention, concentration,

impulse control, social functioning, self-esteem, self-expression, motivation, and cognition. (Pelitteri, 2000)

Bonde & Wigram (2002) also describe this issue of different roles of music teaching and music therapy and try to clarify and make it more understandable. Since music therapists can also work in special education or in schools, music therapists work alongside music teachers and pedagogues that can create difficulties separating these professions. Music teaching involves teaching children to acquire skills in music, such as instrumental performance, singing or knowledge of music, whereas music therapists work with the non-musical needs of the client. There still remains a grey area between a music therapist working in an educational setting and a music teacher working in special education who has included therapy objectives in his / her work. They might work towards different goals, developing various skills but these have to be linked together and connected to a child's overall development. (Bonde & Wigram, 2002)

2.6   Research aim

As it can be acknowledged in the literature, music therapy in group settings has become more common in the past few decades in various places, such as hospitals, schools or psychiatry settings. However, individual music therapy still has a greater emphasis in music therapy research, especially when it comes to clients without a diagnosis or illness. Applying group music therapy for prevention seems to be an underrated area in research field, therefore I chose to conduct this case study, hoping it can foster connection between different professions and raise an awareness in children at risk.

The purpose of this study is to explore, describe and further develop appropriate music therapy methods and music activities for children having social, emotional and behavioral concerns in an after-school group setting. In addition, it is going into further details about the framework, the effect of music therapy with children aged 7-10 without a diagnosis, as well as exploring turning points and changes in the therapeutic process and possible reasons behind these changes.

3   METHODOLOGY

3.1   Research with children

When participants in research happened to be children, there are several details need to be considered in the research design. A relatively recent approach suggests, that research with children should not take for granted and adult / child distinction. Particular methods chosen for research should be appropriate for the people involved in the study, as well as considering social and cultural context and the kind of research questions for the study. Since children are not adults, researchers need to adopt practices that are resonating with children's own concerns and routines. Conducting research with children could only happen through listening and hearing what they say and paying attention to the way they communicate with us. (Christensen and James, 2000)

3.1.1   Authenticity issues

There is usually an unequal power relation in between children and adults, and children are not used to being treated as equals as adults. This can be one of many other issues a researcher working with children has to acknowledge and consider during his / her work. Understanding childhood and the way are children different from adults is crucial. They may have a limited vocabulary, different understanding of words, less experience and shorter attention span. Since children are not used to expressing themselves freely or being taken seriously, it is challenging to find a way to encourage and enable them to express their views to an adult researcher. (Punch, 2002)

Bruscia (1996) draws the attention to a few very important questions related to music therapy research. Although when one is doing research in this field he or she may have clear theoretical frame, research questions and focus of the research, there are still several details need to be acknowledged and taken into consideration. For example, the researcher's own personality and life is one of these important factors of the research / case study itself. According to Bruscia knowing oneself as a researcher, as a professional, being authentic are also crucial parts of doing research. One should communicate in an authentic way and decide

how much he or she wants to share with readers about the research, as well as developing empathy and intersubjectivity that also has to be authentic. (Bruscia, 1996)

3.2   Action research

Even though action research as such is not considered to be a method itself, it is certainly the part of methodology for this case study design. Stringer (2007) describes action research as a systematic approach that enables people to find effective solutions to problems occurring in everyday life. In contrast to experimental / scientific research, it focuses on specific situations and localized solutions. Action research happened to be a common approach in education, social work, psychology and health care. (Stringer, 2007)

The history of action research is focusing on the work of Kurt Lewin, a well-known psychologist who receives credit for introducing the term "action research". According to Lewin it is a way of generating knowledge about a social system while, at the same time, attempting to change it. (Hart & Bond, 1995)

Action research is a special type of research, when action and researching happen simultaneously. Also, it is continuing and cyclical in nature and usually requires collaboration. (Punch & Oancea, 2014) Action research is usually local in nature, and that means, results unlikely could be generalized to other settings. Action research project is concerned with effecting change locally and has wide range of applications that can be carried out by individuals or groups in different educational settings. (Taylor, Wilkie & Baser, 2006)

> However, it is useful to conceptualise the action research process in the following way:
>
> - Identify an area for investigation and a need for change (research).
> - Carry out changes (action).
> - Look at effects of changes (research).
> - Replan /adjust changes (action).
> - Repeat!
> - *Make a constant effort to link reflection and practice* (Taylor et al., 2006, p. 6)

The action research is framed in a case study design. Case studies are useful approaches when individuals research an aspect of a problem or issue in depth. The data can be rich and highly descriptive, and this richness is crucial for the study. (Taylor et al., 2006)

Action research seemed to be a suitable approach for this case study because of its natural characteristics, such as the cyclic and systematic nature of the work and its application in educational settings. As Taylor et al. (2006) describes the ongoing cycle of action and research, it reflects the way I was conducting this case study. I was a researcher, who wanted to make a change in an educational setting and at the same time I was part of the action. There was a constant need of reflection, revising and looking at the effect of the actions that were being made. (Taylor et al., 2006)

The cyclic nature of action research could be acknowledged in several ways in this case study. The way of conducting this research fits into the action research process described by Taylor et. al. (2006): it includes planning for the sessions (*identify an area for investigation and a need for change*), leading and taking part in the therapeutic process (*carry out changes*), reviewing video recordings and taking notes (*look at the effect of changes*), writing plans for the next session (*replan /adjust changes*) and the repeating the whole process again from session to session. This cyclic process was part of planning the activities and structure for the sessions, such as trying one kind of activity a few times, and in the meantime making necessary changes in the way the activity was presented. (Taylor et al., 2006)

3.3   Data collection and analysis

Participants for the case study were selected at an elementary school located in Jyväskylä from three different English speaking classes aged 7-10. The music therapy group consisted four students, including two siblings, all of them were born and raised in Finland. Their native language was Finnish and most of their level of English was at least sufficient, although one student had little English knowledge and for this reason among some other reasons he dropped out after the first 10 sessions with mutual agreement. None of the children had any diagnose, stated illness or developmental disorders, but their parents have reported social or behavioral difficulties, mostly related to school. All the parents of participants have agreed to receive group music therapy sessions for their children once a week for 45 minutes with a total of 20 sessions. Overall 17 sessions were completed, and audio-video recorded for research purpose. Parents have signed consent forms as an agreement of having their children video-recorded. All participants in this study are given pseudonyms chosen by the student

music therapist, the writer of this master's thesis. Recordings will be destroyed latest by August 2018.

Parents and teachers were given questionnaires after a few weeks in the therapeutic process to gain more information about the participants. At the end of therapy parents were asked again to fill in a questionnaire about the therapeutic process to provide valuable insight about the effects of group music therapy on the participants.

Sessions were led by myself, and facilitated by Mikaela Leandertz, another student music therapist from Canada with a bachelor's degree in Music Therapy. Mikaela was a co-leader as well in the very beginning of the process but after a few sessions she has become an observer, facilitator and a great help in setting goals and analyzing the data.

For analyzing the data of this case study, I chose to conduct *Qualitative Content Analysis*.

> Content analysis is a research method that systematically describes, categorizes, and / or make inferences about communication messages. (Croucher & Cronn-Mills, 2015, p.206)

Schreier (2012) states that qualitative data collection and analysis is inductive in using open, non-directional measures and by letting key categories and concepts emerge from the data.

However, qualitative content analysis can be used in an *inductive* or *deductive* way determined by the purpose of the study. According to Lauri & Kyngäs (2005) the inductive approach is recommended when there is not enough knowledge about the phenomenon or the knowledge is fragmented. Kyngäs & Vanhanen (1999) pointed out that in contrast with the inductive approach, deductive content analysis is used when the purpose of the study is theory testing and the analysis is based on previous knowledge. (Elo & Kyngäs, 2008)

In this study I decided to use both approaches with the emphasis on the *inductive* way. There are several reasons behind mixing these two approaches of analysis. On one hand, there have not been a great number of studies in my research interest, or it was difficult to compare various studies and see whether they are similar to my setting. On the other hand, I have found a few similar studies related to my interest, therefore I can rely on some previous knowledge and theory. Nevertheless, the theoretical framework and structure for this study were vague and flexible throughout the process. In other words, it means that even though this

case study had a certain structure and it partly relies on a number of theories, I also wanted to be explorative and let the participants of the study affect the methods and activities used during the sessions.

The primary source of data were the recordings of the sessions, my notes for preparation and planning, and the notes after each session. The camera and videotapes were property of University of Jyväskylä. The main themes I decided to look at and analyze in more details: describing musical activities, the effect of musical activities on group and individual development, group and individual progress. The analysis of the effect of musical activities and individual progress represent the *inductive* approach. It could have not been known in advance what themes would come up during the sessions, how activities would affect group- and individual development, and what would be the turning points in the therapeutic process. Thus, I had to come up with themes and concepts I would have liked to look at and analyze in more details. Analyzing the effect of musical activities also represents the cyclic nature of action research to a certain extent. The reason behind choosing an activity and some of the planning process is described, then the effect and outcome is also added to the findings. (See 4.3) However, analyzing the group progress has an emphasis on the *deductive* approach. The stages of group development were described in the literature review and they are based on previous theories. (See 4.4.1)

3.4   Participants of the study

Participant 1, named *Levi*, was a rather shy boy who had problems controlling his feelings according to his mom. He easily got upset, aggressive and he hasn't learned how to express his negative feelings without hitting others yet. In the group he had never hurt anyone, but he had difficulties understanding the English instructions and communicating with his peers in the first few sessions. He was quiet and timid for quite a while, but he managed to get engaged in all kinds of activities and slowly opened-up. Due to his language difficulties, lack of motivation, and other therapies and after school activities he started in the second semester he has left the group after the first half of the sessions with mutual agreement.

Participant 2, named *Ville*, was a nice and well-mannered boy whose mom has reported some behavioral problems, problems with expressing himself and working in a big group. In the

group he seemed to have some issues with expressing himself but at the same time he was mostly eager to share his thoughts and feelings. He was fully engaged in all the activities and demonstrated friendly behavior towards his peers.

Participant 3, named *Pekka* had difficulties accepting new situations and he was also shy according to his mom. He needed time to open-up and as time went by he has shown behavioral issues alongside more self-confidence. Especially in the second half of the sessions it was very difficult to engage him in musical activities and he started to hurt others in the group, mostly his sibling. He had problems expressing his negative feelings, especially anger and he was seeking the therapist's attention. He was tired and had little motivation to take part in the activities in the second semester.

