How Do Music Therapy Methods & Techniques Contribute To Adolescent and Young Adult Student Confidence At A Special School In New Zealand?

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Abstract

This exploratory study investigates how methods and techniques employed in 'client centered' music therapy contributed to student confidence, during individual and group sessions, with young adolescents and young adults who have delays in various areas of development. Secondary analysis of twenty weeks of clinical documentation of music therapy session notes, including a student reflective journal were used to identify methods and techniques at play. A thematic analysis was applied to analyse and interpret the details of musical interactions. The analysis of the musical interactions has helped the researcher to understand and articulate the methods and techniques that contributed to confidence. Four themes that emerged from the student music therapist's application of music therapy that appeared to contribute to student confidence were: 1. making meaningful relationships; 2. participating in practical work; 3. creativity; and 4. providing affirming input. Within these themes there was an array of interactions where methods and techniques were visible and these are described in a findings and discussion section. Although findings from this qualitative study cannot be generalized they do suggest that the student music therapist could contribute to the confidence of the young people through a reflexive, humanistic approach to practice, and by keeping an appreciation to student abilities.

Acknowledgments

The journey of learning to become a music therapist and a researcher has been an all-encompassing experience. As well as being educational and enjoyable, the process has tested my strength, character and perseverance. Now, I consider my training to be innately part of me.

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This work is dedicated to Bailey Kuluea Martin, Bill Martin and Elva Simpson.

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Chapter 1: Introduction

1.0 Background

This research focuses on individual and group music therapy work I completed at a special school setting in New Zealand in 2014. During this period I was in a second and final year of a full-time Masters of Music Therapy degree. I was required to undertake seven hundred and fifty hours of clinical practice towards my qualification at a special school facility. As a student music therapist, the student placement was a highly valuable training experience that gave me the opportunity to; plan sessions, observe and participate in leading and co-leading sessions, and gain experience in facilitating sessions on my own (Wheeler, 2005). Part of the work at the facility required the maintenance of clinical observations and a reflective journal of the therapeutic interactions I had with students over eight months of a fifty-minute session per week. During the placement period, I undertook individual and group sessions with adolescents (11-18) and young adults (18-21) all of whom had multiple complex needs including sensory needs. Students referred to me were coming to music therapy in the support of their developmental, educational and transitional[1] goals. Research data consisted of clinical documentation, and reflective notes were analysed to derive themes that are presented in the findings. Following this, I will include a discussion of understandings and meaning that I have developed from the findings.

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[1] The 'Transitional' age (between 16-21) is a time when students with mild complex needs are supported with skills they require to transition from school to further or higher education. Transitional support is aimed towards preparing students for adulthood. Transitional goals or 'transitional planning' takes place as part of IEP goals, which are set by; student, family/whanau and teacher. Transition services are based on the student's needs and individual preferences and interests are taken into account when embarking the post secondary school stage. The school had developed a transition programme to assist older students with life beyond school. I contributed specifically to this programme during the music therapy placement.

1.1 The Setting

Descriptions of the setting are non-specific in order to protect the identities of the young people involved. This approach has been endorsed by the ethical standards of the Massey Human Ethics Committee: Southern Application – 11/41, 15 August 2011, as well as the Ethics Committee of the school itself.

The school provides services to students with profound multiple learning difficulties who are referred by health professionals, specialists and parents and teachers. The school has classrooms for up to 3-7 students, a teacher and up to two teacher aides per class. The teachers and teacher aides focus on providing positive learning experiences that support the needs of students, including facilitating student Individual Education Plans (IEPSs). In addition to addressing students' IEP goals, the school seeks to prepare older students who are able to transition into normal schools and has a focus on developing student independence. There are number of interdisciplinary staff including but not limited to; a physiotherapist, occupational therapist, speech-language therapist and a music therapist.

The school's learning philosophies are embedded in an expanded core curriculum. This includes the key competencies from the New Zealand Education Curriculum and other learning strategies that support to the individual needs and wellbeing of the students, including an emphasis on building student confidence.

1.2 Research Motivation

My reading, observations and training as a student music therapist has indicated that music making, improvising and singing songs, can be helpful in engaging young people. These insights are reinforced by my own musical experiences and understanding of what it is like living a visual impairment (Nystagmus, Bergmeister Papilla; L-eye), as well as growing up with my mother who has a hearing impairment. Learning to play an instrument, improvising and song writing with others and joining bands and school groups cultivated a confidence in me, which I was then able to incorporate in other areas of my life. The link between musical experiences and having a visual impairment have provided some motivation in defining a research question.

Consequently, I have a genuine interest in the health, wellbeing and confidence of young people/adolescents. This interest is based in my beliefs that hope should be sustained in all human beings and that everyone is entitled to experience a quality of life. This desire also comes from my experiences of the power of positive reinforcement that helped me to find a musical journey, allowed me to be able to express myself and the observations I have made during training as a student music therapist. However, whilst I am an enthusiastic student music therapist I am also mindful that no two people are the same. Music therapy sessions are an opportunity for students to engage in musical sharing and to shape their own musical or personal journeys. As a researcher, I am mindful that my own relationships with music may tempt me to anticipate drawing certain aspects from the research data. Thus, I have tried to be mindful of these issues and attempted to approach the data openly and carefully; employing an inductive and deductive data analysis process of coding, sorting of categories and eventually arriving at themes (discussed in detail later in this document).

1.3 Practice Approach

I enjoyed a short observational period at the beginning of the student placement period that allowed me to benefit from discussions with the registered music therapist and staff. These discussions were primarily focused on Individual education plans, student needs and abilities and recommendations for music therapy sessions. During this time, students were referred to music therapy with me by specialists and staff whom detailed that most of the older transitional students were coming to music therapy to work on their self-development and non-musical goals, including but not limited to building; social skills; self-interests; confidence; positive musical relationships. As I began to work to develop relationships with students and staff, I was able to gain more understandings of student needs and interests, as well as any music therapy approaches that were suitable to the student's skill sets and abilities. Three known approaches became relevant in my journey of practical work and supporting the student's goals. These were; client-centred, music-centred and psychodynamic approaches to music therapy.

Wigram, Pederson & Bonde's book 'A Comprehensive Guide to Music Therapy: *Theory, Clinical Practice, Research and Training*' inspired me with their descriptions of client, or person-centred music therapy. They suggest that the client is provided with decision making opportunities, working towards achieving "what they want to explore and enables them to be the architects of their own lives" (Wigram, Pederson & Bonde, 2002, p.66). Creative musical interactions and 'music centered' 'musicking' (Pavlicevic, 2013) are instinctively part of my approach as a student music therapist. This is most likely due to my background in music and music therapy training, where I learnt about musical roles, musicianship and the communicative interactions that occur in music.

Music-centred therapy is described where music is placed at the centre of the experience and the musical "responses provide the primary material for analysis and interpretation" (Wigram et al, 2002, p.127). Bruscia (2014), suggests that 'music centered' interactions are an undeniable aspect of music therapy, where music is the acting motivator because 'music contributes to therapy as a tool, a process and an outcome" (Bruscia, 2014, p.33). The third approach I assessed as being relevant were strands of a psychodynamic approach. Within the American Journal of Psychotherapy it is suggested that the role of being insightful is a factor of the therapeutic success and that interpretations are made of non-musical interactions as well as musical ones. The advantage of approach is that the student does not need to have any particular musical skill of competence. Rather, the instruments allow student to express themselves through music making as they wish.

(Leichsenring, 2006). Leichsenring further describes the need for the therapist to be able to recognise a client's emotional state and some aspects of their personality through the music creation process. For students with complex developmental needs, this bonding can reduce fear and anxiety and improve confidence by providing a calming or secure influence. McFerran argues that psychodynamic work is enacted in a number of ways that often "involve the interpretation of musical choices…where a preference for certain genres of music can be understood as symbolising more than musical taste" (McFerran, 2010, p.33). After the observation period and student assessments from staff, I determined that aspects of an integrated music therapy approach seemed appropriate to my understanding of students goals and supporting their individual needs. McFerran (2009) argues the value of combined music therapy approaches where decisions about the choice of approach are "based on context-aware assessment of individual needs…and goals identified for music therapy intervention" (McFerran, 2009, p.74). Further Bruscia identifies an integrated approach as being a 'conversation' of not only

considering the "differences between practice and concepts, but also, how they are similar or even tangentially related" (Bruscia, 2014, p.253)

1.4 Disability Terminology

Farnan (2007) highlights the developments of conditional terms as clinicians and health professionals have come to see some of the social stigmas that exist in some terminologies. Specifically, intellectual and developmental disabilities has emerged as a contemporary descriptor to replace the term mental retardation.

I considered all of the participants who were referred to music therapy with me and their varying physical and cognitive disabilities and sensory impairments. However, in this research study, I was interested in the interactions with students in order appreciate and nurture their abilities and potential. So, rather than refer to individual conditions, I will use the more general terms; complex needs, developmental needs and disabilities or, profound and multiple learning difficulties.

1.5 Referral Process

During a student referral process teachers and staff informed me that transitional students would be attending music therapy to focus on goals of self-development, confidence and improved social-awareness. Whilst this was true of most of the students who attended individual music therapy sessions with me, some young people were coming to work on specific physical and communication goals. However, there seemed to be some area of commonality in the goals for adolescent students which led towards the following research question.

1.6 Research Question

How Do Music Therapy Methods & Techniques
Contribute To Adolescent and Young Adult Student
Confidence At A Special School In New Zealand?

Chapter 2: Literature review

2.0 Introduction

In reviewing the literature, I noticed that the elements that apply to the phenomena of confidence are closely related to literature around quality of life, wellness and wellbeing. The relevance of music to young adults' wellbeing has been discussed in academic studies that have included the positive impacts that music therapy it has on young people with disabilities. In my previous practice and music therapy training, I was struck how the downstream effects of music therapy seemed to support adolescents and young adults to prepare for the wider life challenges by acknowledging and developing their goals and interests. In this regard I was driven to understand more how music therapy could contribute to student confidence and how the therapist supports the needs of the student's wellbeing. And, the apparent gap in studies investigating confidence is where there appeared to be more opportunity for understandings and insights.

In this literature review I will first highlight the relationship music therapy has in development of wellbeing. Secondly, I will review literature relating to musical contributors of student confidence and briefly identify some connections between confidence and wellbeing, reflecting on how this can be particularly important supporting the preparation of the adolescents and young adults and their transitioning stages into life beyond school.

The literature reviewed has been drawn from the Massey University Library search engine 'Discover' which reviews the major EBSCOhost databases and, as well as music therapy books and some educational websites. The search terms for this review included

(music therapy) AND (adolesc*) (music therapy) AND (confidence) AND (wellbeing) AND (psychodynamic) AND (multiple complex needs) AND (sensory impairments). The vast contexts of confidence led me to consider contemporary management and therapy books that focus in the development of personal optimism and hope and qualities of confidence.

2.1 Music Therapy & Wellbeing

Since the mid-1970s when Juliette Alvin began to write about how Music Therapy could be used in the treatment of autism and learning disabilities (Alvin, 1975) the scope of where music therapy is applied has widened considerably. In their wide-ranging review, Karkou & Sanderson (2006) highlighted the scope of conditions where music therapy is applied. Texts by Ansdell (2014), Bruscia (2014), McFerran (2009, 2010, 2013), Rickson (2012) and Wigram (2002), support the wider role of Music Therapy by suggesting that the application of music therapy techniques can colour "the way in which one relates to others later in life and effects emotional wellbeing" (Karkou & Sanderson, 2006, p.139). The influence of music has been reported to have a positive effect on the human condition for many years and over a variety of cultures. The sensory experiences of music have been mentioned in the veins of developments of human identity and emotional states (Grocke & Wigram, 2007; Stige, 2003; Sacks, 2007; Wigram, 2002). Music, whether in receptive listening mode or through participating can have a positive effect on outlook, mood and environment for young people in school settings (McFerran, 2010; Rickson & McFerran 2014). Wellbeing is closely related to health, quality of life and wellness (Bruscia, 2014) and some fundamental life experiences have been identified in music making, such as trust,

leadership, sharing, communicating and expressing ones needs and emotions (Bunt & Hoskyns, 2002). The comforting qualities of music has been described as a "re-harmonising of the human soul" by Ansdell (2014, p.12) and wellbeing is widely mentioned in the literature as a health term that is embedded in the connection between the physical, cognitive, mind, spirit and personal and social self (Ansdell, 2014; Bruscia, 2014). In a psychological and social context, wellbeing is a term that amalgamates emotions such as; excitement, hope, amusement, elation and happiness. This is also known as a feeling of wellness, which is a state that enables a person to consider their strengths, dreams and desires for the future (Bruscia, 2014). Wellness can generate a sense of energy and preparedness to act on your strengths. Bruscia (2014) weighs up the formation of music and wellbeing and questions the promotion of health with concern that it could become activism instead of therapy, for example, "Does the very idea of such kinds of health promotion threaten the boundaries of music therapy?" (Bruscia, 2014, p.307). However, he continues to restate that music therapy and health most appropriately intersect around issues of "quality of life, wellbeing, wellness and possibility for action" (Bruscia, 2014, p.307).

As young people with disabilities transition into new arenas of life where there are responsibilities and challenges, it is important that they are supported through this unique period. Dauber (2011) and Turry (1999) mention that isolation can be a common feeling in young people with complex sensory needs; where their spirit can be dampened as well as the ability to express themselves. This is important to have in mind as a practitioner, as music therapy has the capacity to foster positive cognitive and social interactions, working to optimise the clients' health (Bruscia, 2014). Dauber (2011) agrees with the notion of music as a solution to isolation. He describes how providing opportunities for young people to express individual interests such as songs,

CD's or video can contribute to a "social sound space" (Dauber, 2011, p.21) and decrease feelings of isolation.

Boyatzis & McKee (2005) describe the need to focus on the development of hope as a central element in personal change and a foundation for development. Wellbeing is also reflected in professional texts such as the New Zealand education curriculum which are aimed at creating momentum in learning by developing students socially, understanding rules and gaining insight into how the world works (The New Zealand curriculum, 2007). In a research article by Katrina McFerran on how musical engagement promotes wellbeing in education contexts, she recognises the power of positive relationships in schools as being connected to student wellbeing and well documented in the literature (Mcferran, 2013). Within the specialist curriculum for Blind and Low Vision, Stepping Stones, wellbeing is an organisational goal for teachers and pedagogy guidelines are listed by which wellbeing can be achieved (Stepping Stones, 2005).