Participant 4, named *Reetta* was a calm, sensitive and well-behaved girl who was fully engaged in all kind of activities most of the time. Her mom did not say anything specific related to her and it was always easy to work with her. She had some issues with her sibling though, especially in the second half of the sessions and there were some fights between them. She was following instructions and she seemed to enjoy most of the activities. She only had some minor issues such as being tired, lack of motivation or expressing her feelings.

3.5   Assessment and goal setting for clients

In music therapy research there are several difficulties that researchers face when they are doing their practical work and at the same time they want to describe and present the process. Loewy (2000) states that music therapy is understood concisely when it is experienced or observed in the moment. However, clinical assessment and written reports of sessions are needed in the field of music therapy in order to grow as clinicians, serving future clients and promoting the growth of the profession. Music therapy assessment models sometimes come from a psychotherapy framework. Therapists have different opinions about the process, for example Isenberg-Grezda says it should be therapist determined, and together with Kenny they both focus on the experience of the first meeting, considering the therapist's music and energetic contribution. In contrast, Amir thinks that the client's and therapist's perspective are both significant to therapeutic moments. She also emphasizes the importance of a solid knowledge of the varying schools of psychology for a therapist. (Loewy, 2000)

The assessment form I used for individual assessment was recommended by Mikaela. She used it during her work in Canada. (See Appendix 1) Other forms and notes for data collection and goal setting, such as description of sessions, planning goals and objectives, reflection etc. were developed by me. These kinds of forms and notes will not be attached.

3.6   Therapeutic relationship and framework for group work

3.6.1   Therapeutic relationship

Regardless of the therapeutic approach, method and other factors of psychotherapy it is uncontroversial that the therapeutic relationship has a crucial role in the therapeutic process. Horvath (2000) states according to most therapists the quality of the relationship between therapist and their clients has an impact of how successful the therapy will be.

As a student music therapist, I was aware of the importance of the therapeutic relationship, as well as my role in the group with children. Even though I did not have a rigid, one-approach based structure for the sessions, there have been various aspects influencing my presence in the group, planning and organizing for sessions, in other words shaping the overall therapeutic process.

One of the greatest influences is my educational background. I am a qualified kindergarten teacher and a student music therapist at the same time. My bachelor's studies included pedagogy, introduction to psychology and child psychology and development. During my master's at the University of Jyväskylä I have been offered to further deepen my knowledge in music psychology and music therapy with a psychodynamic approach. In addition to the above, I was part of several self-experience groups including various therapy methods, such as dance, fine arts, music or psychodrama. These experiences have all helped and shaped me to find my way of working with the small group of children at the elementary school.

Forming the therapeutic relationship and my presence in the group I have decided to combine various approaches. In some aspect I followed the Freudian *psychoanalytic* point of view: showing *analytic neutrality* that means being objective and offering an empathetic understating of the client. It also includes respecting uniqueness and individuality as well as

not trying to rescue the client. My aim was to provide a warm and safe environment for the children during group sessions. Winnicott called this sense of support a *holding environment*, where the therapist is showing a genuine interest of a benign listener and the setting is similar to features of mother-child interaction. Holding does not just mean literally but providing safety and security. (Messer & Gurman, 2014)

In other aspects my approach also included *person-centered therapy*, also known as "nondirective therapy". In the 1940's Carl Rogers formulated an early version of this type of therapy and started group work as well. The person-centered approach is focusing on *personal growth* and the *ability of change*, as well as *learning* and *creativity*. Alongside with other existential-humanistic approaches it has a strong emphasis on *experiencing* as such, which was also an ongoing process and aim for my case study. The therapeutic relationship is the most important factor and according to Rogers it has three primary conditions: *unconditional positive regard / warmth*, *empathetic understanding* and *genuineness / congruence*. It was important to have these traits as a student music therapist in the group. However, I had to balance between being a teacher and a therapist, and I had my struggles finding the appropriate role and behavior at certain times. (Messer & Gurman, 2014)

3.6.2   Initiating contact, framework and structure for the sessions

Initiating contact with the headmaster, teachers and parents was a crucial part of starting the therapeutic process. I did not have a personal contact with teachers, however, their feedback in the questionnaires were useful and valuable information about the children. When contacting the headmaster and parents it was important to distinguish between music therapy and music teaching and briefly explain the difference. I contacted the parents via e-mail and provided a short description about the aim of the therapeutic process, length and duration, as well as possible benefits of taking part in the process.

Considering the various psychotherapy approaches mentioned above I have decided to have a flexible structure for my sessions. However, there were some frames and rules given that have shaped the structure in order to provide a safe space (both physically and mentally) and an accepting, warm atmosphere for the children in the group. The sessions were organized in a classroom that was also a music room with a lot of instruments. I had one or two blankets on the floor and we formed a circle. We have established a couple of ground rules together,

discussing what is allowed during the sessions and what are the things we cannot do. I encouraged them to express themselves freely including laughing, crying for example but hurting each other in any ways or to interrupt while someone else is talking was not allowed. The main musical frame for the sessions was the Hello and Goodbye song. Those were always part of the beginning and the end, providing familiarity, safety and a sense of time for the children.

3.6.3   Musical activities, main group goals and objectives

In this following part I would like to provide a shortened description of the main musical activities, goals and objectives for each session, in order to give an insight of the therapeutic process.

Session 1 was about introduction and getting to know each other. Mikaela and I were both part of the circle in this session and we agreed on our roles. After the *Hello song* we sang another song, which was about having more information about each other's favorites, such as color, instrument, likes and dislikes. It is called *This is a song about*<name>. After the song I showed them a few small instruments and then I hid them under a scarf and they had to guess based on the sound. It was a *guessing game related to hearing and memory*. Then I placed the ocean drum in the middle of the circle and we all played our own beat, taking turns. The line went like this: *I am*<name>*and this is my beat*. It was supposed to be another game for *warming up* and helping them with *expressing their current mood musically.* The last musical activity was the *Musical hot potato*. We passed a ball around the circle and when the music stopped, the one having the ball had to answer a simple question related to favorite things, likes and dislikes. We wrapped up the session with a Goodbye song. From the first session on the structure was the same, starting with the Hello song and closing with the *Goodbye song*, it will not be mentioned later on in the descriptions.

In *Session 2* we have established the rules for the group and discussed it. I asked them about ideas, what is allowed, yes / no questions. I have read the basic rules also in Finnish. The main theme and activity for this session was to get to know each other's favorite music video. I asked their parents beforehand to remind them to bring it to the session and we did *music listening and discussion* about the videos. In this session I also introduced a musical activity about choosing and playing small instruments based on their current mood and feelings. After

each turn, they had to guess how their peer could feel at the moment. It was about *linking the mood of playing with their actual state of being* and *acknowledging and naming feelings*. We also had a short *improvisation* with the small instruments they have chosen.

After making sure everyone had a turn of showing their favorite music video, *Session 3*'s main theme was *emotions*. With the help of two set of cards showing the 6 basic emotions (drawings with the same face with different emotional expressions and real photos of people from various ethnical backgrounds) we named them both in English and Finnish and they had to match the two set of cards. They also had to imitate the facial expressions of the cards. We were singing *If you happy and you know it* and they had to come up with other feelings. Then we *played small instruments* again based *on their current mood and guessed*. This session was about *acknowledging and checking up their vocabulary about emotions*.

Session 4 was based on emotions as well. We agreed with Mikaela that she will not be a part of the circle this time. As a warm-up game, they had to choose an *animal and a movement that represents their current mood and state of being*. After this game I introduced them more cards about emotions alongside the ones they have already known from the previous session. We tried to name them in both languages, imitate the facial expressions again and we discussed the new and unfamiliar ones. Some stories related to emotions spontaneously came up therefore it was a good occasion for asking questions like *how did that make you feel*? I asked them to *choose an instrument* and we were going to *play a chosen emotion together as a group*. The goal was to make them *guess how a certain emotion could sound*.

Session 5 was still mainly about emotions. Warming up was the guessing game about *how they could feel with small instruments*. Then I asked them to *choose a card and try to play the emotion*, it was a guessing game. Then I gave the same type of hand drums to each of them and asked them to *play from sad to happy*. Since it was hard for them to understand this activity, I just gave them a few more cards to play them as a group. We played *Musical hot potato* again with different questions, such as *what makes you happy*? For calming down and closure we did a short *improvisation with small instruments*.

There was continued focus on expressing and learning about emotions in *Session 6*. We repeated and discussed the rules of the group again, since some children were absent

occasionally and the group was a little messy from time to time. I introduced them a new song called *How do I know what I'm feeling*. They had to fill in the gaps and tell what they do when they feel a certain kind of emotion. After this activity I asked them to *close their eyes and listen to the sounds they can hear for a minute*. They also had to count them and tell what they could hear. They next activity was *drawing with music listening*. The music was The Carnival of Animals: Aquarium. I told them they can draw anything that comes to their mind, how they feel, how the music feels etc.

In *Session 7* I was focusing *emotional awareness and strengthening group cohesion*. We played the How do I know what I'm feeling song again, as a warm-up activity. Then I introduced them to a new game called *Musical hide and seek*. They had to guess an instrument's hiding place based on their peer's playing another instrument (quiet-loud or slow-fast). For *relaxation* and paying attention to themselves I did *music listening*: The Carnival of Animals: The Swan. I told them they can close their eyes and just listen to the music and pay attention to what comes to their minds.

Session 8 was mainly focusing about *group cohesion, self-control, self-confidence* and *developing musical skills*. After the warm-up song about emotions we played a *conductor game* with hand drums. They had to differentiate between slow-fast or loud-quiet and we figured certain signs for conducting. We also played the *Musical hide and seek* again. For calming down around the end of the session we played a *listening game with instruments* they have already known. They had to count how many and what kind of instruments they could hear within a minute.

In *Session 9* I kept focusing on *developing musical skills*, *self-control* and *self-confidence*, as well as *co-operation between group members*. As a warm-up game they had to *choose an animal based on their current mood and making a movement and a sound of that animal*, others had to guess. After that we played the *conductor game* again in a slightly different way. This time they could choose from various instruments and the conductor could point at participants they can play at a certain time. Since Christmas holidays were coming, I introduced them a game that was similar to Musical hot potato. Instead of having a ball going around one of the children had to be "*tonttu*" which is like a mythological creature related to Christmas in Finnish culture. The "tonttu" was going around while others were dancing and

moving and the "Tonttu" song was playing in the background. When the music stopped the "tonttu" had to ask a question related to winter and Christmas holidays.

For warming up at *Session 10* we started with *expressing current moods on instruments*. Then I introduced them a new game called *Play if you…*. They had to pay attention to various statements and only play their chosen instrument if the statement is applicable to them. After the new game we played the *conductor game* with the song *Jingle bells*, to get in the mood for holidays and to try a different way of playing this game. This time they had the chance to choose between shakers and bells. I played the guitar and helped them with singing. We played the *"Tonttu"* game again. For closing the first half of the sessions before winter holidays I asked them to think about New Year's and something they would like to do, have or someplace where they would like to go in the next upcoming year.

Session 11 was the first one after a long break and it happened to be an unusual, exceptional one. The original room we had for our sessions was occupied and we had to be in a different room without the guitar. I ask them about their winter holidays as a warm-up. Not being in the usual environment seemed to have a big effect on them therefore I change my plans a bit and decide to listen to some music they like. After *music listening and discussion* we were able to take small instruments to the room and play *Musical hide and seek*. The last activity was *drawing with music listening* when they had to think about the things they would like to do, have, travel etc. in this year. The music was Tchaikovsky: Waltz of the flowers.

We had to have *Session 12* in the other room again. After some warming up we played *I am <name> and this is my beat* game but this time two children had to share a conga. After this activity I introduced them a new game called *Pass the beat around the room*. Based on some of their interests in rap music this game seemed to be a good idea. They could figure out their own short sentence as well. We *played small instruments based on their current mood* again. This session was a little exceptional once more because of switching rooms. Coming to an end of the session I let them choose what to do and they have decided to do *music listening*.

We managed to get back to our original room for *Session 13*. After the Hello song I started the session with a new game. It is a song I have found online (Wholesome Harmonies, LLC; http://whmusictherapy.com/2016/06/video-series-music-therapy-cognition-part-3/) and it is

related to *attention, movements and directions*. Instead of scarves we played it with shakers varied by color and size. Since they seemed to be interested in video games and their theme songs I had the idea of creating their own characters and composing a theme song they can perform on big instruments. In this session we started to *draw and create the characters*.

Session 14 started with talking about rules because there have been some behavioral issues lately. We continued to create their characters, thinking about how they could sound like and which instrument they would play. We played the game with the shakers again. Then I asked them to play an instrument based on their moods. It was a rather spontaneous activity this time. We had a lot of discussion because one of the children had been having some behavioral issues.

After 2 weeks of not having sessions due to travelling and ski break we started *Session 15* with a *song* we were singing in the beginning of the process *about their favorite things*. The following activity was a new one. Four *bongos were marked with numbers* from 1 to 4 and they had to *repeat short rhythm patterns* after me. Then we switched roles as well. We continued creating the characters for the video game theme song and then moved on to the *big instruments* to *explore* them and *have a short jam*.

Session 16 was started with some *breathing exercise* and *focusing on oneself*. Since our process was coming to an end I told them we would not have time to create a new theme song, but we could have *other lyrics for the Ducktales theme song* they all seemed to like. They had to *create another name* instead of Ducktales for *our group* and *fill in the gaps in the lyrics for their characters*. Lyrics were written by me and they were based on their drawings and the things they have mentioned about their characters. We managed to fill in the gaps and tried to play together on the big instruments.

Our last session was about closing the therapeutic process. At *Session 17* we practiced our theme song with acoustic guitar accompaniment and then we *made a recording* including drum sets (acoustic, electronic) and keyboard sample. We *listened to the recording* and *had a conversation* about their favorite games and things during the sessions.

4   FINDINGS

4.1   Group goals

After observing the children individually and the group dynamics, I started to work on establishing the goals for the group. It seemed like all the children were having some issues with acknowledging and expressing their emotions.

Thus, the first half of the therapeutic process was focusing on emotions. One of the group goals was *emotional awareness*, such as acknowledging what they are feeling at a certain time. *Expressing emotions both verbally and musically* was also a main goal for the group. Of course, in most cases it was also an individual goal for each child. Since this group was rather small, it was not easy to separate individual and group goals. The individual progress always had a great effect on group development and vice versa. *Achieving group cohesion* could be considered a possible goal, however I wanted to describe it in a more specific way, such as *accepting and respecting each other's personal characteristics* and *co-operate together as a team* at the same time. In other words, I aimed for a sense of togetherness and teamwork in an atmosphere where all the children can freely express themselves without rejection.

In the second half of the process the goals have not changed but the group dynamics was different. The focus has shifted from group development to individual process. There were a lot of absence of children and other issues related to attendance such as illness of children, school holidays and being out of town. For that reason, it was difficult to focus on the group development and goals in the second part of the process.

4.2   Individual goals

Levi

According to his mom Levi was having behavioral issues such as problems controlling his negative emotions and being aggressive. However, he did not really show any of these issues in the group. He seemed rather timid and even when he was misbehaving he was never out of

control. He only took part in 5 sessions altogether in the first half of the process. Later on, he quit the group because of language barriers and other therapies and afterschool activities he started in the next semester. Goals for him were mostly related to self-expression and self-confidence, such as *expressing feelings and thoughts verbally and musically*, *speaking in a moderate, audible tone* and *actively taking part in the musical activities*.

Ville

Ville seemed to have problems with expressing himself and according to his mom he had troubles when working in a bigger group, as well as behavioral issues. However, besides small language barriers and being a little restrained in the beginning, he seemed to enjoy being part of the group. He was always being nice to others and demonstrated friendly behavior toward his peers. Probably because of his kindness some children were trying to take advantage of him and teased him. Thus, his goals were mostly related to self-confidence such as *speaking up for himself, accepting and loving his personal characteristics* and *setting his own boundaries*.

Pekka

Pekka was having troubles accepting new situations and was being shy according to his mom. In the beginning of the process he really seemed shy and he took some time to open-up and gain self -confidence. In contrast, the second half of the process alongside more self-confidence he started to show some behavioral issues, such as hitting his peers (especially his sibling), throwing objects or leaving the classroom without permission. Sometimes he completely withdrew from the group and it was difficult to engage him in any kind of activity. Goals for him have changed throughout the process. At first, his goals were related to self-expression and self-confidence, such as *expressing feelings and thoughts verbally and musically*. After a little while, as he opened-up more and more, he started to tease others and he had problems with sharing or taking turns. Thus, in the second half of the process his goals included *accepting and respecting others' feelings, thoughts and boundaries, having more self-control*, such as *waiting for his turn without interrupting others, accepting and expressing negative emotions without hurting others verbally, mentally or physically*. In addition, a goal for him was to re-engage actively and taking part in activities again.

Reetta

Reetta seemed to be a kind, talkative and sensitive member of the group. She was always engaged in activities and she liked sharing her ideas, thoughts and feelings most of the time. However, in the second half of the process they were having some fights with Pekka, although she never intended and started these fights. Since she was expressing herself both verbally and musically her goals were rather related to being able to stand up for herself, such as *speaking up for herself* and *setting her own boundaries*.

4.3 Analyzing the effect of musical activities on the therapeutic process

4.3.1 Hello song and Goodbye song

As Carter & Oldfield (2002) state, having a "hello song" in the beginning of a session is a clear way to start and help children to settle and make them understand that the music group is about to begin. The same applies to the Goodbye song that marks the end of the session and it also helps children to calm down. The songs were also part of establishing boundaries and creating a safe environment for the group. Brabender et al. (2004) say it is important to respect temporal boundaries in group therapy, therefore beginning and ending on time can help members to recognize group time. It is even more important with primary school-aged children who are just learning how to read the clock and in the process of developing a sense of time.

4.3.2 Getting to know each other, warm-up activities

The first few sessions were about getting to know each other. The song *This is a song abou t*<name> was a good activity to discover each other's favorite things, such as color, instrument, likes and dislikes. It has engaged all the children quickly because they had to share some information about themselves in a playful way within a song. At the end of the therapeutic process I got back to the same song to see whether they remember each other's answers or to see whether they have changed any of their answers since the beginning of therapy. For checking-in and warming-up I had several activities that did not require a lot of time. However, these activities were about getting to know how they were doing, to

acknowledge and express their current mood. Sometimes it was a short breathing exercise to make them focus on themselves and just asking them how they were at that moment. Other times they had to choose an animal, a movement and a sound of that animal to express their current mood or they had to choose a small instrument and play how they were feeling. After each individual turn others had to guess. Another game for warming-up was *I am <name> and this is my beat*. Once we played it with the ocean drum in the middle and later on two children had to share a conga, while the rest of the group was playing a common beat.

Planning and outcome:

These activities were planned to help the children with *self-expression*, *listening to each other*, *synchronize* and *develop their emotional awareness* and *empathy*. They seemed to like these activities, although I might have used the one with the small instruments too often and they got bored with it. For future researchers and music therapists working with children I recommend having a great selection of these short warm-up games, activities and songs even using them as a distraction during sessions when children seemed to be bored or too active.

4.3.3   Songs and activities related to emotions

Emotions were one of our main topics during the therapeutic process. All the children had some issues related to emotions, such as acknowledging or expressing them and some of the children had problems because of language barriers. Thus, I chose cards with emotions to help them naming them in English and in Finnish and used these cards later for individual or group improvisations. Improvisation is a method commonly used in music therapy. One of Bruscia's descriptions of improvisation:

> Improvising is simply playing around with sounds until they form whatever patterns, shapes, or textures one wants them to have, or until they represent or mean whatever one wants. (Bruscia, 2012, p.17)

Bruscia (2012) also states that there is no need for musical training to improvise. Sometimes there was a theme for group or individual improvisation such as a certain emotion, other times the purpose of using this method was helping children with self-awareness and self-expression. Individual improvisations for expressing their current moods and feelings seemed to help most of the children and they liked the special attention when everyone was listening to them. In contrast, group improvisations seemed to make children a little confused or

uncomfortable. They were unfamiliar with the technique and it looked like sometimes they would have needed more structure.

I had two songs specifically about emotions and they both seemed to work well with the children. The well-known *If you happy and you know it* and *How do I know what I'm feeling* served the same purpose: recognizing their current feelings and moods and trying to figure out what one can do when perceiving certain emotions.

Planning and outcome:

Since most of the children had troubles with *emotional awareness* and *expression*, these activities helped them to achieve these goals without having a pressure to express these emotions only verbally. Children got engaged with the songs immediately and had their own ideas of expressing their feelings and thoughts freely. They managed to engage in conversations, shared personal stories about life at home and school related to feelings.

Originally, I had too many cards and I had to realize during the sessions, it was too much for them. They got bored and some emotions were difficult and complex to explain, such as proud, embarrassed or guilty. It is better to first take a look and express the basic emotions and if it is necessary and fits into the timeframe and age group, slowly widen their knowledge and vocabulary.

The theme of emotions represented the cyclic nature of action research in this case study, since I continuously included it through several sessions, making small changes and adding more activities to the theme.