2.2 Music Therapy & Confidence

It would appear that the definition of confidence is not singular but an interpretation of a number of personal attributes of human behaviour. The makeup of confidence is subject to the personalities of different individuals, as well as the characteristics of different environments. Confidence is described by Soanes & Stevenson (2005) as the feeling or belief that one can have faith in or rely on someone or something. However, within music therapy and educational literature, confidence falls alongside other meaningful subjects, including; personal growth and development, self-expression, skill building and participation; "Students who participate and contribute in communities have a sense of belonging and the confidence to participate within new contexts" (The New Zealand Curriculum, 2007, p.13) (Cathro & Devine, 2012). These texts also underscore the value of wellbeing and confidence through arts centred activities, for example; "Learning…through…the arts stimulates creative action and response by engaging and connecting thinking, imagination, senses, and feelings. By participating in the arts, students' personal well-being is enhanced. As students express and interpret ideas within creative, aesthetic, and technological frameworks, their confidence to take risks is increased" (The New Zealand Curriculum, 2007, p.20).

Making connections and taking steps towards meaningful relationships is a progressive process that requires mutual trust and acknowledgment of the participant's interests, and that of the therapists. Turry (1999) suggests that music making for the first time can be an overwhelming experience for vulnerable young people as thoughts of failure can be common. Agrotou (1994) underlines this view by arguing that confidence in one's own abilities is a gradual process and initial experiences of music making can seem imposing for people with profound and complex sensory needs (Agrotou, 1994).

A feeling of security is important for making therapeutic connections in music therapy as this can lead to valuable interactions where the client is more prepared to share and express themselves. Musical certainties and consistency are important ingredients for building trust and helping build the young people's confidence. In her book titled 'Interactive Music Therapy – A Positive Approach' (2006), Amelia Oldfield agrees that safe routines are conducive to young people gaining confidence. Specifically, Oldfield highlights the structure of songs as being directives and catalysts for building confidence; when working with individuals or groups, a song's structure can act as a supporting guide for young people to know exactly what to do at each moment and help familiarise the musical process. Hanser (2010) suggests that repetitive actions such as listening and practising songs help generate individual confidence. Hanser (2010) and Oldfield (2006) descriptions of trust and routines are mirrored by the Blind and Low Vision curriculum, Stepping Stones, which states that students "need as much consistency and continuity of experience as possible in order to develop confidence and trust to explore and to establish a secure foundation of remembered and anticipated people, places, things, and experiences" (Stepping Stones Curriculum, 2005).

As fewer students are studying in special schools there is a requirement for increased awareness of sensory needs and disabilities in mainstream education, where teachers might presume that students are being supported by disability support services. Incorporating sensory cues and adequate 'practical support' is necessary when working with participants with multiple learning difficulties including sensory needs. Guidance and assistance can help to build trust and ultimately more confidence in one's own abilities (Stimpson, 1995). Robb (2003) agrees with Stimpson, further highlighting the need for patience and assistance when providing cues for clients with sensory

impairments, as interpreting expressive gestures, comprehending words and phrases can be difficult for students with visual impairments.

In a case study of music therapy practice at a specialised unit for eating disorders, during group music therapy with 'Helen' and 'Susan' Lejonclou & Trondalen (2009) suggest music therapy methods and techniques of; moving the body, matching and songwriting can promote "vitality and the feelings of being alive" (Lejonclou & Trondalen, 2009, p.88). Further, inter-subjective experiences and feelings that are associated with non-verbal methods, like matching, where both the therapist and the client experience being actively involved musical interplay which can result in a comfortable environment for participants to express themselves and have a verbal dialogue that is stemmed from shared but individually formed feelings.

Agrotou (1994) argues that participants can experience feelings of success and considerable changes in confidence when engaging in singing; specifically, that singing can fill you with a "special kind of strength…with a force of an intention to communicate something precious and personal, seated deep within" (Agrotou, 1994, 365). Through singing it is possible to adjust the type of communication we express, for example; from an "inward-expression to an inter-personal communication in singing" (Bourne, 2005, p.249).

Education literature suggests that asking positive questions and providing words of affirmation can be an effective way of teasing out student abilities and interests. In a periodical education journal, discussing the use of appreciative inquiry in an educational school setting, Mary-Anne Neal (2012) mentions how framing sincere questions in ways that support self-esteem can be a motivational tool for young people. Neal explains how heartfelt compliments can help to forge connections and identify strengths

and abilities that young people potentially don't identify or recognise about themselves (Neal, 2012).

A social affirmation and acceptance appears as a significant issue that young people with disabilities face. Kozik (2009) reviews a range of literature that focuses on inclusion of young people with disabilities in secondary education. Students attending a special school are not immune from the contemporary societal issues or societal pressures to conform to what communities may perceive to be 'normal' (Rickson, 2012). Further, voids between student skills are evident at this age, especially in secondary school where there are student requirements to meet a regularly prescribed teacher centered strategies of learning (Cole & McLesky, 1997). Kozik (2009) suggests that it is a responsibility of the therapist and teachers to generate interactions based around the students abilities and seek to identify strengths instead of disabilities. The Stepping Stones curriculum, based on the New Zealand curriculum supports these views, emphasising the uniqueness of students and the role to encourage and help the learner to develop interests and talents (Stepping Stones, 2005; New Zealand Curriculum, 2007).

2.3 Connections between Confidence and Wellbeing

The importance of student confidence, self-awareness and the support of personal development are shared outcomes of music therapy and educational curriculum (Wigram, 2002; New Zealand Curriculum, 2007). Through models of intervention (group and individual music therapy sessions), music therapists are able to engage participants in reciprocal musical activity to achieve non-musical goals, leading to building therapeutic relationships and connections with participants through active and complementary engagement that encourages further learning (Mcferran, 2009, 2013).

The enhancment of wellbeing allows other areas of personal development to be progressed such as belonging, exploration, contribution and communication. In the book 'Adolescents, Music and Music Therapy', Katrina Mcferran argues that wellbeing and music are interconnected in ways; where the positive force of music "can build identity formation, self-esteem and healthy peer relationships and feelings of both relationship with and responsibility to others" (Mcferran, 2010, p.12). Descriptions of wellbeing in the literature suggest that other areas of personal development also benefit from music, such as; belonging, communication exploration and confidence McFerran (2009, 2013) & Ansdell (2014). Within the revised school curriculum and the New Zealand education curriculum, confidence is promoted as a basic outcome of the education competencies and support of student needs; "The early development of social confidence has long-term effects, and adults in early childhood education settings play a significant role in helping children to initiate and maintain relationships with peers" (Stepping Stones, 2005; New Zealand Curriculum, 2007).

2.4 Adolescents

The adolescent age is a complex stage of human development that can be a host to an array of changes and emotional circumstances, such as; "confusion, frustration, anger, isolation and helplessness" (McFerran, 2010, p.12). This period can be exponentially more challenging for adolescents with intellectual and/or physical disabilities who have potentially experienced exclusion from "political, economic, and cultural life; lack authority…and demeaned by the dominant cultures' values" (Rickson, 2012, p.187). However, the adolescent age is also an opportunistic stage of development for young people, where individual interests can emerge. Relationships can be formed with music that help to foster identity growth and motivate young people, where music is able to "create personal space as well as demonstrate more explicit rebellion against dominant

adult ideologies. For younger teens, music listening justifies a move away from…patrolled time" (McFerran, 2010, p.63). At this stage where cognitive and physical developments are still underway, our relationships with young people are very important; where an adults show of interest can encourage new found enthusiasm and help establish a recognised self-value.

Some adults may see commonalities between their own pastimes of the Bob Dylan, The Rolling Stones or Elvis Presley; yet others may choose to establish behavioural controls, as there are some perceived negative associations with contemporary rock and rap music (McFerran, 2010). According to McFerran and Kozik (2009) some patience and sensitivity is needed in working with young people and determining their musical tastes. In an article about promoting inclusion in secondary schools, Kozik argues that with an approach to student needs, "past successes can be celebrated and create a vision of the future" (Kozik, 2009, p.77).

Developing hope for life and belief systems is important for adolescents transitioning into adulthood. Young people with disabilities need support in developing their abilities and interests. Boyatzis & McKee (2005) argue that Happiness and elation can "create a hopeful state, (where) we have more physiological as well as emotional resiliency" (Boyatzis & McKee, 2005, p.151). In Katrina McFerran's work with adolescents she suggests that music can be an unconditional companion for young people; and that "reliability and understanding make for powerful companions and are available in music" (McFerran, 2010, p.78). Wigram and Baker argue that learning and singing songs can "facilitate development and redevelopment of functional skills including physical, cognitive or communication functions" (Wigram & Baker, 2005, p.11).

2.4 Approaches of music therapy to promote confidence

Music is a phenomenon that is not only heard, but also felt (Agrotou, 1994). Music is generally accepted and played across all countries and it is this universality that gives music therapists a unique means of being able to make special connections with a wide range of participants of varying needs and backgrounds. Music therapy is a unique medium of therapy because music is universal and can be a trans-cultural experience; Ansdell (2014) suggests that music therapy can be an assistive tool in introducing participants to new social situations, experiences and interactions. Wigram and Baker (2005) discuss how songs are not 'magic', but that different songs can have different and profound effects on people. Music is a sensory experience that can provoke thoughts and memories, reminding us of certain people or places. Further, Wigram and Baker believe that songs can assist people to reflect on their lives, that they can "facilitate development and redevelopment of functional skills including physical, cognitive or communication functions" (Wigram and Baker, 2005, p.11).

Music can encourage people express themselves including emotions and feelings attributed to their wellbeing. Wigram and Baker (2005) argue that songs can assist people to reflect on their lives, specifically, where music can "facilitate development and redevelopment of functional skills including physical, cognitive or communication functions" (Wigram and Baker, 2005, p.11). There are also some documented health qualities of the singing, where it is suggested that by singing and hearing your own voice, as well as the voices of others, one can develop a deeper understanding of self and aspects of social awareness and personal development (Dewhurst-Maddock, 1993).

According to Bertolami (2002), staff collaboration can help to develop a student's self-esteem, self-expression & self-confidence. Worden (1996) writes that making music

together can provide participants the opportunity to express emotions, beliefs or any troubling thoughts. Both, Bertolami (2002) and Worden agree that promoting healthy interdisciplinary environments and collaboration between staff can generate sharing of relevant participant interests that can be incorporated into therapy sessions; by working intimately with students to understand responses, their own preferences and styles can be understood and topics for singing in chorus's and verses can be defined. Stimpson (1995) identifies the need for strengthened collaborative relationships of working in schools. He argues that whilst there is an increase in inclusion and the number of young child with complex needs attending mainstream education, that a level of practical support is required when working with young people to support their individual learning needs. He cautions that without sufficient knowledge teachers' risk presuming that students are being supported by support services and overlook their needs Stimpson (1995).

Musical methods such as; song writing, improvisation, live music, are noted in the literature as activities that can stimulate self-expression, self-identity and participation (O'Callaghan, 1996; Katagiri, 2009; Kim. 2008; Stimpson, 1995). In a study conducted by See (2012), music and movement were used to modify behaviours of children with autism. It suggested later in the same study that music can be used in combination with movement to address "physical, emotional, cognitive and social needs of individuals of all ages" (See, 2012, p.1104). Peters & Schmidt (2000) also champion the use of music and movement as a technique that can help assess and evaluate an individual's specific needs. Alvin (1975), Boxhill & Chase (2007) and See (2012) indicate that it is possible to stimulate and improve motor control through repeated movements associated with playing musical instruments.

Edgerton (1994) examines the effect of improvisation on communicative behaviours of autistic children. The study found that improvisation is a communicative music therapy tool that allows the therapist to share musical moments with the participant/s through musicking. Kim (2008) presents similar findings to Edgerton in a study comparing music therapy improvisation and play sessions with autistic children. Results from this study suggest of enhanced personal and social developments were achieved through improvising where there were improvements in non-verbal communication skills including body language, eye contact and 'turn taking'.

Roberts and McFerran (2013) and Glassman (1991) and O'Callaghan (1990, 1996) agree that providing a time in the therapy session for lyric writing so participants can "address issues and express their thoughts and feelings" (Roberts & McFerran, 2013, p.25). Wigram and Baker have reviewed some literature that suggests writing songs can help people express thoughts and feelings (Glassman, 1991; O'Callaghan, 1990, 1996), develop insight and problem solving skills (Glassman, 1991) provide emotional, spiritual and psychological support (O'Callaghan 1990, 1996), and social interaction" (Wigram and Baker, 2005, p.15). Similarly, Song writing is a long serving tool, which has many applications in music therapy (Wigram and Baker, 2005). Worden (1996) writes that making music together can provide participants the opportunity to express emotions, beliefs or any troubling thoughts. Worden also views song writing as a tool that can assist the music therapist in finding clues as to participant's interests. Writing songs can also serve as an "outlet for feelings" (Hanser, 2010, p.95). Certain aspects of song writing can include important problem solving skills that maybe necessary for some young people with complex needs.

Hanser (2010) comments on the positive effects that lyric writing can have for adolescents who are experiencing anxiety or depression. Specifically, she describes the process of writing down thoughts as being "instructive" and can "challenge dysfunctional thoughts that get in the way of more positive and constructive feelings" (Hanser, 2010, p.31). Further, having the opportunity to write lyrics, in a time of bereavement or grief can give the participant a space to focus on other topics of interest, which can result in release and expression of emotion. Results from a quantitative research study by Melina Roberts and Katrina McFerran (2013) - which analyses songs written by bereaved preadolescents, indicates that children wrote songs "about themselves, their experiences, and their relationships, including, but not limited to the topic of loss" (Roberts & McFerran, 2013, p.25).

Young people and adolescents resonate with popular culture movements and new technologies. Magee acknowledges the relevance of hip-hop, electronic and dance music in today's society. She highlights that it is possible, with relevant software technology, to provide musical sounds "in the style of a client's favoured musical genre" (Magee et al, p149. 2011). MP3's can be utilised by music therapists' as an accompanying tool to music playing, engaging young people and encouraging them to explore interests and experiences new music making opportunities. Further, Whitehead-Pleaux (2011) highlights the practical uses for musical software, including Ipads or MP3's in her song writing, improvising and musical appreciation work with young people at a burns hospital in Boston. Whitehead-Pleaux (2011) also mentions the flexibility of assistive technology, and with these, the ability to play a multiple of sounds and instruments. However, Whitehead-Pleaux acknowledges that assistive technologies are not always appropriate for some types of therapeutic intervention and should be applied where best suited (Whitehead-Pleaux, 2011)

2.5 Summary

The importance of student confidence, wellbeing and self-awareness in the supporting of personal development is a shared outcome of music therapy and the competencies written in the educational curriculum and music therapists (Wigram, 2002; Mcferran, 2010; New Zealand Curriculum, 2007). Within the literature, the definition of confidence is not often described. However, I have found descriptions of wellness, wellbeing and confidence to be aligned; specifically where it is mentioned alongside goals towards self-development, enjoyment of life and a communication of one's spirit (Bruscia, 2014). There are some authors who suggest that gaining student confidence can be achieved through building trust, providing music that supports safety through song structure and singing and playing together (Wigram and Baker, 2005; Ansdell, 2014; Agrotou, 1994; Stimpson,1995; Robb, 2003).