Individual improvisations and music making with instruments based on their moods seemed to work well, and it encouraged them to guess how one can feel. It was a great way to *enhance empathy* and *listening to others* carefully. Group improvisations without a theme or playing a certain emotion did not work as well as I thought, it might be better to try it with older children, or when the group cohesion is stronger. However, it worked when we had one basic emotion that was easy to be understood and express, such as "happy", "sad" or "angry".

Emotions, as a theme was already given, and stories filled with strong emotions came up, especially during singing the songs. As we discussed how we can react to certain emotions, children also shared their experience from school or home when they had to face an emotionally challenging situation.

4.3.4 Receptive methods and activities

Grocke & Wigram (2007) describe a number of therapeutic goals when receptive methods are used in a classroom setting, such as relieving tension and stress, educating children to become calm when they are overactive, providing time-out from concentration on other tasks, introducing children to creative thinking and providing pleasure. (Grocke & Wigram, 2007)

I decided to use receptive methods to achieve some of these goals because I would have liked to see and explore the effect on the children's mood and behavior. With this specific group receptive methods seemed to be an appropriate way to *shift between activities* and *manage hyperactive behavior*. Sometimes I did music listening by itself, other times it was combined with drawing. There were a few occasions when music listening was rather spontaneous, and music was chosen by the children themselves.

Music listening

Music listening by itself came up as an activity a few times during the therapeutic process. In the beginning of therapy, I asked the children to bring one of their favorite music videos to the session. It has turned out to be a great success and for one of the children the most favorite activity during the whole process.

There were a few other times when I let the children listen to their current favorite music videos as a reward for staying focused and engaged. It happened to be a good idea because their music choices affected the process and helped me to plan the upcoming sessions. For instance, there was a session when only Reetta and Pekka were present and we had to be in a different room. It seemed almost impossible to engage Pekka in any kind of activities, but he was willing to show one of his current favorite music video. Reetta also showed her favorite that time and it turned out they both like rap music. The videos they showed were both rap music performed by children. Uhlig (2011) and Aigen (2012) have both reported individual

case studies where rap music was involved, and it helped children express their aggression and other feelings. Even though in this case it was only music listening, Reetta and Pekka both showed active engagement through behaviors such as mumbling the lyrics and moving in sync with the music. I could have had a lyrics discussion as well, but they did not seem to be interested in sharing their thoughts on the videos beyond finding them enjoyable and fun.

When we were listening to *The Carnival of the Animals: The Swan,* it was a spontaneous activity. It was after an active musical game that required a lot of concentration and it seemed to be a good choice to calm them down. Even though the activity was not necessarily planned before the session, the music was carefully chosen. The activity worked well because I gained information about the children's music preference and we also discussed the music itself. Pekka did not like the strings very much and Reetta said that the music was "lost" and sad. I made sure it is okay not to like a certain kind of music and I told them I appreciate they managed to stay calm.

Music listening combined with drawing

Music listening combined with drawing came up twice during the process and turned out be truly interesting and important. Punch (2002) describes drawing can be a creative and fun activity to encourage children to be more actively involved in research, although it is not always simple, and it depends on the children's actual and perceived ability to draw. First time we listened to *The Carnival of Animals: Aquarium* and they just had to focus on the music and their thoughts. After listening to the music, I gave them paper and crayons and let them to draw freely. During their drawing the same music was in the background. At the end we had a discussion both about the music and their drawings.

The second time I asked the children to visualize and draw something they want to have or do this year. It was on our first session after the winter holidays and I asked the same question before Christmas. The activity and the music itself were planned before the session. In the background classical music was played: *Tchaikovsky: Waltz of the flowers*. The music was not in the focus of the activity this time, it was more like background music to set a calm and relaxed mindset for the drawing.

Planning and outcome:

After *music listening* we had meaningful discussions about the music itself and sometimes even about the lyrics. Their choice and preference have spoken to me about their personalities, feelings and inner worlds. However, I did not want to get into too much analyzing and guessing but they were fun and important activity for all of us. During the discussions I tried to make a good example with making them respect each other's music choices and not being judgmental about taste.

Music listening combined with drawing turned out to be essential for the first time. I planned this activity to see how music listening affects their state of mind and to explore if certain themes come up in their drawing. One of the most interesting findings was a shape that has appeared in all the children's drawing. It looked like a doodle and it was described in various ways by each child. However, their drawings were different with various stories and themes. It looked like a doodle and it was described in various ways by each child. Pekka told a whole story about his drawing, it was like a movie with a lot of action. According to him the music was scary. Reetta described the music as sad and "brokey", meaning it was broken. She drew about death, an angel, broken heart and another heart shape that was a monster. Even though the themes appearing on her drawing were mostly sad, she was completely confident telling them to the group and she did not seem concerned. She explained she drew what the music felt like, therefore presumably her drawing was mainly affected by the music.

The second time the music itself was not in the focus of the activity, just in the background. The reason behind planning this activity was to get to know more about their wishes and future plans, how they see themselves either in a fantasy or reality. On one hand, it was an exceptional session with only two participants, filled with behavioral issues and it was difficult to get a meaningful outcome. On the other hand, I managed to get a little insight of their inner state. Pekka could not focus and was really angry, he wished for chocolate. Reetta drew her fantasy world where she would like to be: a castle, a prince and a princess. She was able to imagine herself in a fantasy, yet it still could be viewed as a realistic future wish.

4.3.5   Musical activities enhancing group cohesion, cooperation and self-confidence

This following category of musical activities is rather broad and the activities that will be described could almost create their own category. However, these were the musical games and activities that seemed to enhance group cohesion, cooperation between group members as well as self-confidence and self-control at the same time.

Conductor game

The idea of playing this game came from my previous experience in Hungary. I used to sing in choirs based on improvisation and the idea of conducting as a member of the choir was a part of our rehearsals. There were various signals for conducting and the signals were part of the method called soundpainting. (Soundpainting; http://www.soundpainting.com/) The signals are very simple, and the game can be played by children as well. There was a performance with a choir and other musicians when members of the audience could try conducting. A couple of children had the courage to go on stage and be the conductor and they enjoyed it a lot. This experience made me think conductor game could be a good idea for this specific group of children.

The game begins with choosing a conductor who will be responsible for giving simple signals to the group when to start and end the music and how to play. The conductor has to choose the tempo, the volume, usually not at the same time so others will not get confused. He or she can also choose who can play at a certain time, such as having a solo part.

As Ryan (2016) described this activity requires high level of interaction and control and can also strengthen group cohesion. However, she reported the group was not cohesive enough at that time and some of the children demonstrated challenging behavior.

Songwriting and creating video game characters

Combining music making with storytelling and role-play is a common way among music therapists to engage children in the therapeutic process. The literature review provides a couple of individual case examples when music was included into a story, show or well-

known songs were re-written and improvised in a different way with the clients. (Tyler, 2003; Uhlig, 2011; Brackley 2012; Aigen, 2012; Hakomäki, 2013)

Hakomäki (2013) describes the method called Storycomposing in her PhD work. Storycomposing as such was established in Finland in 2007 and has become a trademark. It has been used in clinical research in music therapy with people in all ages. It is also suitable for children and an appropriate method for the ones with disabilities or in rehabilitation. (Hakomäki, 2013)

> Storycomposing® is a model for musical interaction which provides the opportunity to express feelings and experiences that have significance for an individual. (Hakomäki, 2013, p.33)

Storycomposing includes a musical piece and a co-composer who is listening and then writing the piece down. The musical piece expresses the composer's feelings, ideas and thoughts. The notation can take various ways, such as using Figurenotes, drawing etc. After the process, there is always a performance with a special audience, it is like a concert. Storycomposing has a 4-step method: musical expression, interaction, artefact and performance. (Hakomäki, 2013)

Tyler (2002) states music therapy literature is generally biased in favor of children's individual clinical work, despite the fact that music therapy frequently takes place in a small group setting. However, based on a number of individual case studies and my experience of working with children as an art therapist I was hopeful that combining music and role-play or story-making could be beneficial and empowering for the group.

Planning and outcome:

Playing the *conductor game* showed the cycling nature of my work the most in the process. We played it three times in a row and from time to time I had to revise, see the effects and problems, then figure out different versions of the game. First, all the children had the same kind of hand drum and the only instruction was playing either quiet-loud or slow-fast. They all had a turn in conducting. It was a bit difficult for some of them to understand the difference between the tempo and volume, but it was not considered a mistake. After a while most of them managed to realize the difference. Even though it seemed like children enjoyed conducting and playing the game, their feedback was not positive. Therefore, the second time we played it a bit differently, we had various small instruments and the conductor also had the

chance to choose who can play at a certain time. That means sometimes one or two participants had a solo part and others had to be silent. We discussed why they did not like the game last time and it turned out it was hard to follow the instructions and it was too fast. I asked them not to be silly or too fast waving their arms and reminded them that conductors have responsibility. I made sure they only start playing when the orchestra is ready meaning that everyone is silent and waiting for the conductor's instruction. The second time turned out to be better and they demonstrated more self-control and confidence both with conducting and playing. For some reason children have still found the game boring or bad although they could not explain why. The last time I tried a different version was our last session before the Christmas break. We had the song "Jingle bells" accompanied with acoustic guitar and bells or shakers. Even though everyone had a turn being a conductor and they seemed to enjoy it and were all quite good at it, I did not want to push them to play something they do not like. However, this game helped with *enhancing attention*, *strengthening group cohesion*, *following instructions*, *differentiating between tempo and volume in music* and *self-confidence*.

The most interesting phenomenon about this game is that I received a great feedback from Pekka's mom after the second time we played it. He and Reetta are both part of a music class at school and they had a performance. Pekka was following instructions in the orchestra and was not being shy during the performance. His mom thought it is because of the music therapy sessions and she thanked me. There is no evidence that this conductor game was the reason he behaved in a different way, however, there still could be a link between these activities and his changed behavior.

The *songwriting and creating video game characters* activity could almost make an entire new category since it was a project and it went through a few sessions. It was part of the closure and was quite a challenge. The reasons behind choosing this activity were diverse. That time children kept talking about video games quite a lot and engaged in conversations with each other about who is playing what kind of games. It seemed like an effective way to re-engage Pekka to the therapeutic process since his behavior has changed and he refused to take part in most of the activities. First, children were asked to draw their video game character. I let them decide whether it is a superhero, a fictional character or even themselves. I also asked them to think about superpowers and later to think about how they could sound

like. The goal was to create the characters, make a video game theme song and possibly a story behind the characters. I was aiming for a recording as well to have a nice memory of the process.