Confidence was found to be a desired outcome for learners in the New Zealand Education Curriculum within the key competencies and this is also reflected within the refined Stepping Stones Curriculum. However, the adolescent age is a complex time that signifies the transitioning age where life responsibilities and developments occur to prepare young people for adulthood and life outside of school. Kozik (2009), Rickson (2012), Stimpson (1995) and Neal (2012) identify the need for specialised care and therapeutic support for young people with multiple complex needs as there are gaps in skills levels at the adolescent age and disadvantages for individuals who have disabilities.

Further, the linkages with confidence, wellbeing, the need to support young people with disabilities and New Zealand Education Curriculum suggests that there are clear cohabiting linkages between music therapy and the key competencies and desired learning outcomes.

Chapter 3: Methodology

Research Question:

How Do Music Therapy Methods & Techniques Contribute To Adolescent and Young Adult Student Confidence At A Special School In New Zealand?

3.0 Aim

The aim of this research is to develop understanding of what methods and techniques I employed that may have contributed to student confidence. How and what we can do, as music therapists to install confidence and hope, to support the development and enjoyment of life for transitional students and young adolescents who have complex learning needs, is of great interest to me. Creating client centred music therapy and interactions that are orientated around participant interests were central aspects of my practice as a student music therapist. I believe that this research experience will provide valuable insights into my own practice methods and learning process as a student music therapist.

3.1 Research approach

A humanistic perspective lay at the heart of my practice and research approach. I believe that everyone is unique, has a self-worth and can add value to life. As humanistic practitioners, it is our responsibility to approach people with respect and establish interactions where participant's best interests are kept and they are made to feel secure and appreciated. We aspire to create meaningful therapeutic relationships through listening, improvisation and conversation to better understand the clients' musical interests (Peters & Schmidt, 2000; Bruscia, 2014; McKee, A. 2005). Furthermore, different cultures, including the pre-existing culture of the facility and its staff needed to be respected and (where possible) understood. Being alive to student

culture, ethnic backgrounds and acknowledging schools activities such as Haka and Waiata, was central to creating meaningful and rewarding connections. Listening and learning from staff and finding commonalities created avenues for reciprocal therapeutic interventions (Bruscia, 2014). Stige (2003) suggests that conceivable forms of communication during music making are reliant on the presence of social and cultural aspects. Hence, I found an integrated approach of a humanistic perspective, in conjunction with cultural music appreciation was most fitting for my practice and research approach (Bruscia, 2014).

3.2.0 Four Qualitative Concepts

The following are descriptions the Methodology involved in the research. In no particular order, I will describe four epistemological concepts that have been inspired by Michael Crotty's methodology headings in 'The Foundations of Social Research: Meaning and perspective in the research process', (1998). I will include concepts from other researchers and literature to reinforce the methodologies that underpin this research.

3.2.1 Qualitative Research

The goal of the research was to understand how methods and techniques I employed contributed to student confidence following an analysis of the data. In this case the data consisted of clinical documentation, consisting of observation notes and student reflective journal. Qualitative research is referred to as a type of research that can contribute to a collective knowledge by finding meaning in studying human experiences (Payne, 2004; Saldaña, 2011; Silverman, 2005; Moon et al., 2013). Specifically, Saldaña (2011) characterises qualitative research as the "study of natural social life…that can include the documentation of cultural observations, new insights and understandings about individual and social complexities" (Saldaña, 2011, p.3). Because

qualitative data is unlike quantitative data in that it is not made up of a series of tracked numbers or sequences but instead aims to provide insights into social phenomena, the methodology for this research is qualitative (Dawson, 2013; Payne, 2004; Denzin & Lincoln, 2000). Qualitative research can also provide clinicians with a richer perspective on social contexts through a method of inquiry. Outcomes from this qualitative research and could identify the following;

- Highlight new questions for researchers

- Verify existing quantitative or qualitative research

- Consistencies or inconsistencies within different research (Heaton, 2004).

3.2.2 Epistemology

Within this qualitative investigation of social phenomena it appeared there were some significant research variables that may determine unique outcomes and this required some understanding.

Some factors specific to this research included;

- Each student participant is unique and requires different types of support.

- The personality and approach of the researcher.

- Varying age of participants (11-21yrs)

- Varying and multiple learning difficulties of students

- The makeup and uniqueness of the school

It is worth acknowledging that whilst this research study might provide significant insights and understandings about contributors to student confidence, insights are formed from subjective realities, which can only be studied with consideration to the surrounding literature. Further, I accept that insights from the data also exhibit one particular form of evidence and may be accountable my personality as a researcher and not necessarily indicative of findings that are possible to be obtained by somebody else.

Therefore, this research exists within a constructivist epistemology, which accepts that there are varying pathways to knowing and that the researcher and participants interact to influence one another (Crotty, 1998).

3.2.3 Theoretical Perspective

Understanding of my own personality, capabilities and weaknesses and role as a student music therapist was part of working reflexively. I am mindful of my musical experience and music therapy training that helped me be reflexive to musical and understand the complexities of non-musical interactions that occur during improvisations and music playing. Payne (2004) suggests reflexivity is a model that works closely with qualitative sociology and focuses on how individuals interact, emphasising "the interpretation of the meanings which each (including the researcher) brings to the interaction" (Payne, 2004, p.174).

In Bruscia's 'Defining Music Therapy' (2014), he describes the term 'Locus' to frame therapists' understanding of their own background or approach. The inverse of this is the 'Focus', which refers to holding the therapeutic intents central to what the participant is presenting and being alive to whatever emerges as important. Hence, the procedure to being reflexive is cyclic. To describe this cyclic process clearly I have adopted descriptions of reflexive work from Kenneth Bruscia (2014) and Payne (2004)

and included this in the diagram below:
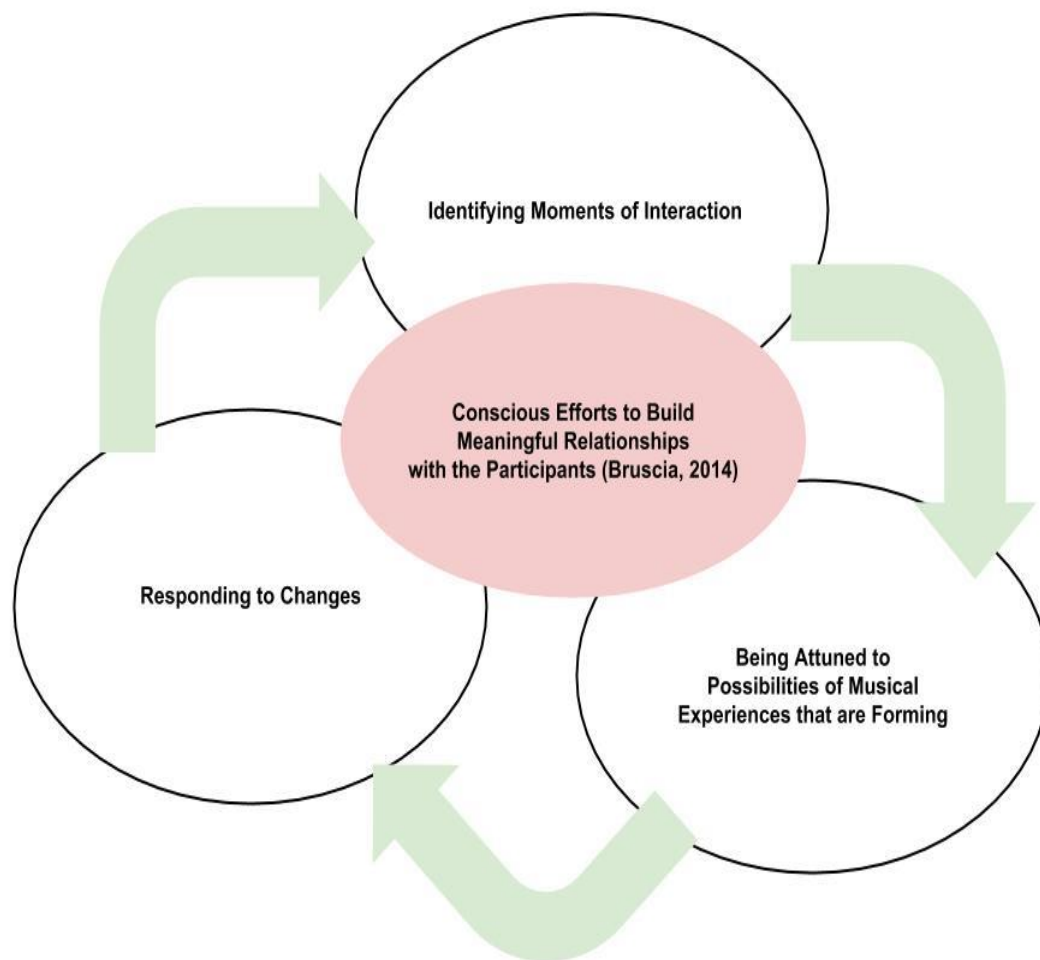
Figure 1 Cyclic Process of Reflexive Interaction (Bruscia, 2014).

Moreover, this was applied in my research; looking back in detail at my methods,

assessing and interpreting how students and I both reacted and building concepts and

themes in the resulting analysis of data.

3.2.4 Methods

3.2.4 i Data Sources/Collection

Data was collected from clinical documentation, written after music therapy sessions

and a reflective journal was kept to document any important notes from meetings with

staff; this also contributed to the data. A start and finish date for collecting data was

established where I allowed two terms of a school year (approx. twenty weeks) so that there was a separation between when the data collection and analysis stage. I should highlight that data was not collected for the purpose of being analysed, but for the purpose of pertaining to regular documentation that is expected to be produced. As a student and a researcher I was mindful to the make-up of legitimate data collection; this was to think unobtrusively and write with simplicity and accuracy, as not to steer the research in any particular direction (Plummer, 2000), (Heaton, 2004) and (Saldaña, 2011).

3.2.4 ii Method of Inquiry

The research design employs a secondary analysis to look back at the data collected from clinical documentation. Establishing a period between my music therapy practice (data collection) and data analyses stages meant that the clinical documentation from my own practice became pre-existing data (Payne, 2004). The data was analysed for the purpose of; interpreting meanings, Making understandings, and learning additional knowledge (Irwin, 2013). This qualitative study will provide some insights and understandings about my own practice and what specific music therapy methods and techniques I employed that contributed to the confidence of the students. This study may also contribute to the broader information available to researchers and educators in establishing pathways for future work that could;

- Highlight new questions for researchers
- Verify existing theories of similar research
- Establish consistencies or inconsistencies within different research

Heaton (2004).

3.2.4 iii Procedures for Data Analysis

The following steps were taken in the analysis process, drawing on procedures

described by Braun & Clarke (2006), Payne (2004) and Richards (2009). The aim of employing a thematic analyses, in conjunction with a secondary analyses, was to look back at data to "identify analyse and report patterns (themes) within data" (Braun & Clarke 2006, p.79).

There are four significant steps to my data analysis; each of these steps was undertaken with the aims of the research and research question in mind. The following stepped process was drawn from Lyn Richards 'Handling qualitative data' (2009);

1. Coding of data; labelling of significant phrases or words identified in the raw data.

2. Categorising codes: Reviewing raw data and codes, firstly to establish sub-categories and following this; categories.

3. Establishing patterns (themes) within the categories: Analysing categories, codes, and raw data to find themes (See Appendix 9)

4. Rigorous review of themes and categories (Richards, 2009)

I read the documentation carefully and added a label or code to each significant phrase, word or passage that were relevant to the research question (see Appendix 7). As a researcher, I was mindful to looking back on my own observations, analysing these and disseminating between important and irrelevant information about my own practice. Secondly, an attempt to categorise the data was achieved by grouping similar codes that had formed into broad patterns. Thirdly, in reviewing sub-categories, codes and raw data, categories were created in keeping with the research question and aims of the research; with the idea of identifying contributors to student's confidence (see Appendix 6). Finally, during this categorising phase of research analysis I started to notice certain

patterns or themes (see App 8) occurring in the later sets of data. I worked hard to interpret and make sense of these patterns, constantly looking back to check that they were paralleled understandings of confidence, my research question, the interactions with the students the raw data.

3.3 Ethical issues

This study was approved by the Massey Human Ethics Committee: Southern Application – 11/41, 15 August 2011, under a template for ethical approval for student practice-based research. Additionally, the research proposal was reviewed and approved separately by the school human ethics committee, as they undertake considerable research with vulnerable young people. An information sheet was provided to Facility staff detailing aspects of the research study, its purpose and aims (see Appendix 2).

As a student and researcher I was required to abide by the 'Code Of ethics for the practice of music therapy in New Zealand' (2012), and the Massey University Code of Ethical Conduct for Research, Teaching and Evaluations Involving Human Participants (2010). The guidelines emphasise the responsibilities the music therapist has in creating safe environments for participants; where their rights and confidentiality are respected and held at the centre of practice. This was done to support a safe environment for the young people (Wigram & Gold, 2006). As a University student and a music therapist in training on placement, I was mindful to the fact that I was joining an established organisation and therefore did everything in my power to act with integrity, transparency and trust towards the organisation, the culture and colleagues. This was in keeping the best interest and safety of the students I was working with (NZSM, 2011).

Research methods, which involved secondary analysis of pre-existing data meant that it is seen to be at a lower risk for students involved. This is because observations were

taken from the directly from notes from my own practice of music therapy and there were no requirements in the research design to go outside these parameters so no irregular requirements were imposed on the students (Crotty, 1998). Participant personal information was de-identified and generated data was kept safely and in a secured office and on a password-protected computer after placement hours. Under agreed circumstances, there were a minimal number of people able to access generated data, this included; staff members of the school, family members of those involved in the research paper and research and practice supervisors of the New Zealand School of Music.

As a researcher I am mindful and sensitive to the rights and privileges of the tangata whenua under the Treaty of Waitangi and Massey University's guidelines. A genuine interest and ethical obligation of mine was to connect with Maori representatives at the school and communicate my practice and research approaches to them. These meetings were beneficial in forming collaborative relationships, where I was able to build an understanding for student interests and gain some support for the inclusion of Maori material in music therapy.

In accordance with the guidelines for NZSM music therapy students, I reviewed the risks and benefits to ensure that care was taken to protect the students' rights and identities were respected at all times. It was important also in the school's ethical approval process to de-identify the facility, and to protect the young people from identification. An information sheet was prepared for students and parents describing the clinical vignette (see findings section) in one area of my practice, and the student and parent were invited to give informed consent (See Appendix 3-5). As there was a range of young people I worked with, the family were free to refuse and I could

approach other people in the music therapy programme if they were not comfortable to

be involved.

Chapter 4: Findings

Research Question:

How Do Music Therapy Methods & Techniques Contribute To Adolescent and Young Adult Student Confidence At A Special School In New Zealand?

4.0 Introduction

This section will comprise a clinical vignette of my practice, followed by the four themes that emerged from the data. I will include descriptions of the themes pertaining to methods and techniques contributing to the confidence of students.