Drawing and creating their own characters was the first step and it has happened in a nice, calm atmosphere. All children were involved and were happy to share information about their "superheros" with the group. Reetta drew herself as a video game character and she explained her character has all the superpowers and she can carry people. She seemed to be pleased with her work. Ville drew Hulk Hammer that is a real movie character. He explained he has a hammer, a shield and he is blasting energy out but after that he gets tired. Pekka was proudly showing his shark, whose name was "S" like shark. He used a video that helped him with drawing. Reetta had the idea to put / stick the drawings together and I supported her because it could really make them feel they are a team. After they were finished with their character I asked them to figure out what they could sound like and which instrument could represent them. They were trying out different instruments and we had a jam. Pekka was fond of drums but then he changed his mind and played the bass, Ville liked the electric guitar and Reetta was trying to play the drum that time. I did not give them any specific instructions first, just asked them to pay attention and give some space and time to each other while jamming. I was just there in the same spot and listening to their playing.

Since we only had two more sessions left to create the video game song I had the idea of using "Ducktales" theme song as a base for our group song. They all seemed to like the song when we listened to it at one of our sessions and they looked excited when I shared my idea of rewriting the lyrics. I wrote the new lyrics based on their characters and asked them to give a name of the group instead of Ducktales. Then they had to fill in the gaps for their own character. The group was named Supersingteam by Ville and Reetta. Pekka was busy concentrating on his drawing but he helped with the lyrics. The second last time music making was still more like improvising and jamming, I figured they need more structure to make the recording.

On our last session we continued working on the song together. I also stuck their drawings together with "glue tech" so they could look at them but later they can be separated and taken home. Pekka was excited at first but then he completely withdrew from playing the music. I

asked a few times if he was really sure about not participating in the song, but I did not force him, so he ended up sitting on a chair and playing with his phone. It was sad and disappointing for me since I wanted them to work together and the goal was to have a sense of achievement and be proud of the whole project. However, I had to respect and accept his decision. At least he was proud of his own character and he played music with others in the previous sessions. Since Pekka did not want to play, Reetta sat behind the drums and Ville wanted to play the electric drum set. I told them that if they really want to have almost the same instrument they have to keep the same rhythm. I found a basic drum sample on the keyboard that matched the song well and gave it a basic beat. I accompanied them on the guitar and helped with singing. The two of them seemed to enjoy playing and they were even trying to sing the song while playing the drums. We ended up making two recordings and the second turned out to be better. At the end, only Ville wanted to have the recording.

I have learnt a lot from carrying out this project and I could see my own mistakes as well. The whole idea seemed to fit the children's needs and the goals for both group and individual development. All the children were proud of their characters and showed *self-confidence* both in the drawing process and to some extent also in music making. It has certainly *strengthened group cohesion*, helped with *listening to each other*, and *enhanced creativity*. However, for making the music more enjoyable they would have needed more structure and I should have not let them change their minds too much about the instruments. Even though it did not turn out the way I expected I still truly recommend trying songwriting combined with a story for music therapy groups even for younger children. It can strengthen group cohesion as well as achieve individual goals, such as enhancing self-confidence and self-esteem.

4.3.6 Musical activities enhancing cognitive skills

This category for musical activities will describe a couple of games and activities that are suitable for enhancing cognitive skills such as memory, response time and attention. Of course, most of the activities described during the therapeutic process are complex and they can develop numerous skills at the same time but the ones under this category are focusing mostly on cognitive skills.

Musical hide and seek

This music activity was also played in the group of Smith (2016) and Ryan (2016). The rules are the following: one group will go outside of the classroom while another one is hiding a small instrument in the class. He / she has to help the one who is looking for the instrument with musical cues, such as playing on an instrument quiet-loud or slow-fast depending on how far the hidden instrument is. Ryan (2016) reported this was a game that the group asked to play frequently, and I happened to have the same experience. However, we played it in a slightly different way, since our group was smaller and there were many times that children were missing. I assigned them into pairs and made sure everyone is having the same amount of turns as well as trying out both roles (the seeker and the helper).

Musical hot potato

This game is a different version of musical chairs. The group has a ball and they pass it around while the music is playing. When the music stops, the one having the ball has to answer a question. It is also a good activity for getting to know each other. First, we played it in the beginning of the group process and children had to answer questions related to likes, dislikes and favorite things. The second time the activity was related to our theme about emotions, therefore the questions were more complex. Before the winter holiday I decided to adapt this game for getting ready for Christmas and called it "Tonttu" game. The basic idea was the same but instead of the ball one child had to go around while the "tonttu song" was playing in the background and the child who was reached by the "tonttu" had to answer a question related to winter or Christmas. This game is good for *developing attention, memory* and *cognitive processes* as well as *hand-eye coordination*. It can be adjustable for various themes and group members can also gather information about their peers.

Play if you…

Although we played this game sometimes in the middle of the therapeutic process, this activity is also suitable for getting to know each other better. It is also a nice game for warming up in the beginning of a session or when children seem to be bored or tired. This game can help with *developing memory* and *thinking processes*, as well as *response time*.

Regarding of social skills, as Ryan (2016) have also reported, it can encourage children to share a bit more intimate information about themselves without having the need of telling them verbally and help them to relate to each other.

Children chose a small instrument and I said various statements. They could only play their instruments if the statement was applicable for them. Some of the statements were simple like "Play if you're a boy" and some of them were more complex related to emotional situations such as "Play if you ever got sad because a friend said something mean to you". I did not ask them specifically to tell anything more than they wanted to share. This time we did not go into details about these statements, but it still could have been liberating for them to share personal information only through music. Even though we only played this game once, it was a nice way to get to know each other better.

Pass the beat around the room

This is a simple game that can get tricky and funny if participants say the syllables fast enough. Children sit in a circle and everyone can only say one syllable of the sentence "pass the beat around the room". The last one is clapping once at the end of the sentence and it goes around again. It seems too simple or childish, but in reality, it really is not. It requires *focused attention* and *enhancing short term memory* because they have to remember the previous syllables and put the whole sentence together.

Song with the shakers

I have found a song online (see the link at 3.6.2 in the description of session 13) on Wholesome Harmonies Music Therapy webpage. The original song and video was performed by a music therapist working with a child with special needs. She used two different colors of scarves for the movements. There was a shaking and moving part in the beginning and then the music stopped. After that short break the song was giving directions (left-right) and body parts where the child had to place the scarves. It is a great activity for *learning (lateral) directions*, *enhancing response time* and *attention* and *recognizing colors* (for younger children).

Rhythm game with bongos

There were two bongos marked from 1-4 and children had to repeat short rhythm patterns after me. I was also saying the numbers tapped out loud therefore it was not so difficult to remember. They had to watch my hands and listen to the pattern I was saying. After everyone had a turn, we switched roles and children had to figure out a rhythm for me. This game can be suitable for *enhancing attention*, *short term memory* and *hearing*. It can also be helpful with *self-control*.

Planning and outcome:

The *musical hide and seek* turned out to be a great success, two of the children assigned this game as their favorite. A few times it was a spontaneous activity, especially when it was hard to engage the children into the therapeutic process. Since our group was small, we played it in pairs, instead of the whole group helping one seeker, but if the group is bigger than 3-4 children, it is recommended not to assign pairs because it takes more time that way. This game kept the children *motivated*, *focused* and enhanced *memory skills*, *hearing* and *rhythm skills*, as well as *social skills*, such as helping each other. It is recommended to play at the beginning or middle of a session, since it requires attention and a fresh mind. Originally, this would be a great activity to enhance group cohesion, but in our group, it turned out to be rather enhancing cognitive skills.

Children enjoyed *musical hot potato* a lot when we played it with the ball, but it was a little confusing for them when we played the "Christmas edition" of it. Some of them had language barriers and some of them had behavioral issues. Most probably it was because of the last session before the winter break and everyone was waiting for school to end and have a nice rest. We had to stop playing the game and have a talk about rules and certain behaviors. However, children said they liked the "tonttu" game. Musical hot potato helped children *gaining information about each other*, *engaging to cognitive and emotional processes mainly related to memory* (with recalling favorite things, certain events etc.), *developing hand-eye coordination* and *motor skills*, as well as *enhancing response time*. The *Play if you…* game made the same effect on children and it was similar to the musical hot potato. However, the latter one seemed to be more enjoyable for the children.

I planned *pass the beat around the room* game because in the previous session we listened to some rap songs and I thought if we say these words in a certain way, it can sound like rapping. After we practiced the original sentence I encouraged them to figure out their own and make sure it has about the same number of syllables. That time they were quite tired, and they got bored quickly playing this game. However, it did not turn out in a bad way because Ville and Reetta figured out a sentence together: "I am happy, are you happy?" After about two turns I stopped the game because Pekka did not participating and it seemed like something was bothering him. Playing this game eventually led into a conversation and figuring out what could be bothering Pekka. Even though this activity has not become one of their favorites, it helped the group to *express their current emotional state* with small instruments after we were done playing the game.

We played the *song with the shakers* with different colors and sizes of shakers. I accompanied the song with my ukulele and next time with guitar. Children had to choose a small and a big shaker of the same color. Both times we played there were only Reetta and Pekka present that has affected the dynamics and the outcome of the game. Reetta was *following the instructions* and only made a few mistakes mixing left and right occasionally. Pekka was involved in his own ways. He did not take part very much in the game but once he accompanied the music on the drums, next time he was tapping the rhythm on a ball he found in the room and then bouncing it on a chair. He was *musically engaged* in his own ways, following the rhythm of the song. The outcome of this game would have been different if more children were there, however, it could be still acknowledged how the song helped them to *stay focused* and for Reetta, it was helpful to *learn directions* and *enhance response time*.

Rhythm game with bongos turned out to be a great game for the children and all of them were involved and enjoyed playing. Pekka had some troubles remembering the right pattern and I asked him to put his phone down so he could focus on the activity better. This game really helped him to be engaged and it was just the right level of challenge for him. When he had to figure out a rhythm pattern for me, he had a good idea. He played the drums as many times as the numbers were marked on them. Reetta was good at remembering the rhythms but I had to ask her to shorten her rhythms for me because first it was too long and fast. Ville also remembered the numbers and rhythm well but just like Reetta he was also playing a bit fast and too long first. I highly recommend this activity for distraction and when children seem to

be a bit bored. I also suggest playing it sometimes in the beginning of a session because it requires focused attention and a fresh mind. It was a helpful tool to *enhance focused attention*, *short-term memory* and *gaining more self-control*.

4.4   Group and individual development

4.4.1   Group developmental stages

In this section I will describe the developmental stages in the group based on both Tuckman and Jensen's model and the Bernstein and Lowy model presented by Bonebright (2010) and Bussmann (2014) in the literature review. Both models have five stages of group development and have a lot of similarities. However, it was not easy to identify the different developmental stages during the process. The development of this specific group was certainly not linear and since there were a lot of absence of children, missed out sessions and changes in the environment, sometimes the group went back to a previous developmental stage. The group cohesion was not strong enough, especially when we started the second half of the sessions. All the changes have affected the group dynamics a lot and created uncertainty and other issues throughout the process. Besides describing the development of the group, turning points in the process will also be addressed and pointed out.