4.1.0 Clinical Vignette of Practice

In the following clinical vignette I will present two examples of my work with Hope from separate sessions within the 20 week period of music therapy I conducted at the school. The first example will describe our interactions during an initial session and the second example will be taken from a session later on (20/05/14). I have done this as a comparison to highlight the complex needs of Hope, how she presented at these two different stages and how she seemed to have developed and become more confident during later stages of therapeutic intervention. Moreover, I found that the interactions with Hope over these two sessions provide a strong expression of the themes that were developed from the data and that are discussed in detail in the rest of this chapter.

4.1.1 IEP Meeting

Hope was recommended to me for music therapy sessions by her teacher and the registered music therapist at the school. During a meeting to discuss Hope's potential music and IEP goals, her teacher explained that Hope presented as a typically physically able young woman who had complex needs, including low vision. Hope's teacher recommended Hope to music therapy as a way for her to develop social awareness,

experience positive interactions that stimulated self-awareness, personal growth and encouraged self-expression. One of the school's music teachers had mentioned that Hope had been learning the piano but needed work on her rhythmic ability and timing. She also reiterated the teacher's assessment in that Hope could do with 'a focus' and addressing social and confidence needs.

4.1.2 Initial Session (01/04/14)

Hope was 19 when she first started coming to music therapy sessions as part of the older group of young adults who attended the transition part of the school. In the first music session on the 1st of April, Hope walked to the music room and knocked. I opened the door to say hello, Hope smiled briefly and said 'hello' and walked into the middle of the room. I noticed that Hope's posture was somewhat stooped and this gave a false indication of her height, which was medium height for a young woman. Hope spoke softly and very quickly and would reply in short answers during conversation. I noticed that some of her words were slurred (and that she might experience some speech difficulties but I hadn't any informed knowledge about this at that stage).

Especially during our initial encounters Hope's body language was restrained. For example, when she spoke her hands and arms stayed by her side and she stood very still. I was cautious about how much guidance to provide when she moved to find her seat as I did not yet know a lot about the condition of her eyes and I wanted her to support her independence and ability to make decisions for herself. Hope seemed shy and unsure so I was focused on creating quick opportunities for her to express herself and feel more comfortable. I explained to her that I thought it was brave of her to come along and give music a try and that I was a student music therapist from university who worked closely with the registered music therapist. I was mindful of the placement facility's emphasis

on student assessments and I didn't want Hope to think I was just another person there to assess her so I 'broke the ice' by joking with her that I was still a student too, just like her, and she laughed. I explained that music would be a creative place for her to have fun and that our music together would be a time for her to explore her musical interests. She said, 'that sounds alright' and smiled.

I wanted to take a risk and do some music making that engaged Hopes interests, to help build trust and support Hopes participation in these early stages. This included sharing a drum together where I initiated some simple copy and play patterns. Hope told me that she had never done drumming before but would be 'okay' to give it a go. I started to incorporate playful singing cues for turn-taking and counting each other in, for example, "let's get ready for Hopes turn, listening to the rhythm… listening to the rhythm… AND GO!". I noticed Hope smiling whilst playing along. She was able to play some basic 4/4 timings back to me and I played along with her so she would feel more supported. Afterwards, Hope sometimes would seem doubtful of her playing ability. She explained how she thought she was unsure about her skill level and participation saying, "I don't know if I can do this" or "I'm not sure I'm that good". I gave her lots of verbal support and confirmation that she had been doing exactly the right thing. She told me that she was happy to have another go. During the second time through I would identify moments when I felt like Hope was having fun, I would say "you're doing good" and Hope would smile and play on. At the end of the music session Hope said that she would like to bring some of the music she listened to for next time.

4.1.3 Later Session (20/05/14)

Hope seemed very comfortable to express herself in this later session. A level of trust and understanding had been created from sharing and participating in musical activities that engaged her interests. As a result, Hope seemed to be enjoying herself and have gained a level of self-confidence. I could observe this in the way she was engaging me, with her head up and a smile on her face. She also seemed more talkative and excited about music.

In a later session I noticed that Hope was coming to music more and more often with her MP3 music player and an Ipad to show me music. We would often sing along with an MP3 to songs that she chose. She seemed to walk with purpose when she brought her MP3 player and which gave the impression that she was excited to play some more music. On this occasion I asked if she had a specific song in mind that she would like to sing. Hope sounded assured and said 'YEP'. She played me a song called 'Mercy' by 'Casting Crowns' via her MP3 player. She sang along and knew all the lyrics and I started to join in and ghost some of the chords on the guitar to support her. I noticed that when we played the song together she tended to sing in-tune. This was not the case if I left her unsupported. I noticed she closed her eyes when singing. When we repeated the songs Hopes singing became louder and she seemed more confident in her own abilities.

I encouraged Hope to explore her singing at home and we discussed her desire of one day wanting to join one of the bands from her church. Next, I wanted to challenge Hope to see if I could develop this interaction further, and asked if we could try singing the song together, without the MP3. Hope sounded enthusiastic to give it a try. Hope sung with the beat of my guitar where she could, however, I slowed down and/or speed up depending where she was in the song. After the final time through singing the song I

noticed Hope was smiling and seemed relaxed and less anxious. I asked Hope what specifically it was she enjoyed about singing songs. Hope told me about her love for lyrics and that she looked for words that resonated with her in the songs that she chose to sing.

Hope began to describe music to me. The following sentences are quoted descriptions of how music makes her feel (paraphrased):

- I feel like lyrics are "Soaking me when I listen to music";

- I "listen to songs to relax me and help me get to sleep at night";

- I get a "Sense of peace" listening to music and singing songs;

- It feels good to learn my songs and to complete songs the whole way through "because it feels good to get them down in concrete"; and,

- Learning something new and different "Feels good".

I thanked Hope for describing the way lyrics and songs made her feel and asked her if she would consider writing her own lyrics. She told me she had written some on her Ipad and we had a conversation where I asked her if she would share them in the next session and suggested that we could give song writing a try. Hope smiled and said, "Ok, that sounds cool". At the end of this session Hope told me that lyrics and Christian songs were helping her understanding of getting older and how this made her feel uncertain and anxious. I felt as though Hope could talk to me more confidently as she was more relaxed after making music and was able to express her feelings.

4.2 Themes from the Data

A thematic analyses was applied to looking back on clinical documentation (secondary analyses) in order to draw out codes and categories. Over a period of twenty one hour sessions, I analysed clinical notes of four individuals and one group of students all aged between 14-21 years old. On multiple occasions during the data analysis process, I

looked back on my own clinical notes from these sessions and codes within the data emerged. Upon closer analysis the codes were analysed and sub-categories and categories were formed (See Appendix 6). Further, four significant themes in my music therapy practice that signified methods and techniques that contributed to student confidence. These were;

1. Making meaningful relationships

2. Participating in practical work

3. Creativity

4. Affirming input

I will describe these themes via the broad range of work at the placement. I will present the four themes in the following pages, providing insight to the categories, methods and techniques I employed and will develop some simple theories about my work.

I was struck by the breadth of these themes and how they were representative of the holistic processes of practicing music therapy at the school. I was sometimes surprised with the consistency of certain approaches I took with the students, and the categories are representative of individual and group work. The challenge was to let meaningful themes unfold from the categories and codes so that understandings could form out of what the data was presenting to me. The following model shows the four themes that emerged from the research data.
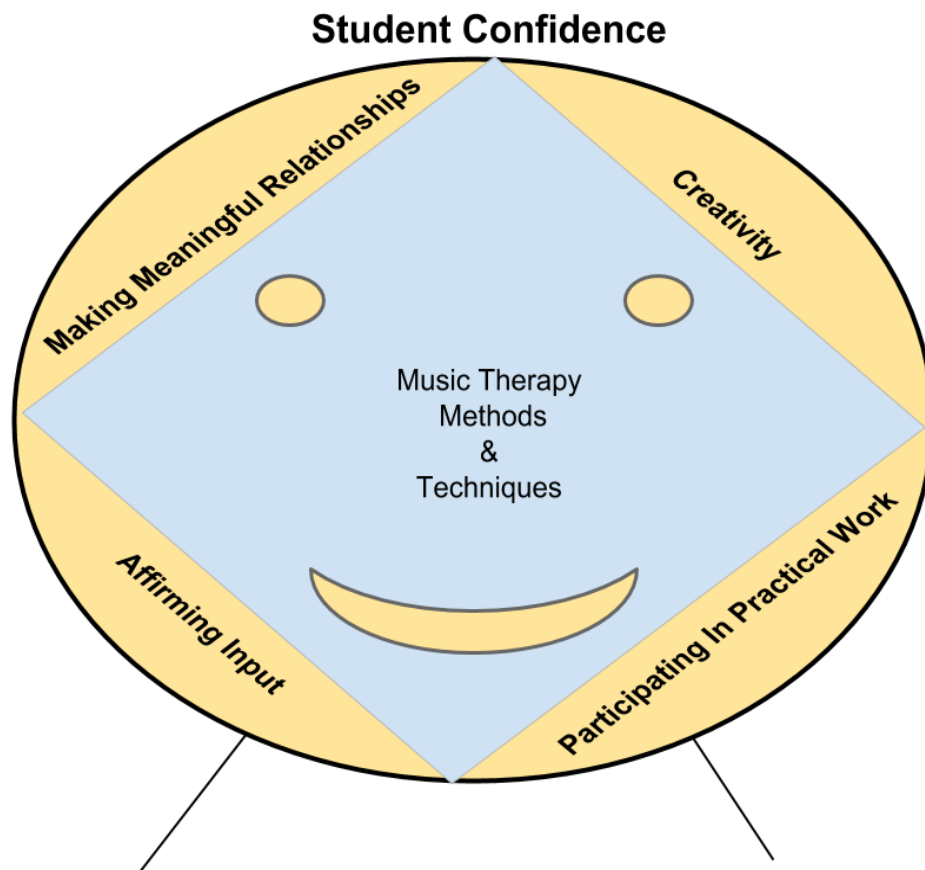
Figure 2 Four Themes; Contributors to Student Confidence

I shall now discuss each of the four themes that emerged from data.

4.3.0 First Theme: Meaningful Relationships

Creating meaningful relationships developed out of the need to connect with the students in ways where I could help support their individual goals and needs. On reflection of the data I noted that building meaningful relationships with students and staff were a big part of my work that was conducive to supporting the participant's personal growth and contributing to confidence.

Listening & Observing		
Sharing	**Making Meaningful Relationships**	Improving and adapting
Exploring Interests		
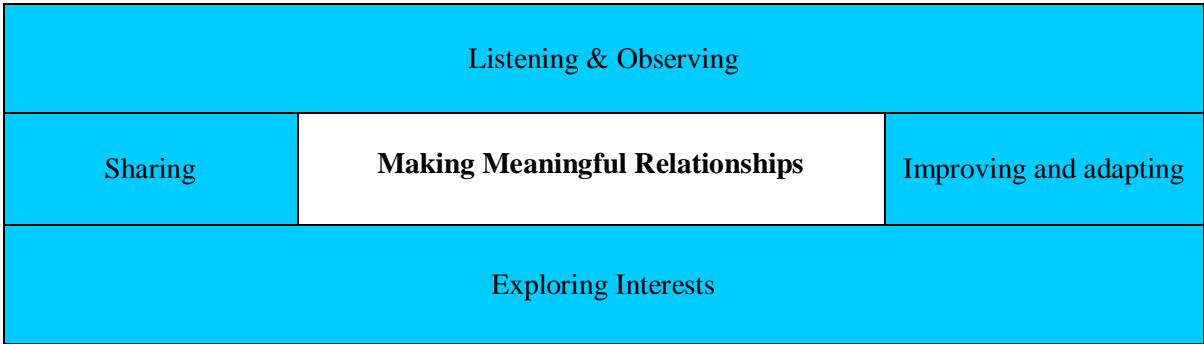
Figure 3 Data Categories of Theme One; Making Meaningful Relationships

4.3.1 Listening and Observing

Listening and observing was a valuable part of communicating with staff at the facility. This was important not only for my growth as a practitioner, but also my ability to implement relevant learning topics concerning the needs of the individuals I was working with. The meaningful relationships I made with staff was enabling me to feel confident in my own abilities, especially when leading music therapy sessions on my own. As a result of meetings and discussions I was able find ways to establish connections, supporting the young people and keeping their wellbeing and self-development at the forefront of my practice. An example of listening to staff input was during a movement exercise with group work with Group 'T' the 15th of April. During the dancing and loud singing I identified one of the group members, 'M', who had profound and multiple learning difficulties, was experiencing significant stress. Upon

observing this, I decided to stop playing even though the teacher said it was 'fine' to continue playing. I explained to the group that we were going to try and play quieter for M. Near the end of the session the Teacher Aide (TA) and teacher asked if I could spend some time playing some Samoan songs with 'M' while the class went to another part of the school for twenty minutes. The TA explained that M was unwell but that he really enjoyed music and asked if I could do some music with him. When the class group left I went and sat with 'M'. I noticed he appeared to be stressed and in pain and was sweating from his forehead. I played him some traditional Samoan songs off Spotify on my computer and he started to smile. After a while 'M' sounded melodies of the songs, using his voice. I could hear him singing and tell by reduced lines on his face that he relaxed and calm from music. At the end of our session I thanked M for listening to music with me and said goodbye. Later the Teacher and TA said that the music was really helpful for M and thanked me for the interactions. Meaningful relationships were reinforced by these significant interactions with both 'M' and by listening to the information his teachers were able to provide.

Listening to student interests and requests was an important part of acknowledging and building meaningful relationships. There were moments in my work with adolescents where students would choose to share personal interests or music that they enjoyed. In a later music therapy session on the 16th of September, C came to music with his USB drive and asked me if he could play me some of his favourite music. We sat and listened to the music on his USB stick through the computer speakers. I noticed, as we scrolled through the songs, C began to speak about the different music qualities and the things that he enjoyed, as well as the songs lyrical meanings and what they meant at certain parts of his life growing up. This process of listening was enabling for the student, as he

became excited to share one of his favourite songs by the Foo Fighters called 'Everlong'. Other interests became clear; as the song played, I observed that C's hands were playing rhythms on his knees and later he told me that he would like to learn this particular drumbeat. We went to the drum kit together and I was able to model the drumbeat much slower. I broke the drumbeat down into very achievable steps, which included; starting with only kick and snare (I'm not sure C recognised that there was anything missing with the drumbeat). Breaking down musical processes was a technique I used often, and was relevant to many students and different needs. C was able to copy the patterns back to me and seemed to be uplifted and very enthused from his experience of playing the beat he had heard from the MP3. During these types of interactions, in working towards the student's self-development and self-expression goals, I found that listening and observing what the participant was presenting to be useful in formulating musical ways of engaging students and addressing their interests. In this particular example, we listened to his songs on the MP3 and from this I was able to get musical ideas and model rhythms, which seemed to help build rapport between us and add to more meaningful relationships.

4.3.2 Improving and Adapting

Improving and adapting was an enjoyable way of interacting and seemed to help form meaningful relationships with participants. I identified some cross coding within the research data where playfulness and mastery were also attributed to this code but I will describe these in depth at more suited points in the findings. Throughout the duration of my work at the school, I noticed that students were motivated and participated more when I supported them on an instrument and joined in. There were some musical techniques I found I was able to activate that seemed that seemed to encourage more participation. Some of these included;

- Changing musical dynamics (tempo, loud, quiet etc);

- Stoping for students and/or acknowledging student needs; and,

- Body Language and directive movement.

Changing Musical Dynamics

When playing songs together with students I found that slowing down or speeding up to match tempo and rhythms helped to maintain the momentum of the interaction. Further, I identified that matching tempos improved our synchronicity and could be supportive and encouraging for participants to play more.

Stoping for students and/or acknowledging student needs

When working with participants with profound and multiple learning difficulties it was important to be attentive to their needs and mindful of needing to stop or having a break from playing or hearing music. At times during music making with L, I found it necessary to stop and provide a time for her to rest, especially if her teacher had told me that she was tired that day or she seemed to not be coping during music time.

Body Languag

One example where I used body language to enhance playing and communication was on the 5th of August, when I was working with C, an adolescent who was working his drumming. I had helped him choose the song 'seven nation army' because of its simple four over four rhythm cues and constant beat. I had noticed that this simple foot pattern on the kick drum seemed to engage C and allow his focus to go into other aspects of his playing like performance and musical dynamics. I accompanied C with guitar and voice. I gave C clear signals with my voice and body language as we played together. I found C played more confidently or seemed more comfortable when I was supporting him by playing together and by communicating with body language when we played together.

4.3.3 Exploring Interests

Exploring interests was an invaluable aspect of making meaningful relationships as participants seemed be more engaged after their own musical interests had been explored. I found especially during individual sessions there was more time and space for students to share their own interests via listening to MP3 players, playing together and discussion or musical appreciation. Hope, a young woman who I described in the clinical vignette (p.35) seemed to be more absorbed in music and able to articulate the way music made her feel when engaged in lyrics to songs that she had brought to show me. I found that over the course of music therapy, encouraging students to explore instruments and songs that were of genuine interest, assisted the momentum of the sessions and often students became more engaged. After student individual interests had been engaged I observed students as being excited about parts of themselves that they might previously been unsure of; they became comfortable to lead and share more of their own personal selves.

4.3.4 Sharing

Sharing was a category that was important in developing meaningful relationships. Students in group 'T' would share by passing around instruments or verbally communicating ideas and interests to the rest of the group. I found that engaging in improvisations or playing songs with instruments created opportunities for sharing to occur. During individual sessions I noticed patterns of sharing happening after engaging in music playing together. For example; I found that after singing songs together, Hope was able to express her feelings and talk about her family or personal situation, where as she did not seem confident to share these stories earlier in music sessions or without participating in musicking first. Of course, it was also my responsibility as a music therapist to monitor and report any information that might indicate Hope was not coping

to her teacher. However, it seemed that these sharing opportunities were connected to the music. Sharing was an important part of allowing students to feel valued and respected, and this leading to more meaningful interactions.

I found that asking questions could provide opportunities for participants to express themselves and share their thoughts and interests. During an individual session with Hope on the 22nd July we sang a song that she'd brought to music called 'Safe' by Brit Nicole. Hope sung to the MP3 whilst playing the drums and I supported her on another drum. I found singing songs and playing a drum seemed to calm Hope and is therapeutic for her. After playing the song I asked her if we could sing it again, Hope said 'Yes'. After singing it once more I asked some questions about where the song came from and if it meant anything to her. Hope began to explain that the lyrics were significant to her and that she felt an emotional connection to the song and its theme of safety. Hope began to talk about how she was frustrated and unsure about her timing and playing drums. I found that asking questions was conducive to creating meaningful relationships and were especially effective after we'd played some music together when students seemed confident to express their feelings and make more contributions.

4.4.0 Second Theme: Participating in Practical Work

This theme developed from students to playing instruments, dancing and working towards physical and participation goals during music sessions. Playing instruments and dancing seemed to be experiences that gave the music more meaning and encouraged students to express themselves. The majority of the students I worked with at the school were physically able to contribute, or do so with support from a staff member. I noticed that initiating planned movement activities, playing instruments and acknowledging student requests for instruments contributed to student enjoyment and confidence.

Playing Instruments		
	Participating in Practical Work	
Movement and Dancing		
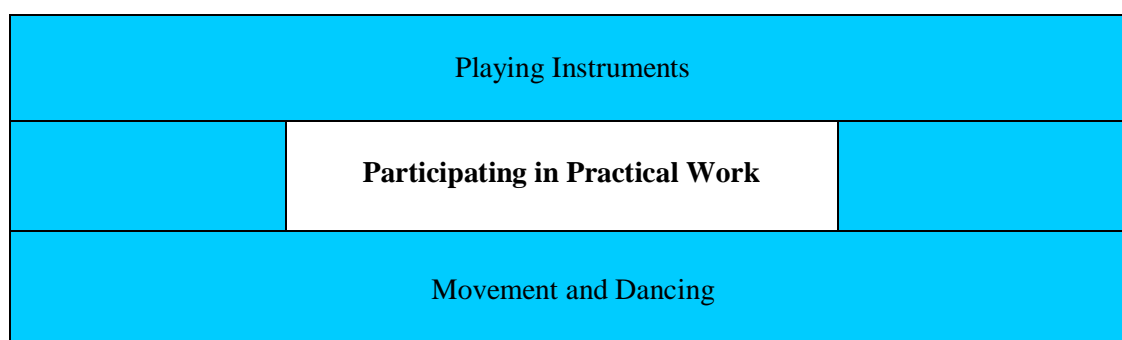
Figure 4 Data Categories of Theme Two; Participating in Practical Work

4.4.1   Movement and Dancing

Movement and dancing appeared in the data as significant methods that contributed to musical experiences and student confidence. During group sessions it was important to include a focus on movement as physical activities were suited to the group's goals of; increased social awareness, movement, communication, self-expression and coordination. During an observation period at the beginning of my placement I noticed that waiata and haka, which included forms of movement, were a focus of the school's curriculum and taught by kaumātua and staff of the group 'T' classroom. The majority of the students in the group were Polynesian or Maori and the group had some haka and waiata that were unique to the classroom. I provided a time for these songs at the

beginning of each session and this was a chance to acknowledge education goals that were at play and collaborate with kaumātua who championed their use in music therapy. I found that providing this time to perform haka in class or for visitors seemed to be affirming for the students, and promote group culture and identity. I found that this time was valuable to building student confidence as singing and performing waiata provided a pathway to other successful musical moments within the sessions.

Often, I would combine actions with songs, for example; on the 19th of August students participated in singing a blues-chant called 'Landlord blues'. Firstly, students were encouraged to stand up and sing the song together and clap along. I found that repeating the verses was a simple technique that gave students time to become familiar with all the lyrics, while the musical action of clapping or patting knees helped to contain participants in this moment. Next, I began to ask students what physical actions they think could go next and 'R' said 'Why don't we turn around?' Students seemed excited to add their suggestions in the pursuing verses. I noticed that leading was important, especially at the start of movement songs when I was involved in modelling and verbalising actions and lyrics. However, once the actions and lyrics were learnt and being carried out by participants, I found that introducing guitar chords helped to support and sustain the interaction and allowing others to lead. Introducing new musical ideas and actions in a gradual way seemed to help build the group confidence and was a technique I learnt over the course of my training observing music therapists and lecturers work to facilitate groups. Defining a musical momentum was crucial in terms of adding new actions or movements and was only something I would consider once students seemed comfortable and were displaying signs of enjoyment. Movement and dancing seemed to have benefits with increased group awareness, individual confidence

and team spirit. Movement and dancing seemed to be rewarding in that it created opportunities for students to express themselves and have a say. Participants seemed to be cognisant to, and enjoy the effect that their suggestions had on group process.

4.4.2   Playing Instruments

Engaging in musical activities that involved playing musical instruments and listening to each other play seemed to be very enjoyable for the participants. During both individual and group sessions I found that providing musical instruments for participants to play was supporting student independence by encouraging a sense of responsibility to the music making process. Also, providing participants with the opportunities hear new sounds, timbres and choose instruments seemed to be nurturing their self-expression. During music making with instruments in group sessions I found that, within the context of playing songs together, I could initiate moments for the group to listen to each individual's instrument. Students seemed to participate more at these times, especially if our playing was in conjunction with a requested or popular song. Playing instruments was a way of celebrating and encouraging self-expression where contributions could be made. The affirmation and acknowledgments of these contributions, as well as the student's cognition of these playing instruments seemed to build student confidence.

4.5.0   Third Theme: Creativity

Creativity was a significant theme that came out of the data and contained categories
and indicators of methods and techniques that contributed to student confidence. These
categories can be seen in the table below. I found that by introducing creative aspects to
the music I was able to connect with students and help them achieve goals, contributing
to their enjoyment and confidence.

Early Successes		
Playfulness	**Creativity**	Music Invention
Taking Risks		

Figure 5 Data Categories of Theme Three; Creativity

4.5.1 Early Successes

It helped to create early moments of success during sessions so that participants felt
encouraged to continue and persevere with music playing. For example; during the first
music sessions of working with Hope I noticed that she seemed shy and that there might
have been a possibility that she was not ready to participate. Recognising this helped me
understand her needs and enabled me to provide a simple and quick music making
activity that gave her an achievement. When talking with Hope about playing musical
instruments (1st April 2014), I discovered that Hope had never played drums. I asked if
she would like to share a bongo drum with me and did this so that it wouldn't seem so
daunting playing it on her own. She said 'Yes, I'll give that a try' and smiled. I noticed
that she participated more and started to play louder as we started to engage in some
simple copy and play patterns. Also, our playing started to gel together when I copied

her patterns and we started to improvise. It seemed engaging in this simple music activity gave her a sense of achievement and helped her to feel calm and supported. The definition of what successful moments were varied for each individual or group, due to separate individuals needs and the how they were able to interact and communicate. However, I found that even the simplest forms of music making could be applied to achieve an early success. Creating early and quick successes required me to not only to plan and understand what IEPs goals, but also be flexible to students' personal interests and what they were presenting during special moments of music making.

4.5.2 Playfulness

I found that incorporating playfulness into the music sessions was a creative way of bonding with participants and seemed to stimulate participation. During a music session with participant C on the 19th of August C was playing the drums and I was supporting him on the electric guitar. I was working with C towards goals of mastery and learning a drum beat that he'd brought along to music as an MP3. I faced C when I played to give him recognition and support, stopping sometimes to model some of the drumming patterns on the drums. I noticed how C seemed confident of what he was doing and subsequently his timing became more consistent and confident. When I felt as though C was supported I began to exaggerate some of the guitar parts, emphasising different beats of the bar with louder of softer playing. C smiled and his drumming became louder as we locked in and our timing matured into something solid. Our playing developed into an improvisation where I created some playful guitar rifts that we repeat together in a short, repetitive instrumental. C was playing the beat and the sound of the music turned into its own unique piece. Afterwards, C expressed that he'd like to try this again. I noticed how integrating playfulness to creative music making helped C

express himself on the drums and he seemed very uplifted and proud of his playing achievements.

In another example of including playfulness, I was working in individual sessions with participant L, who had profound multiple learning difficulties and was non-verbal. I supported L her to sound the chimes. I let her hear the chimes first and supported her participation by singing musical questions. For example; "L, would you like to hear the chimes?" I noticed that she was not responding much but I thought the interaction had potential so, in a playful style, I introduced a song melody of 'One love' by Bob Marley but kept the lyrics exactly the same and asked her if she would like to hear the chimes again. I chose to do this because the timbre of the song was light and had a fun feeling. L began to lift her head and verbally sound some singing responses. I sounded the chimes for L and she L smiled and laughed. This interaction continued with her participation increasing when I gave her space to respond.

4.5.3 Taking Risks

I noticed I took some risks in sharing things about myself and this seemed to encourage others to share and ultimately take some risks themselves. For example; during music making with Participant C on the 19th of July, C was sitting at the drums and, without verbally communicating my intentions I started to sing 'The Pokémon Theme Song'. The song is a fun and upbeat rap that I thought C would know, however it was a risk for me to play, as I wasn't sure if he would join in. I played the chords on guitar and C smiled and started to sing all of the lyrics into the microphone. C joined in with drumming. Afterwards, C began to reflect on how much fun singing the song was, he was articulate and started to explain how enjoyed coming to music therapy because it had reintroduced his love for music. C seemed more confident to talk and reflect after this experience, sharing some personal stories. Taking musical risks helped form unique

bonds with participants and seemed to build trust and establish a transparent quality in music sessions.

4.5.4 Music Invention

Song writing and developing pre-existing lyrics from known melodies were creative methods I employed during music making with individuals and group participants. I found musical adaptations of songs and song writing were conducive to further participation and fulfilling music making experiences. During individual and group sessions' musical adaptations were often used with movement to promote physical goals. I found that familiar melodies from songs such as; 'Happy' by Pharrell Williams and 'Bad Moon Rising' by Creedence Clearwater Revival could be motivational for participants.

Popular songs seemed have defined, 4/4 melodic rhythms that were easily interchangeable with individualised lyrics aimed at supporting student needs and helping students achieve educational goals. An example of a musical adaptation was during a group music session on the 16th of September when group members and I participated in co-creating actions to go with the chorus of 'Hey Ya' by 'Outkast'. I had chosen the melody because it was easy to dance to and movement was part of the goals for the young people, as well as coordination and orientation with their environment. Students knew the melody well and seemed to get a lot of enjoyment out of singing it. In a collaborative way, I would make a suggestion for a dance move and sing this action out to the group, and then students would copy this action. Suggestions would then travel round the group, giving each person an opportunity to suggest a movement. Once a movement was thought of, I then modelled the lyrics once through (supporting with guitar) and stopping (continuing a pulse) to demonstrate the coinciding action. I noticed

that the cognitive activity of thinking of a suggestion for movements was challenging for some group members. However, students giggled and seemed to enjoy sharing their ideas. I noticed students became more confident to offer more suggestions once they had overcome this challenge or by watching one of their classmates make a suggestion. I had noted in some of my earlier sessions that some participants, who had wheel chairs enjoyed movement and dance and participating. Staff members supported this assessment and wheel chair members were encouraged to contribute in whatever ways were possible. I noticed that participants were interactive with each other and promoted each other's suggestions to the music. Further, I found that musical adaptations were stimulants for confidence, positive group culture and inclusiveness.