Forming / Orientation

The first phase of group development is about getting to know each other, creating rules, testing boundaries and becoming interested in other group members and the leader of the group. (Bonebright, 2010; Bussmann, 2014)

The first developmental stage has happened from Session 1-3. These sessions were about introducing each other and establishing the rules. Children were mostly shy but all of them seemed to be helpful and nice to each other. Levi and Ville were struggling with English, but Ville was determined to make himself to be understood and he was not afraid to express his thoughts in Finnish either. Reetta and Pekka were helping to translate. In this phase Mikaela was part of the circle the whole time as a facilitator. Even though this stage is usually filled

with uncertainty and finding roles within the group, children were surprisingly kind and open to each other as well as towards the leaders.

After the first three sessions there was an autumn break, the process continued two weeks later.

Storming / Power of struggle

The second developmental stage started mainly from session 4 but it felt like the third developmental stage at certain times as well. Children have become more open and confident, but they were also testing boundaries. The "honeymoon period" was over and they started to show a bit of misbehaving. However, it seemed like a natural process and they were never out of line. Since Mikaela was no longer part of the circle I had to find my role as a leader. From session 4-6 it seemed like a mixture of two developmental stages: storming / power of struggle and norming / familiarity.

Norming / Familiarity

As I described, it felt like two developmental stages were happening in a mix from session 4-6. Children seemed like accepting each other and there was a nice atmosphere throughout the sessions. Although, there were some teasing, playing around, misbehaving and some children were still trying to find their role in the group. They seemed to accept me as the group leader and most times they listened to me. However, it was difficult to identify the developmental stages and see the group dynamics because most times the group was not complete. Either Levi or Ville was missing, there were usually only three of them present at times. Levi was more like an outsider or visitor, but he created a bond with Pekka and he seemed to get along well with Ville too. Session 6 was somehow a *turning point* in the process. We went a little bit back to the first group developmental stage and we had a conversation about the rules again because there have been some issues regarding taking care of instruments, leaving the circle or poking / teasing each other. Even though children seemed to be competitive with each other occasionally, they were co-operative and open to share their thoughts at the same time. In that session Levi was able to open-up, helping with counting the sounds when we played a listening game and he shared his drawing with us.

The following sessions seemed to stay in the second and third developmental stage, somehow stuck in between. In session 7-10 power games and smaller behavioral issues continued, However, sometimes the group was able to work together in a co-operative way, but it could not truly reach a sense of togetherness or working towards a certain goal / task. At session 7 only Reetta and Pekka showed up and it certainly changed the dynamics. It turned out to be a good session and they both enjoyed playing the musical hide and seek. The following sessions were quite challenging, and the group was still in between two developmental stages. It seemed like children were still struggling finding their roles and some of them had behavioral issues. Thus, I decided to play musical games where they can try different roles, such as conductor game, musical hide and seek or the "tonttu" game. Sometimes it turned out to be successful, other times they started to misbehave and even hurt each other. Those times we had to stop playing and repeat the rules of the group. Session 9 was also a *turning point* in the process. On one hand all the children were fully engaged in the activities and they were excited to share their thoughts, feelings and ideas. On the other hand, sometimes they got a little too excited and started to hurt each other. It happened in a rather playful way, however, we had to repeat the rules and have a talk about being careful. Unfortunately, this was the last time when all the children were present. For a few moments a sense of togetherness could be felt, and I had the impression they were really working as a team. Session 10 was the last before the winter holidays and it was filled with Christmas atmosphere. Children seemed a bit tired and even bored, ready for the break. It was not easy to engage them and make them focused during the activities. Especially Pekka was withdrawn from the activities from time to time or he was engaged in his own ways. However, there were not any major behavioral issues and we managed to discuss future plans and wishes for the next year.

After a long break the group went through a lot of changes. First, Levi quit the group because his mom said he will start other after school activities and therapy, and it would be too much for him. He was on and off during the first half of the process, therefore it was not surprising. Even though he seemed to enjoy most of the activities and started to form nice relationships with his peers, he probably felt uncomfortable not understanding English very well. Second, we had to start our session 11 in a different room because the original place was occupied. Pekka did not even want to come in but after some time he was convinced. The session was a bit unusual and I was willing to follow ideas and wishes of the children to keep them engaged and slowly get back to our routine. There were only Reetta and Pekka present and it has

changed the dynamics again. It seemed like we had to start almost all over again. Pekka had behavioral issues, he seemed angry and he was bothering Reetta, such as throwing his artwork at her. He did not listen to me and he even left the room before the end of the session. Session 12 started in a better atmosphere even though we had to be in a different room again. That session was another *turning point* during the process. Ville also showed up and children were more engaged in the activities. None of them were having harsh behavioral issues and Pekka was having more self-control than in the previous sessions. Although, Pekka was a little withdrawn from activities, and it turned out he preferred our original room. That was the main reason for him to be angry last time. However, later it turned out it was not the only one, but I could only guess. It seemed like we were slowly getting back to our routines but at session 13 and 14 there were only Reetta and Pekka present for the third time in our process. Pekka refused to participate in almost any kind of activities, he left the room and he did not listen to me. He also seemed to be angry with Reetta, bothering and hurting her. It was difficult to figure out what could be bothering him, since we went back to our original room. Regarding of developmental stages session 11-14 certainly represented the second (storming / power of struggle), and it almost felt like the group was falling apart.

Performing / Differentiation

When I was analyzing the group process and developmental stages, I had to realize, our group barely reached this stage of group development. There were times before the winter break, when I could sense the group was getting there but it has never truly achieved that stage where they could all work together towards a certain goal or task without power games or behavior problems. In fact, the group was hardly ever together. For reaching this stage of development, the group would have needed consistence, such as more stable attendance of group members, the same environment and probably more structure. In other words, there were too many unexpected changes in the therapeutic process, as well as in some of the children's personal life.

Adjourning / Closing

Session 15-17 were about closing the process. However, it did not feel like a real closure and the group was still not stable. I was supposed to complete 20 sessions altogether but due to

attendance problems, such as travelling, illness or forgetting coming to sessions I could only complete 17. Session 15 was our fourth *turning point* in the process. We started our project with the video game characters and theme song and managed to finish it within the last three sessions. It was difficult to engage Pekka in the group project or in other music activities. He completely withdrew from playing the theme song for the group. However, we shared nice moments, managed to create the characters, played music together and everyone took part in rewriting lyrics for the theme song. I acknowledged, group members have had troubles attending the sessions and some of them probably had some other issues outside of therapy. Most children seemed to be busy, overwhelmed and tired. They were ready to finish the group and even though it did not happen in the way I expected, the group project was completed, and children shared their favorite things and activities throughout the process.

4.4.2 Individual progress

In this section I will describe the children's characteristics and personal progress in more details with the help of their parents' and teacher's feedback based on the questionnaires I have sent them in the beginning and the end of the process (see Appendix 2, 3, 4). Since Levi was only taking part in five sessions altogether, I did not ask for any formal feedback for him after the process. I have received the first part of questionnaire from his mom, but I have never gotten a reply from his classroom teacher. However, it is important to include his personal process as well. He has made an influence on group members and even within those five sessions he has made a recognizable progress.

Levi

Levi was a shy, reserved member of the group. On a scale of never – rarely / sometimes – more likely / often, his mom addressed he *often* follows directions, expresses his feelings and takes turns. *Sometimes* he demonstrates self-control and shares with others. He was described to be a leader but also someone who can be a follower. According to his mom, he expresses anger mostly by yelling, hitting and running to his room. When he is sad he tends to act closed and looks depressed showing a careless attitude. Sometimes he can tell about what is bothering his and he cries and needs hugs. Talking does not help him to calm down in a difficult emotional situation but being alone for a while does. After he calmed down he is ready to sit on his mom's lap. He was going through a difficult period and he had a lot of

behavioral issues, such as rage at school. His mom reported he might have Asperger's but after consulting with a lot of professionals, it turned out he does not have it. However, his social skills are a bit behind of what is expected at his age.

In the group I could not see any of the addressed behavioral issues. It seemed like he was in good terms with Pekka and Ville, even though they were teasing each other as well, especially with Pekka. He had difficulties understanding English instructions and that was most probably one of the reasons he left the group. He was participating in half of the sessions in the first semester and he was engaged in all kind of activities. He opened-up a bit during the sessions and he was even joking and smiling from time to time in the therapeutic process. Occasionally he was misbehaving, such as poking or bothering Pekka, but it was mutual and mostly harmless. He did not seem to intend hurting others at all and even when he did, it seemed rather playful. He only had some issues expressing himself and that was most probably because of his language barriers. Unfortunately, because of his lack of attendance he could not become part of the group fully and other children were either a bit distant with him or slightly teasing him. His peers probably would have accepted him more if he would have come to the group more often. However, it was a pleasure getting to know him and working with him even for this short period of time.

Ville

On a scale of never – rarely / sometimes – more likely / often – always Ville was described as someone who *often* follows directions, shares with others, takes turns, demonstrates self-control and *sometimes* expresses his feelings. Based on this feedback I had the impression that he has some problems with expressing emotions. His mom also reported he likes music listening, he tends to be a leader in small groups but a follower in big groups. When he is in a difficult emotional situation, conversation and letting him calm down helps.

His classroom teacher seemed to share similar opinion as his mom. She described him as someone who *often* follows direction, expresses feelings, has joint attention, shares with others, initiates interactions with his peers, takes turns, and demonstrates self-control. *Sometimes* he maintains eye-contact and be a leader of a group or activity. She also reported he has learned a lot about how to be a member of a group and he even asks if he is allowed to

sit alone for a while. According to his teacher, his general knowledge is very good, and he knows a lot about history.

The information I have gained from the questionnaires seemed to be in congruence with what I have observed in the group. He did not show any behavioral issues and he was always following instructions. He showed concern and empathy towards his peers, such as gently touching them or stroking their heads when they seemed to be upset. He was always helpful with translating to Levi, even without asking. He has opened-up during the therapeutic process and was able to show his unique and fun personality. When he had the chance, he enjoyed being a leader, but he was always able to follow others as well.

His favorite activity during the process was when he had the chance to show his favorite music video. He even remembered that it has happened in our second session. His personal goals have been achieved in some extent. Although he seemed to have troubles setting his boundaries occasionally and he did not get offended when he was being teased or bothered, it could be a positive trait. His easy-going and forgiving personality helped him to form a good relationship with his peers, and he was never afraid sharing all the ideas and thoughts in his mind in both languages.