An example of song writing occurred during individual sessions with Hope, when I supported her to write one song over three separate sessions. I preferred to work on song writing over multiple sessions. This was done so that the process was voluntary and not forced; a song could be written in moments where Hope felt inspired to do so. I noticed that I frequently asked the participant questions to tease out the preferences for chords and rhythms or melodies. For example, after discussing some of Hopes favourite songs and her interest in lyric I asked if she wrote her own lyrics and she said that she did and would bring them to music therapy. *(Moving forward some sessions)* The first song writing occurred at the end of a session on the 13th of May when Hope felt confident to share her own lyrics. Hope said 'we could use some of my lyrics I have written on my Ipad if you want". I asked her what type of chords she might like and previewed some for her on the guitar. Hope seemed to enjoy making decisions about what chords sounded good (Major, minor). Next, I gave her a drum to play so that she could be involved in making a general beat or rhythm. We played together, repeating

the chords she had made and trialling singing her lyrics together. I noticed that Hope sung around a melodic range and I matched this tone and supported her to sing a melody. I noticed that Hope was able to communicate when she thought the song sounded right by saying 'Yep that is sounding good' or 'No, I think I might be something else'. Throughout this process I found that song writing was an affirming process that encouraged Hope to make decisions and express herself and describe her interests.   Next we talked about a rhythm that she might like to have. Through sharing her lyrics, song writing seemed to be a creative activity that linked music making with her lyrics and thoughts and feelings.

4.6.0 Fourth Theme: Providing affirming input

This theme developed out of the experience of encouraging participation during group and individual sessions. I noticed that when I acknowledged students and gave them positive feedback about their contributions they were more active and comfortable to try again. Also, I noticed that by engaging with staff and encouraging them to participate in music making contributed to therapeutic music experiences that seemed to have a larger sense of community and togetherness.

Building Trust		
Celebrating Success	**Affirming Input**	Verbal Encouragement
Encouraging Leading		

Figure 6 Data Categories of Theme Four; Affirming Input

4.6.1 Building Trust

Building trust was an important technique that seemed to help create more meaningful interactions with students. In reviewing the data it was evident that this category fell under some of the other aspects of my practical work and that building the young people's trust also contributed to making meaningful relationships. I found that building trust was enabling for students to feel comfortable and become confident in their own contributions. Part of this involved establishing continuity and boundaries within music sessions, for instance; clear beginnings and endings to the sessions. I found that playing and singing hello and goodbye songs provide support and direction. For example, during group work on the 13th May with students who had profound and multiple learning difficulties we began, much like other sessions with their hello song. The song involved turn taking, sharing a drum and identifying each other, to work towards goals of social awareness and group confidence. On this particular occasion I noticed how R seemed excited for music to start, just as I arrived to the classroom and was ready to begin he asked me if he could count in the song, to which I replied, "Yes, go R!" R counted in the song for the group and continued to sing all of the lyrics actively and confidently. He was familiar with all the sections of the song (from other sessions where we'd began with this hello song) and seemed enjoy his own contributions to the group process.

4.6.2 Verbal Encouragement

Verbal encouragement was a significant aspect of my practice that seemed to contribute to student confidence and participation levels. It helped to keep a focus on participant's interests, their musical goals and seemed to act as an enabler for students to become cognisant to their own successful moments. This meant that, on occasions, after moments of verbal encouragement participants would share more as they discovered

abilities things about themselves. It appeared that providing verbal encouragement was up lifting especially in challenging moments. For example; during individual sessions on the 17th of June with a young girl who had profound and multiple learning difficulties and was non-verbal, I used a beater and cymbal to work on gross motor skills including arm movement. I had previously established from earlier sessions and discussions with her teacher that L responded well to music of Bruno Mars and Bob Marley. It therefore made sense to play familiar songs that L enjoyed, as she seemed ready and more engaged with music that was interesting to her. I would play chords and sing the melodies of songs like 'The Lazy Song' by Bruno Mars, changing lyrics to words that were relevant to L. It was important to provide enough time and prepare her for lifting her right arm. I did this by singing or speaking phrases before we were about to start, for example; "Today I feel like hearing the cymbal", and waiting, "now I think L is ready to play", then stopping the music and singing "…getting ready 1, 2, 3. Go L!" After a while I would stop playing and listen for her (I noticed that space without instruments often resulted in success for L). I noticed L lifting her arm, holding the beater and sounding the cymbal (sometimes I would assist her movement, depending how she was coping). I would sing "good work L!" or stop playing music and encourage her clap and help her movements. I discovered that after these types of encouragements and interactions L would become excited, lifting her upper body and laughing and be more inclined to try more music making.

4.6.3 Encouraging Leading

I found that by identifying people's strengths I was able to create some opportunities where students could excel and develop leadership skills in these areas. During session with C, who was an adolescent student working with me to goals of independence and increasing self-confidence I introduced mastery and copy and play exercises to

encourage Cs' participation. After some instances in sessions where this would occur, other participants of the group were also approachable and willing to try counting in the songs. Allowing participants to lead even small activities was a process that was affirming their abilities, which seemed to work as an effective strengthening to participation and focus levels.

4.6.4 Celebrating Success

Celebrating success was an important part of my role because this was a way of directly acknowledging participant contributions and making light of their significant achievements during music sessions. In a group setting, I found that celebrating success was instrumental in heightening group awareness of each other's abilities and orientation in the room. This was most evident when I observed individuals within the group began to recognise each other and initiate celebrating successes on their own. For example; during a group music therapy session on the 29th July participants were involved in sharing passing a microphone to each other clockwise round circle, each taking turns to sing into it and listening to each other singing. They sang a song that had been requested called 'Stolen dance', by Milky Chance and I supported by playing the guitar. R sung this song particularly strongly and knew all the lyrics. I noticed students began to complement each other, once somebody had given it a go. I found that the spirit of the group could be lifted even more by verbally acknowledging student's compliments. Verbally acknowledging students seemed to set a good example for other students to feel comfortable enough to give music a go, and was an effective way of celebrating successful moments.

During individual sessions I found that even the smallest achievements could be celebrated by intimate actions such as clapping for someone or providing positive

verbal feedback. During one session on the 1st of July with a young girl who had profound and multiple learning difficulties I celebrated the success of achieving L's physical goals of lifting her head and vocalising, which led to more responses and subsequent achievements. I had placed a set of chimes off to the side, and slightly back from her wheelchair so that she could lift her head and turn it to identify the sound. L became animated with singing and laughter when I would stop and ask if L 'would you like to hear the chimes?". When she responded to these questions and lifted her head up by herself I would stop playing and congratulate her. When I congratulated her she laughed more and loudly and sat back in her chair. Celebrating successes were a prominent aspect of my music therapy practice and part of a broader effort of building confidence and creating positive musical learning experiences for students at the special school.

4.7 Summary of Findings

Contributions to student confidence was enabled by making meaningful relationships, participating in practical work, incorporating a creative element and affirming input. From the start of my music therapy practice I was informed by staff and teachers that students were coming to work on their transitional goals of confidence, social awareness and developing interests. I found that it was possible to achieve more meaningful connections with participants through a creative, 'person centered' music therapy approach where I was flexible to what students presented and appreciative of their contributions. Further, encouraging student's interests during music making was part of my practice approach; as a way of engaging students in music which they enjoyed. Introducing students to new experiences and supporting them during musical interactions seemed to enable students to experience moments of success. Whilst different methods and techniques were found to contribute to student confidence, I was

surprised with the broadness of the themes of the findings, and how these seemed to also relate to qualities of music therapy approaches that were at the heart of my practice, rather than very specific techniques and methods.

Chapter 5: Discussion

Research Question:

How Do Music Therapy Methods & Techniques Contribute To Adolescent and Young Adult Student Confidence At A Special School In New Zealand?

5.0 Introduction

Confidence appears to be a complex and subjectively perceived 'state' or phenomenon. Similarly, there seems to be different forms in which confidence is expressed and varied approaches a music therapist could undertake in contributing to young people's confidence, as individuals have different needs and respond to interactions in different ways. In this discussion I will present some methods and techniques, as well as some simple theories to explain what I discovered on reflection of my own practice. I found that the four themes of the previous chapter seemed to represent conditions and frameworks that might lead towards a young person who is confident to engage with his or her environment and to take active part in social contexts and try new things that they enjoyed.

By encouraging participants, I seemed to be able to create safe and trusting environments where students could develop their interests, express themselves and participate in new musical experiences. These developments and self-expressions were indications that students appeared confident Bruscia (2014). Their shyness and anxieties prevalent in early stages were diminished, as they were encouraged to take more responsibility and ownership of music making. Hence, this research has been able to provide some indicators of approaches that might contribute to the confidence of the students who attended music therapy. However, as a researcher, I am mindful that others might draw different perceptions from similar data.

The following are some issues that on reflection I would like to draw out from the findings and discuss as they relate to previous and ongoing literature about the developments of adolescents with multiple and complex needs and their confidence.

5.1 Broad Themes and Practice Approaches

I was surprised by how pronounced my approach to practice was within themes that emerged from the data. Initially, I had wondered if for example; improvisation, song writing or methods and techniques that might be featured as the particular approach contributing to student confidence. However, considering the emergence of the four themes and the literature around confidence and confidence mentioned in wellbeing literature, it would seem that it leans towards it being more about the way the methods and techniques worked in conjunction with a music therapy approach.

I found that being attuned to possibilities, within musical experiences that were forming, and being mindful to how I interpreted our interactions enabled me to respond with methods and techniques in conscious efforts to build meaningful relationships. This has been mentioned in the literature where Payne (2004) and Bruscia (2014) argue that working reflexively can help build meaningful therapeutic connections. This integrated approach was especially resonant with older students I worked with who had transitional goals.

With young adults and adolescents I worked with, I found that acknowledging and appreciating their thoughts and interests was a considerable part of my practice approach that led to meaningful musical interactions. I found that welcoming and including suggestions for music making activities, and providing verbal encouragement were part of conscious efforts to make students feel appreciated, safe and confident in their environment. These methods help to identify student strengths and seemed to

provide more focus to music making sessions. This is resonated in the literature where Kozik (2009) argues that identifying strengths and student fostering interests can help generate hope and dreams for the future.

5.2 Trust and Sensory Cues

Building trust was a category, placed under the theme of affirming input. However, this seemed to be an important part of each of the four themes. Establishing a level of trust in the therapeutic relationship seemed to be enabling for participants to make their own contributions and feel confident to participate. An example of a technique I used to help promote a trusting environment was creating clear beginnings and endings with 'hello' and 'goodbye' songs. During group and individual music making 'hello' and 'goodbye' songs created continuity and similarities in different music sessions. Further, song adaptations were employed as a method of personalising the 'hello' and 'goodbye' song for each individual or group. Individualising the song seemed to add depth to the culture and therapeutic bond, where students could identify that the song was special to their group. I noticed students started to anticipate and request hello and goodbye songs, which I viewed as a positive because students seemed more certain and calmer with definite starts and endings to sessions. This reflects the literature that suggests building trust is importing in supporting the needs of young people with complex needs and is a contributor of confidence (Oldfield, 2006; New Zealand Curriculum, 2007).

Sensory cueing was a simple technique I employed that seemed to help build trust for young people who had sensory needs. The music room where I conducted my practice was reasonably small and it was sometimes necessary to provide cues or directives for physically manoeuvring in close quarters. With adolescents, providing sensory cues was something that I self-monitored, as I wanted students to feel as independent and

confident as they would be in their own home. I found that sensory cueing helped to build trust and secure environments where students could feel confident to express themselves. This is represented in the literature where Stimpson (1995) argues that practical support and guidance can help to build trust and ultimately more confidence. Song structures can act as assistive guides and ways to provide musical cues that make the client feel safe; Oldfield (2006) names these safe routines. My experience was that this was repeatedly a very conducive way to building warm equal relationships with teenage students. Further, this is representative in the literature where providing music that supports safety through song structure and singing and playing together (Wigram and Baker, 2005; Ansdell, 2014; Agrotou, 1994).

5.3 Playfulness and Practical Methods

Providing an opening and encouraging space for students to bring their USB's was an addition to music therapy sessions where students could bring music that they wanted to do. These interactions seemed to enable students to make discoveries about self and share their interests and goals. The use of USB's and CD's has been well documented in the literature by Whitehead Pleaux (2011), Dauber (2011) and Magee & Bertolami (2011). Sharing was a considerable part of these interactions and is mentioned in literature by Bunt & Hoskyns, (2002).

Music appreciation and listening often helped students become involved and curious in discovering their musical interests or instruments they were interested in playing. I found that after listening; singing along with; or playing instruments to MP3's students brought to music sessions, students were excited to try playing instruments or take musical risks. Katrina McFerran (2010) acknowledges the benefits of musical

appreciation for adolescents where listening to music that they're interested can be an identity forming activity. I found that listening to music and playing along to MP3's helped to create extended interactions with students where I was able to employ 'copy and play' activities, matching and mirroring techniques and mastery. This was evident in working towards drumming goals with participant 'C' on the 16th of September where listening to participant 'C's' favourite song provided an opportunity for him to play along to the song, and with my guidance learn the drum pattern on the drums. I found that students seemed up lifted and happy with themselves when working to goals of mastery. This was especially evident when I broke down musical phrases, rifts and patterns into simplified and achievable forms. Further, by slowly incorporating more aspects of the musical phrases as students became more confident with their abilities, students were able to develop their abilities and seemed to be able to express feelings of self-discovery, success and achievement.

I found that working reflexively to interactions that were forming, helped identify moments when creating early successes was necessary for students, who might be unsure or doubtful of their own abilities or interests. I found that by offering instruments, improvising, matching or simply playing together could encourage social developments, non-verbal communication skills and improve the participant's outlook. These techniques are represented in the literature by Edgerton (1994), Kim (2008) and Lejonclou (2009).

During my initial sessions I noticed that some students presented as shy and seemed less willing to try new musical experiences. However, I found that incorporating a sensitive and playful tone to my professional approach was important as this seemed to create a

participatory environment where students felt comfortable to engage and take some musical risks. Laughing with students and making musical mistakes were part of this. After a period of time, I felt as though this approach helped to lift the student's spirits and enable them to express themselves. This is represented in the literature by Dauber (2011) and Turry (1999) whom both argue that benefits of fun musical interactions can counter feelings of isolation that can be prominent in young people with sensory needs.

I found music could provide a focus where students could feel contained and certain of outcomes. This sense of assurance seemed especially noticeable when students were singing songs that they were interested in. Moments of togetherness and community were triggered by singing. Singing is widely represented in the literature as an enhancer of social interactions and contributor of confidence (Agrotou, 1994; Talmage, 2013; Bourne, 2005; Dewhurst-Maddock, 1993). Movement and dancing could be both practical and creative methods of engaging students and helping them to achieve physical goals. Collaborating with cultural representative and performing haka which incorporated movements seemed to facilitate experiences and interactions and assist with the student's development of social skills. This is represented in the literature where music and movement can assess and evaluate an individual's specific need and provide interactions that stimulate and improve motor control through repeated movements (Alvin, 1975; Boxhill & Chase, 2007; Peters Schmidt 2000; See, 2011).