After the group has ended, his mom reported he has been more positive than before and he liked coming to the sessions. He was telling his mom about the songs we were listening, and he liked that "teachers" spoke English. His family had some problems with schedules and sometimes he forgot to come to the sessions because parents could not remind him during the day. Overall, he has a more positive attitude for life and he liked the international atmosphere as well.

Reetta

On a scale of never – rarely / sometimes – more likely / often – always Reetta was described as someone who *always* follows directions and shares with others. Her mom marked both *sometimes* and *often* for expressing feelings. She *often* demonstrates self-control. It was a misunderstanding with the term "takes turn", therefore that part has been left out. According to her mom she is a follower and at school everybody wants to play with her. She is very

popular at her class because she is "equal to everybody", according to her teacher. Her mom also reported she has started to express her emotions more, especially anger.

Her classroom teacher's feedback seemed to be similar as her mom's. According to her she *always* follows directions, shares with others, takes turns and demonstrates self-control. She *often* pays attention, initiates interaction with her peers, tends to be a follower and maintains eye-contact. *Sometimes* she expresses her feelings and can be a leader of a play / group activity. Her teacher also described Reetta does not easily talk about worries and troubles, and she has encouraged her to talk to her if there are any issues on her mind. She likes to make other people feel good and does not want to worry them. According to her teacher she is independent, very brave and gets along with everyone.

Based on my observation both her mom's and teacher's feedback resonated with how she behaved in the group. She was always eager to share her thoughts and ideas and most times she was following instructions. Just as her mom reported, she was more and more able to express negative emotions, such as anger or sadness. She tended to be warm-hearted and sensitive, but that does not mean she could not stand up for herself. She could be a leader or even a little bit bossy when she was in the mood. Occasionally she lost her motivation and seemed to be tired.

In the beginning of the process it seemed like she has troubles setting boundaries, especially with Pekka. That was one of the goals for her and she managed to achieve it. As time went by she has become more assertive and she was able to protect herself when Pekka was offensive or hurtful. She seemed to enjoy coming to the sessions but in the second half of the process she was less motivated. Her favorite activity was the musical hide and seek, however, she was always engaged in any kind of activities.

After the therapy was over, her mom reported she started to show her emotions more, especially anger / rage which she had difficulties before. She liked the group and it was always nice being there. She also liked playing the drums. She felt that it was better that Levi has left the group. According to her mom she had benefits from being in the group and she is more balanced now.

Pekka

On a scale of never – rarely / sometimes – more likely / often – always Pekka was described as someone who *always* expresses his feelings and shares with others. He *often* follows directions and her mom marked both *often* and *sometimes* for demonstrating self-control. She did not mark anything for taking turn as there was a misunderstanding for the term. Her mom described him as a follower and at school everyone wants to play and be with him. She addressed he likes the drum and rhythm instruments, but he has also been playing the piano at music school with the teacher. She described he expresses his feelings immediately, like a "king of drama", then after a while he calms down like nothing has happened.

According to his classroom teacher, Pekka *always* shares with others, initiates interaction with peers and takes turns. He *often* follows directions, expresses feelings, pays attention, demonstrates self-control, maintains eye contact and tends be a follower. *Sometimes* he is a leader of a play / group activity. She described him as being very open and showing his feelings. Although, he is very reserved about new situations and people, but he is happy and active with familiar situations and people. He gets along with everyone and is a talented team player.

His mom's and his teacher's feedback resonated to my observation of him in the group to a certain degree. In the beginning of the process he seemed to listen and follow instructions and he was able to focus on the activities. He was a little reserved as his teacher also described, but he opened-up early in the therapeutic process. He seemed to enjoy participating in the activities and he demonstrated friendly behavior towards his peers most of the time.

However, as we were getting further in the process, he started to show his mischievous side as well. I did not see this as a big problem because he was just testing boundaries. Occasionally he was not listening to me, chasing and bothering others during activities or teasing others on purpose in various ways, such as making an annoying noise with the ocean drum throwing and spinning it around. He wanted attention and see how we react to his behavior. He needed clear boundaries, therefore sometimes I had to repeat the rules or had a talk with him or with the whole group. It usually helped him, and he was able to control himself. In the second half of the process his behavior has gotten a little out of control. His main goal was emotional

expression both verbally and musically, but it has changed over time. It has always been hard for him to express his anger, at least verbally. But then I had to focus on other goals with him because he was detached, and he was barely engaged in activities. Moreover, he started to be mean and hurtful with his peers, especially with his sibling.

Most probably there were several factors affecting him both inside and outside the therapeutic space. He did not like any kind of change, therefore when we had to spend two sessions in a different room, he lost his balance and safety. In addition to that, I got to know they have moved to another apartment recently. There were a few occasions when only Reetta and him showed up for a session, and it seemed like another unpleasant change for him. He always seemed tired and overwhelmed in the second semester of therapy, and he told me he found therapy too long. He also had a class right before our sessions. I was trying to be understanding and calm, but I realized it would have been better to set strict and clear boundaries again. However, some of his goals have been achieved to a certain extent. He was able to express his anger occasionally, at least in music. He expressed boredom or tiredness verbally. It was difficult to find the right amount of challenge for him and make activities interesting. Even though he did not get fully involved in all the activities, the opportunity for joining was always there for him and from time to time he was excited to take part. He managed to create his own character and he was proud of himself without ruining others' work or self-confidence. His destructive behaviors and withdrawal did not disappear completely, but he was better at controlling himself and be a part of the group.

After the therapy was over, his mom reported he has become calmer and balanced during the time of the therapy and he can handle anger better. He does not have rage almost at all anymore. He is not so shy anymore and had a performance at music school's Christmas matinee. He also performed in the Suomi 100 Independence Day party at school which was his first time. He also felt it was good that Levi quit the group and he said Ville was so nice. He thought the group was good. Overall, according to his mom he had benefits from therapy as he has become more balanced and calm.

5   DISCUSSION

This section provides a summary of the findings, process of therapy, therapeutic factors and limitation & future suggestions. Findings have showed that group music therapy can be an effective way to regulate behavior, help with expressing emotions, have emotional awareness and enhance cognitive skills as well.

5.1   Therapeutic process

The group was formed by four children aged 7-10 years in the beginning. In the first half of the process the group went through three developmental stages from forming / orientation to norming / familiarity. It seemed that the group was stuck in between the second and third stage, and it did not reach a high level of cohesion. However, it was expected, because it is not common to reach strong group cohesion within 10 sessions. Besides that, children started to form good relationships with each other and there were several sessions when there was co-operation between them. Personally, I am pleased with the first half of the process in regard of going through the developmental stages and seeing children forming relationships with each other. The group atmosphere was mainly positive and warm, filled with fun and even intimate moments. Children seemed to enjoy the sessions, most of the activities and the company of each other.

In contrast, the second part of the process has started with a throw-back. One child has quit the group, there were changes in the therapeutic space and the continuity of the sessions has been broken because of scheduling issues. The group seemed to fall back to the second developmental stage with lots of power issues. In the first few sessions of the second semester it almost felt like it was going to fall apart. Fortunately, when all the three members were together again in the last three sessions, the group managed to have a closure. The group project seemed to bring the children together again and all of them were engaged to a certain degree. The second half of the process turned out be shorter than the first with a total of 17 sessions because of scheduling issues related to illnesses or holidays. Children seemed like too tired in the second semester a lot of times, therefore it did not seem appropriate to push them having additional sessions after Easter. It would have been another long break and it

would have made another fracture in the process. However, even though we did not manage to complete all 20 sessions, the group process still turned out to be finished and children were ready to leave the group.

There were *four major turning points* identified in the process. These are rather subjective and happened to emerge from the data I have collected. These four sessions – 6th, 9th, 12th and 15th – happened to be the most important in regard of the therapeutic process. During these sessions there was a high level of engagement, a sense of togetherness and co-operation between the children. The group cohesion also seemed to reach the highest level at these sessions. The reasons behind the turning points could be various. I believe my role as a therapist also made an impact on the sessions. There were common factors I observed within these four sessions. I had a stable plan before, I was calm and confident, and the boundaries and rules were clear. In addition, children were more engaged in making decisions. There was a balance between following the plans for the sessions and giving freedom to the children to decide what they like. Overall, the sessions had a nice "flow". The music activities certainly made an effect on the process. Even though not all of them have become the children's favorite, they have helped strengthening group cohesion, synchronicity, enhancing emotional awareness and listening to each other.

The *goals for the group* have gotten achieved to a certain degree. *Co-operation* could be acknowledged in some of the sessions, as well as *emotional awareness* and *expressing emotions verbally and musically*. However, group members seemed to be struggling with accepting each other from time to time. The group was rather small, and it was difficult to separate group goals from the individual ones. There was an overlap between the group and individual goals and processes and they were naturally affecting each other.

5.1.1 Therapeutic factors

Brabender et al. (2004) described therapeutic factors in group therapy by MacKenzie: supportive factors, self-revelation, learning from others, and psychological work factors. Among supportive factors *altruism, acceptance, sense of togetherness* and *cohesion* were present in the group from time to time. Children were helping each other with translation, they were able to listen to each other and there was a sense of togetherness occasionally. However, these factors were not present all the time throughout the process and it seemed

natural. Self-revelation factors include *self-disclosure* and *catharsis*. While self-disclosure could easily be visible as time went by, catharsis was a lot harder to be identified during the process. On an individual level catharsis was more recognizable than on the group level. Learning from others was a crucial therapeutic factor for the group. *Modeling* has been present all through the group process both within therapist-children and children-children interaction. As a therapist, I was trying my best to establish the rules together with children, give them guidance, as well as provide the opportunity to learn from each other. Among psychological work factors both *interpersonal learning* and *self-understanding* have emerged slowly in the therapeutic process. Occasionally, it was hard for some of the children to accept feedback from others, especially for Pekka. It was important to give and receive negative feedback as well, for example when someone was too loud, disrespectful or hurtful with others. I made sure all feelings are valid and okay, as long as they are expressed in ways without breaking objects or hurting others in any ways.

5.1.2   Therapeutic space and environment

Therapeutic space is a very important part of the process itself. As Brabender et al. (2004) also describe, therapist has to pay attention to illumination, the size of the room, noise level and temperature. The sessions were taken place in the music room of the school. Cushions were not provided, therefore I brought blankets to sit on the floor in a circle. A lot of instruments were already in the room, such as piano, drum sets, keyboards, electric and acoustic guitars. Small instruments, such as triangle, shakers, xylophone, bongos and rhythm sticks were available in the storage room next door. Occasionally, I also brought some of my own instruments. The environment seemed to be well-equipped, calm and bright. Lights were adjustable that was great for a quiet music listening for example. The room seemed to be almost sound-proof, although some noise from the outside could be heard sometimes. One time the electric bell was making an annoying noise during the session, but children managed to focus and play despite of that.