5.4 Music Therapy Capabilities; Collaboration

Identifying student's musical interests was achieved via an array number of different methods. I found that exploring student interests supported participants to feel acknowledged and created relationships where participants could take control of the music making and student identity and contribution could be fostered. I found that I was able to create a sense of trust and rapport with students who were unable to verbally express their interests. I was able to do this by connecting with teachers and staff, becoming 'one of the team' and gaining some understandings of what the student liked.

Meeting with teachers and listening to their input was important as it provided me with valuable knowledge to identify and work with different students' abilities and needs. For example, through collaborating with teachers and teacher aids during group music therapy with group 'T' on the 15th of April I was able to better understand the needs of a participant who was experiencing discomfort and subsequently change the musical dynamics to suit. In speaking to one of the teachers I learnt what music participant 'M' enjoyed and was able to connect with him and engage him in singing during a later individual music therapy session. In later sessions, I found that connections I had built with teachers were helpful in solidifying trust with participants and forming group culture where everyone felt comfortable to contribute. This was especially evident during group song writing sessions where teachers were also involved. In these moments of musical collaboration everyone was 'in' and I found I could model adapted action songs (composed from a popular song with altered movement lyrics) and encourage group participants to suggest the next movement. My findings here seem to be similar too, or reinforcing arguments by Bertolami (2002) and Warden (1996) where

interdisciplinary collaboration with staff can provide a deeper understanding of student needs and are part of creating more meaningful interactions.

5.5 Creative, Affirming Environments

Song writing was a creative technique that was effective in engaging some of the older students in individual sessions. I found that song writing or lyric writing helped participants problem solve and overcome fears. Further, students felt a sense of achievement and ownership over songs that they had written and it seemed to be a contributor to their confidence. This reflects the views of Glassman (1991), Hanser (2010), O'Callaghan (1990, 1996), Roberts & McFerran, (2013), Wigram and Baker (2005) and Worden (1996) who acknowledge benefits of song writing within the literature.

It appeared that students became enthused, happy or seemed to enjoy life when there was an affirming environment. I found that creating moments to genuinely celebrate success and provide verbal encouragement seemed to stimulate students, make them feel successful and encourage them to participate more. This is noted in the literature where verbal encouragement can be a method of installing hope (Boyatzis & McKee, 2005).

With some of the older students I worked with, who were working towards self-expression, self-development and confidence goals, asking questions seemed to be conducive to discovering student interests. Especially after playing music together, students seemed uplifted, energised, relaxed and more able to express themselves (Wigram and Baker, 2005). Asking positively shaped questions seemed to be an effective method of teasing out genuine interests and was evident on a number of occasions. On more than one occasion I found that after music making students were

keen to have dialog about their experiences and asking questions seemed to help promote this form of self-expression. This is represented in the literature, where Mary-Anne Neal (2012) argues that teens are more sensitive than they appear to be and asking positive questions and providing heartfelt praise can support student self-esteem and help in the process of self-discovery and dreams.

5.6 Connections to the Curriculum

I was interested in the close connection between my discoveries/findings and aspects of the New Zealand and Stepping Stones Curriculum. Specifically, within the key competency of 'Participating and Contributing' where the curriculum mentions the need for students to be active contributors of the community "Students who participate and contribute in communities have a sense of belonging and the confidence to participate within new contexts" (The New Zealand curriculum, 2007. P.13). These sentiments are aligned with the musical experiences and therapeutic interactions that existed in music therapy aimed at developing students goals of self-development, social skills and confidence. The linear connections of supporting student development have been represented in music therapy literature that highlights the width of music therapy application as a 'trans-cultural experience' Ansdell (2014).

5.7 Supporting Adolescents with Complex Needs to Independence

The apparent widened level of disparity between adolescent's skill sets is particularly prevalent at the secondary age (Rickson, 2012; Stimpson 1995). These authors identify that adolescents and young adults with disabilities with goals to transition, experience more challenging imbalances and therefore require more support to become self-sufficient. I have found that this research study resonates with other studies which note that children with disabilities can often be marginalised and left on the edges of social

integration, especially if their skills and interests are not engaged (Rickson, 2012; Neal, 2012). These studies identify the importance and need for support of students with developmental needs and disabilities in efforts to development their strengths. Specifically, Rickson argues that a society needs to adopt a learner centred attitude that counters the stigma she suggests currently exists, where society expects students with disabilities to 'meet an acceptable level'. I find the studies highlight need for an 'appreciative' and supportive approach. This research has focussed a lot on positive, and affirming approaches and techniques that take interests and recognising what people can offer, which I would argue links with the positive and valuing methods advocated by Rickson and Neal.

5.8 Strengths and Limitations of research

There were some strengths and limitations of the research that are worth mentioning. Collecting the data from my own clinical notes and conducting a secondary analysis were dual roles that I was responsible for. I found that establishing a time period between the data collection and data analysis stages helped to achieve a successful secondary analysis and provide a healthy distance from the music therapy practice. Although, during the final stages of research it was not surprising that aspects of the research would trigger memories of music therapy with participants and certain emotions from the music sessions. Conversely, the research study has allowed me to reflect on my own practice experiences; where discoveries about my approaches to practice have been identified. The findings also indicated some of music therapy methods, techniques and approaches that were effective in helping to build the young people's confidence.

A limitation to the research was that not everyone who attended music therapy needed to be supported for confidence. However, despite this I found that the contributions of music seemed to support the wellbeing and enjoyment of students who were working towards other goals. As a student music therapist and researcher I am new to the field of meaning and text. I feel as though the experiences of conducting practice and research have helped me broadened my understandings of a variety of research tasks as well as provide insights to my own practice.

5.9 Final Thoughts and Recommendations for Future Research

As a student music therapist, this research project has provided me the valuable training opportunities to conduct a secondary analysis of my own clinical documentation and review meanings and texts pertaining to the literature of confidence, and music therapy young people with profound and multiple learning difficulties. The outcomes of a thematic analysis of the data allowed me to draw some simple theories about my own work.

Initially, I hypothesised that methods and techniques would appear as more specific and direct contributors of confidence, however, it has been found that a more subtle approach was required in working with the different participant's needs and personalities. Through person and 'music centered' experiences, a reflexive way of working was devised to meet student's goals and IEP's. The importance of integrated music therapy approaches was highlighted in these themes as that there was a demand for me as a student music therapist to provide music therapy that was individualised to engage students who varying needs and support them to achieve goals. I identified methods and techniques that existed within themes that seemed to contribute to wellbeing and some aspects confidence (as outlined in the literature).

In the review of literature it was noted that young people with disabilities are profoundly disadvantaged in the adolescent and young adult stages of life and that specialist support is needed in special schools and education settings to support their needs, foster interests and prepare them for adulthood. Hence, it would seem that there are benefits for education settings to adopt a co-existing partnership with music therapy. In the literature descriptions of confidence are vague, although the literature suggests that confidence can be built through singing and participating (McFerran, 2009; Agratou, 1994; Wigram and Baker, 2002). This was resonant in some of my interactions with participants after music making. Perhaps the contributions to confidence of young people with profound multiple learning difficulties could be best understood with further research. Certainly the outcomes of this qualitative study and intended learning outcomes of both the New Zealand Curriculum and the Stepping Stones would suggest that there is need for further research into the confidence of young people with profound multiple learning difficulties.

Conclusion

Adolescents and young adults with complex needs need to be supported as they transition into adulthood. Findings suggest that the student music therapist could contribute to the confidence of the young people through a reflexive, humanistic approach to practice, as well as carrying an appreciative perspective to student strengths and abilities. This exploratory study intended to investigate how methods and techniques employed in 'client centered' music therapy contributed to student confidence. Four main themes emerged from the student music therapist's application of music therapy were: making meaningful relationships; participating in practical work; creativity; and, providing affirming input. Within these themes there was an array of interactions where methods and techniques are visible. A secondary analysis of twenty weeks of clinical documentation was used in this research to identify methods and techniques at play. A thematic analysis was applied to interpret and analyse the data. The analysis of the musical interactions has helped the researcher to understand and articulate the methods and techniques at play, as well as highlight linkages between confidence, wellbeing and the New Zealand Curriculum, which have been presented in a discussion. The study indicates that further investigation is necessary to determine the contributors to confidence for adolescents and young adults.

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Appendices

Appendix 1: Glossary of Terms

<u>Musicking:</u> "To music is to take part, in any capacity, in a musical performance, whether by performing, by listening, by rehearsing or practicing, by providing material for performance (what is called composing), or by dancing (Small, 1998, p.8).

<u>Individual Education Plan (IEP):</u> Individualised learning plan for students. The plan incorporates goals that are relevant to student needs abilities and interests. Goals are carefully planned, including what support will be provided to the student and how each intends to be achieved. and The goals are planned during IEP meetings by family members, the student and staff members (Stepping stones, 2005; The New Zealand curriculum, 2007).

<u>Key Competencies:</u> Educational aspects for student growth and wellbeing. These are considered to underpin learning experiences. The five key competencies are: 1) Thinking, 2) Using language symbols and texts, 3) Managing Self, 4) Relating to Others, and 5) Participating and Contributing (Stepping stones, 2005; The New Zealand curriculum, 2007).

<u>USB's:</u> A small portable drive used for carrying files and documents. These Drives can also carry music files.

<u>MP3's:</u> Digital forms of music that can exist on a music player or part of a file on a USB/computer drive. During my time at the placement it became a regular occurrence for participants to bring their MP3 players with them to music therapy sessions.

Appendix 2: Facility Information Sheet

Information Sheet ▬▬▬▬▬ Staff – Records Review in a Music Therapy research project

Title of project: How Do Music Therapy Methods & Techniques Contribute To Adolescent and Young Adult Student Confidence At A Special School In New Zealand?

Dear (first name),
(*My name is Callum Martin, and* as you know, I have been working at ▬▬▬▬▬ ▬▬▬ school since March of this year as part fulfilment of a Master of Music Therapy degree. I have been on placement here as part of my second year assessment to practice skills as a music therapist. As well as trying to enhance the education and wellbeing of the students at ▬▬▬▬▬ school, my work at the school is also aimed at helping me progress as a practitioner and researcher. I am writing to you because I would like to review documentation that was generated as part of my clinical practice within my research project. Some of the information I use may involve notes I gathered in meetings or supervisory conversations with you and it is for this reason that I am informing you about this matter now.

The Research

In my work ▬▬▬▬, I quickly became interested in the qualities of interactions between myself and students in music therapy. In particular, I wanted to explore how music therapy contributes towards the confidence of students. I have been keeping clinical and reflective notes throughout my work to document my practice and experiences, and will be reviewing them by way of a 'secondary analysis of data'. This means that for the most part music therapy was carried out as if no research was occurring. Once I had formulated a research question based on experiences in music therapy, I began reviewing the clinical documentation with that particular focus in mind, while still continuing music therapy as it always would have been for the sake of the students' learning and wellbeing.

Why Records are being Requested for Review

Currently I have permission from Massey University, the New Zealand School of Music, and ▬▬▬▬▬▬ out my work as a music therapist. I have been recording my observations and thoughts as part of my work as a music therapist with a view to improving music therapy services for the students. However, in order to use these written documents to review my practice and answer my research question, I need to gain informed consent from the school, students, their families, and any other significant parties involved. As I have been present in observing classrooms,

interdisciplinary team meetings and other school activities, I will need your informed consent to allow me to review records that include information involving you. Should you be happy to provide your consent this will assist me in my research that I hope will help future music therapists enhance their clinical skills for the benefit of young people with special needs. You are free to refuse and I will omit any specific information involving our work together from my data analysis.

Sources to be Used
In the course of my work placement ████████ I have been keeping clinical notes, a personal reflective journal, and sometimes using ████████ recordings to enhance the accuracy and richness of my thoughts about music therapy sessions. In addition, when possible I have also been documenting personal communications with staff, students and parents in settings outside of music therapy, as well as notating music played in sessions.

How Sources will be Used and Stored

As a student acting under the ethical guidelines of Massey University and Music Therapy New Zealand, it is my responsibility to ensure that all the information I collect is treated in a way that maintains the integrity of those whom it concerns. As such, I have been and will be taking measures to safeguard records containing potentially sensitive information. The clinical notes I have written from my time ████████ are being stored on password protected computer at the school, meaning that only you or I can access them from there. I also keep a copy of my notes on my personal computer at home, and on a private memory disk. Any ████████ material of students or staff in music therapy sessions that I have recorded will only be used for my supervisor to review my work as a student Music Therapist. Original recordings are then deleted from the camera. All handwritten material is kept securely in my private room at home. I am careful to disguise or omit any sensitive information in documents in order to de-identify those who are involved, and to protect the integrity of those associated with them. However, due to the nature of the small music therapy community in New Zealand as well as the type of school facility in question, it is possible that people and places may be identifiable by readers of the research.
This project has been reviewed and approved by the New Zealand School of Music Postgraduate committee. The Chairs of Massey University Human Ethics and Health and Disability Ethics Committees have given generic approval for music therapy students to conduct studies of this type, which have been judged to be low risk and, consequently, are not separately reviewed by any Human Ethics Committees. The supervisor named below is responsible for the ethical conduct of this research. If you have any concerns about the conduct of this research, please contact the supervisor or, if you wish to raise an issue with someone other than the student or supervisor, please contact ██ ████████████████████████

Your Rights

This information sheet - intended to illuminate all the important aspects of my research as it pertains to you – has been provided so that you can consider signing a consent form that would allow me to utilise information involving you in my research project. If you decide to give consent and at a later date you have any queries, this can be

discussed. There is no pressure on you to give permission for me to review clinical records in which you are mentioned, but I do believe the benefits will outweigh the risks. You have the right to ask to be given access to a summary of the research findings once the final write-up is complete.

Contact Details:

Should you have any concerns or further questions about this matter, please do not hesitate to contact either myself ██████████████████████████████ ███████████████████████████████ further information.
I look forward to hearing from you,

Callum Martin

———————————

Appendix 3: Parent/Caregiver Information Sheet

Information Sheet for Parents – Review of Records for a Music Therapy Research Project

Dear Sir/Madam,

My name is Callum Martin, and I am a Master of Music Therapy student with the New Zealand School of Music. As part of my second year assessment, I have been working ███████████ School on a year-long clinical work placement to practice my skills as a music therapist. As well as enhancing the education and wellbeing of the students ███████, my work at the school is also aimed at helping me progress as a clinician and researcher. I am writing to you because I would like to use written records that were generated as part of my clinical practice, and which relates to you, in my research project. I will now tell you about the research.

The Research

In my work ██████████ I quickly became interested in the qualities of interactions between myself and students in music therapy; In particular, observing '*how Music Therapy contributes to the confidence of young people* ██████████████████. This interest has developed as the working title of my research project. I have been keeping clinical and reflective notes throughout my work to document my practice and experiences, and reviewing them by way of a 'secondary analysis of data'. This means that for the most part music therapy was carried out as if no research was occurring. Once I had formulated a research question based on experiences in music therapy, I began reviewing the clinical documentation with that particular focus in mind, while still continuing music therapy as it always would have been for the sake of the students' learning and wellbeing.