There were two occasions when we had to be in another room. I was trying to make similar conditions, such as having blankets, sitting in a circle, having a few instruments. However, it affected Pekka a lot and it was natural, since children usually need stability and continuity.

This change of the environment was sudden and unpredictable; fortunately, it did not last for a longer time.

5.1.3   Role of the therapist

I was aware of the fact, that the relationship between therapist and clients has a great effect on the therapeutic process itself (Horvath, 2000). It was not easy in this case because I had to find the balance between a teacher and a therapist. Sometimes I was struggling to set clear boundaries, be firm and understanding at the same time. However, my work experience as a teacher helped me to connect with children easily and form a good relationship with them.

There are a few other characteristics for the therapist to be embraced and developed, in order to have a successful therapeutic process with the group, such as belief in the method, having capacity for empathy and caring, self-awareness, ability to deal with narcissism and shame, and optimism. (Brabender et al., 2004) I believe I was trying my best to provide these traits, but the therapist is also a human being with mistakes and flaws, so am I. While I was aware how important is to be present and balanced, there were times when I could not manage to be fully present or I was not well-prepared for a session. I realized, the changes within the therapy affected me as well, not just the children, and I felt disappointed or lost from time to time. I was struggling to find motivation and be optimistic again in the second semester when the attendance was rather poor for a while. In the second semester Mikaela was not present a lot either, and I had to learn to work on my own and manage various issues emerging in therapy. It was a great learning experience though.

5.2   Limitations & recommendations for future work

After discussing the findings of this group therapy and reflecting for the process, it is also important to see the limitations of the study and provide recommendations for further research in this field.

Lee (2016) has reported 20 sessions were not enough for their group to reach a high level of cohesion and for group members to form solid relationships with each other. In my experience, 17 sessions were enough for the children. However, I also agree with Lee, more

sessions would have been better to have a higher level of group cohesion. In this case it was impossible and unnecessary to organize more sessions and to push children to attend. It was better for the children to finish it with less completed sessions than it was originally planned. Although, I would recommend starting a group project earlier, sometimes in the middle of the process because I felt we did not have time to reach the group's full potential and children have lost their motivation at the end. Smith (2016) have also mentioned the length of the sessions which was the same in this study. It seemed to be suitable for the children, although Pekka was complaining that it was too long in the second semester.

Another limitation was the size of the group. It would have been better to have 5-6 children in the group to avoid cancellations or big changes in the dynamics because of the number of participants. Three children were barely formed a group and it also limited the data. Unfortunately, that was a given situation and I could not change it, although I recommend having at least 5 children in the group, if possible.

Both Smith (2016) and Lee (2016) have mentioned their experience in the field as a limitation of their study, as well as the lack of supervisions. This case study was different because after seeing the size of the group Mikaela decided to observe instead of being a co-leader of the group. Mikaela has a bachelor's in Music Therapy and a lot more work experience than me. We seemed to be working well together because her experience and ideas were beneficial and helpful for me, but at the same time I could be independent and figure out my own style, role and framework for the process. Mikaela and I had supervision from time to time and discussed the progress and challenges of the group. Occasionally I also had supervision with my supervisor. However, I felt my lack of experience in research and music therapy was a limitation in this case study as well. I recommend supervision on a regular basis, such as once a week, preferably with a clinically trained music therapist.

I managed to form a good relationship with the parents and gather feedback from them, but I did not engage teachers in the study as much as Smith (2016) and Lee (2016). It was more difficult to get in touch with teachers as they were busy with work. Although for future research I recommend including teachers more in the process and let them know about the possibilities of music therapy. Making connections and co-operating with school staff can foster the spreading of music therapy in school settings.

Action research as such has benefits and drawbacks when conducting a case study. As Stringer (2007) pointed out it accepts diverse perspectives of different stakeholders. The focus of action research is to ensure various ways to describe and interpret events. Stringer also mentions that action research is not yet fully accepted among academic researchers because "it's not scientific".

I can both agree and disagree. On one hand, it is difficult to be a participant and a researcher at the same time, data analysis and describing the findings are mainly subjective that can make the study less reliable and valid in some ways. As Taylor et al. (2006) mention action research is local in nature, thus results cannot be generalized that can also be a limitation of the study. On the other hand, it provides the opportunity for the researcher to grow as a person, find unique ways of solving problems and representing findings.

The aim of this case study was to find appropriate music activities for children with social, emotional and behavioral concerns aged 7-10 years, describe the therapeutic process and framework, as well as the group and individual progress. I hope this case study will motivate future student music therapists and researchers to further research in school settings and promote music therapy as a possible way for prevention.

5.3   Conclusion

Organizing group music therapy in a mainstream school setting was a valuable and exciting experience for me. Even though I could read and learn from previous case studies, no groups are the same and it is impossible to repeat a case study even with similar settings. There were a lot of factors needed to be considered during the process: contacting the headmaster, teachers and parents of the participants; creating a safe and appropriate therapeutic space; establishing framework; being creative and flexible during planning and representing the musical activities; making assessments and learning diaries / notes for group-and individual progress; having supervision; finding the role of a group leader.

I managed to discover the effect of various musical activities on this particular group of children, follow their development and be a part of a group process both as an observer and group leader / researcher. I have faced many challenges, such as juggling between the role of

a teacher and therapist, children leaving the therapeutic space or quitting the group, and all the unexpected changes in the therapeutic process.

It was truly an honor to work and play music with the children, getting to know more about Finnish language and culture, and follow through a group therapy process. This experience helped me to grow as a person and further deepen my knowledge about music therapy as a profession.

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Appendixes

Appendix 1

8.2 ASSESSMENT FORM I
Client's Name:
Date of Assessment:
Assessors:

SOCIALIZATION:

Attention Span:
- o Focused
- o Brief

Interaction:
- o Eye contact brief
- o Waits for turn
- o Gesture greeting
- o Takes turn
- o Sharing
- o Listens
- o Leadership skills
- o Understands
- o Group interaction
- o Follows

Level of Engagement:
- o Active
- o Passive

Comments:

SENSORY:

Response to Sound:
- o Head turns
- o Eye scans
- o Body involvement
- o No response

Investigates Environment:
- o Visual
- o No response
- o Tactile
- o Not applicable

Uses Visual Cues for Direction:
- o Yes
- o No

Comments:

COMMUNICATION:

Receptive Language:

Understands:
- o Verbal
- o Sang
- o Gesture

Comments:

Imitation Skills:
- o Rhythmic
- o Vocalizations

Expressive Language:

Verbal:
- o Large vocabulary
- o Limited vocabulary
- o Echolalia
- o Not applicable

Non-Verbal:
- o Vocal
- o Facial
- o Motor

Comments:

MOTOR:

Gross Motor:
- o Ambulatory
- o Non-ambulatory

Physical Movement to Rhythm/Music:
- o Related
- o Unrelated

Eye-Hand Co-ordination:
- o Good
- o Poor
- o Fair

Comments:

Fine Motor:

Instrument Manipulation:
- o Independent
- o Physical assistance

o	Physical assistance required (sometimes)	required

Comments:

PSYCHOSOCIAL:

Behaviour:

o	Self-Injurious	o	Non-Compliant
o	Aggressive	o	Passive
o	Perseverative	o	Self-Stimulatory
o	Others:		

Affect:

Expresses:

o	Verbal	o	Non-Verbal

Identifies Emotions:

o	Yes	o	No

Comments:

OVERALL PRESENTATIONS OF SELF:

o	Anxious	o	Withdrawn/guarded	o	Pleasant/co-operative
o	Hyperactive	o	Well integrated	o	Depressed
o	Hypoactive	o	Resistive	o	Distractible

Others:
Comments:

MUSICAL RESPONSES:

Vocal:

o	Sings on pitch	o	Sings unrelated song or own choice
o	Sings isolated words/phrases of song	o	Chants isolated words/phrases of song
o	Sings words and melody of entire song	o	Vocalizes non-pitched sound
		o	No vocalization present

Instrumental:

o	Plays rhythmic pattern of music	o	Uses instruments expressively
o	Changes rhythmic pattern in response to music	o	Plays perseveratively

Responses to Music Elements:

o	Dynamics	o	Rhythm
o	Frequency	o	Tempo

Comments:

Appendix 2

Questionnaire for teachers for a Master's Thesis

Please fill out this short questionnaire below about the child's personality and characteristics. Please use a different font, italics or another color for differentiation.

1. Please put an *X mark* for the frequency that most represents the child's behavior on this scale for each following statement:

	Never	Rarely / Sometimes	More likely / Often	Always
Follows directions				
Expresses feelings				
Joint attention				
Shares with others				
Initiates interaction with peers				

Takes turns				
Leader of a play / group activity				
Follower				
Demonstrates self-control				
Maintains eye contact				

Any comments for the sections or other observation you would like to add?

Is there anything else you would like to mention about the child that you think is important? (E.g. events, interest, objects he / she is attached to etc.)

Thank you for filling this survey out!

Appendix 3

Questionnaire for parents for a Master's Thesis

Please fill out this short questionnaire below about your child's personality and characteristics. Please use a different font, italics or another color for differentiation.

1. Please put an *X mark* for the frequency that most represents your child's behavior on this scale for each following statement:

	Never	Rarely / Sometimes	More likely / Often	Always
Follows directions				
Expresses feelings				
Shares with others				
Takes turns				
Demonstrates self-control				

Any comments for the sections or other observations you would like to add?

2. Please answer the following questions

- When playing with others would you consider him / her as a leader or follower?

- What kind of musical activities does your child like? What is his / her favorite instrument if any? Any musical preferences?

- How does your child express difficult emotions such as anger and sadness? What makes her / him calm and balanced again after a situation including these emotions?

- Is there something else you noticed in your child's behavior in the past 3 weeks?

- Anything else you would like to mention about your child that you think is important? (E.g. events, interest, objects he / she is attached to etc.)

Thank you for filling this survey out!

Appendix 4

Questionnaire for parents for a Master's Thesis - Part 2

Please fill out this short questionnaire below about the music therapy group process. The questions are open, there is no right or wrong answer for them.

1. How do you see your child's progress and role throughout the therapeutic process based on your perspective? Is there any difference in your child's behavior and / or emotional reactions before – during – after the therapy?

2. Does your child have any stories or memories? What is your child's experience with the group?

3. Do you think your child had a benefit from music therapy? If so, what that could be?

4. Do you have any other comments related to the therapeutic process? (positive, negative, constructive)

Thank you for filling this survey out!