Why Records are being Requested for Review

Currently I have permission from Massey University, the New Zealand School of Music, ██████████ to carry out my work as a music therapist and researcher. I have been recording my observations and thoughts as part of my work as a music therapist with the aim of contributing and improving the current music therapy program ████████ However in order to use these documents to review my practice and answer my research question, I need to gain informed consent from the school, students, their families, and any other significant parties involved. Should you give permission for me to review _____ records in research, I will be including a short story-like description of a music therapy session in which _____ has participated in to help illustrate central points in my thesis. This *vignette*, as it is officially known, will describe _____ in some detail, and while I will have de-identified names and places as much as possible, still there will be a chance that somebody may be able to figure out the location and people

involved. I will need your informed consent to allow me to do so. If you choose to give it, this permission could enable me to better answer my research question, and potentially help future music therapists enhance their clinical skills for the benefit of young people with special needs.

Sources to be Used

In the course of my practice and research, I have been writing up clinical documentation of music therapy sessions and keeping my own personal reflective notes. In addition, when possible I have also been documenting personal communications with staff, students and parents in settings outside of music therapy, and notating some of the music played in sessions.

How Sources will be Used and Stored

As a student acting under the ethical guidelines of Massey University, ▓▓▓▓▓▓▓ School and Music Therapy New Zealand, it is my responsibility to ensure that all the information I collect is treated in a way that maintains the integrity of those whom it concerns. As such, I have been and will be taking measures to safeguard records that I review. Clinical and personal notes from my work are being stored on code encrypted computers that nobody ▓▓▓▓▓▓▓▓ staff can access. All handwritten material is kept securely in my private room at home. I am careful to disguise or omit any sensitive information in documents in order to de-identify those who are involved, and to protect the identity and integrity of those associated with them. However, due to the nature of the small music therapy community in New Zealand as well as the type of school facility in question, it is possible that people and places may be identified by readers of the research.

Your Rights

This information sheet - intended to illuminate all the important aspects of my research as it pertains to you and _____ – has been provided so that you can consider signing a consent form that would allow me to utilise notes containing information involving _____ in my research project. If you decide to sign for consent and at a later date you have any queries, this can be discussed. There is no pressure on you to give permission for me to review clinical records about my work with _____, but I do believe the benefits will outweigh the risks. You have the right to ask to be given access to a summary of the research findings once the final write-up is complete.

Contact Details:

Should you have any concerns or further questions about this matter, please do not hesitate to contact either myself ▓▓▓▓▓▓▓▓▓▓▓▓▓ or my supervisor ▓▓ ▓▓▓▓▓▓▓▓▓▓▓▓▓▓ for further information.

I look forward to hearing from you,
Callum Martin

Appendix 4: Parent/Caregiver Consent Form

How Do Music Therapy Methods & Techniques Contribute To Adolescent and Young Adult

Student Confidence At A Special School In New Zealand?

CONSENT FORM – FOR CASE VIGNETTE

I, ………………………….. (parent/guardian's name) give consent for information regarding

my child ………………………….. (child's name) which has been collected for

educational/clinical purposes ▇▇▇▇▇▇ be used in Callum Martin's research project (in

order to fulfil the requirements of the Master of Music Therapy at the New Zealand School of

Music).

I understand that as part of the requirement for Callum's Music Therapy Clinical Placement, a

detailed case vignette which outlines an aspect of the research project will be written. This case

vignette may include background information concerning my son or daughter.

I understand that my child's confidentiality will be maintained at all times, his/her real name or

personal details will not be used at any time in the process of this study and not used in any final

publications or presentations arising from this research.

I understand that my child's music therapy would continue in its usual way if I agree for my

child to be a part of this case vignette, but also if I decide to withdraw permission.

I understand that analysis will take place ▇▇▇▇▇▇ Callum's place of study and all

information will be kept secure with any personal details be blacked out and not visible or

traceable.

I understand that all information regarding my child and this consent form will be given to the music therapy programme supervisor at the end of the study. The information will be kept securely at the New Zealand School of Music and destroyed after five years.

I understand that Callum Martin (Student Music Therapist) will provide a summary of the research and copy of the case vignette to me, and that the results of the study may be presented to ███████ music therapy conference, or be published in a music therapy journal. I understand that I can withdraw permission at any time, up to 1 October 2014, when Callum will be writing up the research.

Signed…………………………………………

Print Name………………………………….

Date…………………………………………..

Appendix 5: Student information and Consent Form

<u>Callum's Music Therapy research project.</u>

Hello ....

I am currently doing a project for university about the music that goes on at ████ ████ School. If it is ok with you I would like to include some of the fun music making experiences that we've had together in this University project.

When I have finished writing up my project, I will give you a copy to take home to read.

You may choose to ask your Mum and Dad for advise about this and we will still keep playing music together, even if you say no.

If you would like to be in my University project please write your name and date by the thumbs up picture, or get a teacher to help you.

Date:_____

Appendix 6: Example of Data Analysis stage 2; Codes and Categories.

Participant 'C' Codes	Sub Categories	Categories
Session 10	**3/07/2014**	
Working on repertoire of songs and musical skills from previous songs.	Working on instrument skills	Playing together
Provided supporting instrument.	Supporting; being involved, playing instrument.	Playing instruments/providing practical support/affirming input
Played steady rhythm	Altering music dynamics to suit participants needs	Working reflexively
Determined to finish songs. Set achievable musical goals.	Simple rhythmic ideas; breaking down musical structure.	Working towards Mastery/playing instruments
Set achievable musical goal: Made successes repetitive. Repetition of activities	Repetition of song	Playing together
Learning songs	Improvisation	Playing together
Participant initiated group session	Acknowledging contributions	Encouraging leading
Encouraging each other	Verbal encouragement	Participant celebrated successes together.
Provided session framework	Session framework; Acknowledging goodbyes and hellos	Practical support
07/07/14-21/07/14 Term 2 holidays		
Session 11	**22/07/2014**	
Talked about interests	Acknowledging participant interests in music	Exploring interests
Provided time to talk about musical interests	Participant sharing personal stories	Sharing musical interests
Participant shared specific music to learn.	Learning new songs	Affirming input
Aware of participant abilities; breaking down musical structure; establishing achievable musical task breaking down musical structure; establishing achievable musical task	Simplifying structure, working towards mastery	Creating successes
Modelling the drum rhythms	modelling and Playing along with mp3's	Playfulness
Provided mp3 for participant to play along to.	Supporting; playing instrument	Playing together to USBs
Supported music by playing instrument	Supporting, eye contact and body stance	Supporting; playing instrument/affirming input
Participant closed eyes and was playing instrument confidently	Providing practical support	Playing together
Learning the song	Repeating the song.	Repetition

Suggested continuations of musical interests.	Set new musical goals	Verbal encouragement/Installing hope/Playing together
Providing a time for sharing	Sharing personal stories	Acknowledging/ listening
Participant shared personal story	Acknowledging strengths, making suggestions for future goals/ verbal encouragement.	Listening/Verbal encouragement/ Installing hope
Played known, familiar song.	Session direction; successful moment, combining multiple learnt skills.	Playing together/working towards mastery
Session 12	**29/07/2014**	
Encouraging musical sharing	Asking questions and acknowledging participant interests	Listening
Providing time for music appreciation	Addressed participants interests through listening session.	Listening to mp3's/ Sharing
SMT Suggested interesting song with steady beat to allow for easy success.	Supporting Participants learning goals by providing simplifying songs and structure	Playing instruments, working towards goals of mastery
Participant acknowledged interest in song	Making contributions	Listening
Provided mp3 and played along to mp3	Suggested interesting songs with simple rhythm;	Creating simplified goals for early success.
Supported by playing guitar and singing.	Played to mp3	playing together
Participant Contributed by playing through ideas.	Separated and simplified musical motifs, achievable mastery.	Supporting participants goals by playing together
Matching tempo	Listening and being mindful of where the participant is musically	Providing practical support and affirming input
Repeated song.	Modelling	Playing instruments
Set musical goal; singing and playing through whole song	Played the whole way through.	Verbal encouragement and celebrating success together
Session 13	**5/08/2014**	
Introduced interesting, well-known song.	Acknowledging student musical interests	Affirming input
Supported participant with musical instrument and voice.	Providing prac support	Playing together/ Playing instruments
Communicated musically with verbal and visual indicators	Supporting success; eye contact and body stance.	Providing prac support
Supported holding process by providing mp3	Playing with mp3	Playing together
Modelling specific musical requests.	Acknowledging student requests	Modelling mastery
Implemented repetition of main ideas.	Supporting by playing instrument	Achieved musical goal by being Supported on instrument.

Set achievable goal	Repeating motifs	Verbal encouragement
Aware of student needs/goals and abilities	Set achievable learning goal by introducing simple rhythmic song	Playing together and acknowledging student interests
Verbal encouragement	Verbal confirmation of success	Celebrating success
Session 14	**12/08/14**	
Played well known, familiar song.	Playing songs of interest to participant.	Acknowledging participant interests
Musical success with support on instrument	Supporting by playing instrument	Providing practical support
Aware of student needs/goals and abilities	Set achievable musical goal by breaking down song structure.	Playing instruments/working towards student goals of mastery in instrument
Supported the task with mp3	Played along to mp3	Playing together
Introduced varying musical dynamics as a goal.	Introduced musical dynamics as a fun game	Playfulness
Played song together SMT supported on guitar and voice.	Support playing on instrument	Affirming musical communication
Singing and playing together .	Played song together SMT supported on guitar and voice.	Playing instruments
Participant introduced dynamics into playing.	Acknowledging participant leading, verbal encouragement	encouraging leading
Participant identified and changed style of playing to suit sections of song.	Playing songs of interest to the participant to allow them to accomplish a sense of ownership in the session	encouraging leading
Playing drums	dissected song into separate parts for achievable success	working towards participants goals of mastery. Acknowledging
Facing participant and making gestures	Acknowledging participant in musical communication	supporting success
Session 15	**19/08/2014**	
Participant initiates longer term goals creation.	Support discussion; Help create long term musical goals.	Affirming and sensitivity
Participant makes musical suggestion.	Acknowledge participant musical interests	Listening
Participant suggests personal music		
Break down process of learning musical skills.	Mastery; providing simplified structure and slowed down.	Acknowledging participant interests

Played song	Repetition	Playing together
Success after Repetition and support.	Support music making; playing instrument	
SMT Supporting role playing instrument	Providing prac support	Creating Successful moments and celebrating success
Provide musical options	Improvisation and Matching	Playfulness
Matching participants sound, tempo and rhythm.	Listening and musical sensitivity	Playing together
Musical interest expressed and musical goal initiated by participant.	Listening to participant requests.	Acknowledging and affirming input

Appendix 7: Example of Data Analysis Initial Stage 1; Coding

Communicative Musicality (Malloch & Trevarthen)

MUSIC THERAPY PROGRAMME PLAN ▮▮▮

SMT PROVOKE HUMOUR 'Relationship building'	were playing drums in the rhythm we had already defined. C laughed and kept playing. He still played quietly even though the song and style of playing was loud and obnoxious. He still played quietly (with two fingers). I thought he probably knew the song.	Exaggeration/playful.	
SMT ASK QUESTION (RISK BASED)	I asked if C could try playing with his full both hands and modelled a hand shape for percussion. C said 'Ok, I'll give that a try' C played lightly again but with the full hands this time. I told C that it was ok to play a bit louder and that he could if he wanted.	Willingness Giving it a go	
SMT INTRODUCED DYNAMIC	C started to raise the volume of his playing but only a little bit. When I asked for a little bit more volume he nodded and facial expressions became more focused, however, the volume stayed the same.	Increasing volume	
SMT VERBAL encourage	I said 'very cool that sounds awesome'. The next time we played I noticed C started to sing a little bit in the chorus. We were both still laughing. After a while of singing we stopped playing drums.	registered the change acknowledged	
chat story communication	C began to tell me how he used to play drums (acoustic kit). I said we would definitely have to get C on the drums next session. C said that he enjoyed coming to music	Tells a bit more	
15/04/14 SMT QUESTION	▮▮▮ to music room. I asked if he would like to have a go at playing the drum kit. The tone ▮▮▮ voice perked up. When C was sitting behind the drums I (jokingly) asked C if he liked the Wiggles. he laughed and said	▮▮▮ really excited to tell me ▮▮▮ the atmosphere felt relaxed and I was happy to hear that he was expressing himself through his personal stories].	Continue to encourage Self-expression Building self-confidence Building a sense of mastery

~~Explored~~, Provoked interests Using appropriate humour.

BUILDING RELATIONSHIP. PERSONAL STORIES

MUSIC THERAPY PROGRAMME PLAN ▮▮▮

Musical interest through humour	'not really', I asked if he like classical music then, he laughed again and said he liked any music. Next C started to tell me that he like green day. He suggested 'boulevard of broken dreams'. I looked up lyrics to green day song.	~~He expressed his interests~~	
SMT MUSICAL SHARING	▮▮▮ guitar and played a little bit. C said 'that sounds awesome' C played drums and I played guitar to green day song the whole way through.	Willingness to try new things	
MIRRORING	We played it a couple more times and C started to sing in the chous's and some later verses. C's drum playing was constant, though quiet in ~~loudness~~ volume. I asked if he could play a little bit louder and he laughed and said 'cool, ok.'	Registered and open ~~acknowledged~~ to change	
	C said he was having some trouble with the bass drum. [I noticed The drums needed to be positioned and some parts needed fixing and adjusted them accordingly]		
BUILDING RELATIONSHIP (PERSONAL SHARING)	He continued to tell me that he stopped playing drums but that he would like to try playing them again now. We played the song once through again.		
	C asked if we could play a arctic monkeys song. I said I might need some more time to learn it for next time although I played the chords and we both sung it through (verses and chorus's)	Open to ~~accepting~~ Suggesting songs/musical activities	
BUILDING RELATIONSHIP PERSONAL STORIES	I noticed C was smiling when we finished the song. At the end we talked ▮▮▮	Willingness to take Risks of expression	

Registered positive musical experience.

Appendix 8: Example of Data Analysis Stage 3; Defining Themes.

Categories	Themes
Listening	Making Meaningful relationships
Listening to mp3's/ Sharing	"
Playing instruments, working towards goals of mastery	Participating in Practical work
Listening	Listening
Creating simplified goals for early success.	Creativity and Reflexive MT approach
playing together	Making Meaningful relationships
Supporting participants goals by playing together	"
Providing practical support and affirming input	Affirming input and Reflexive MT approach
Verbal encouragement and celebrating success together	Affirming input
Affirming input	Affirming input
Playing together/ Playing instruments	Participating in Practical work
Providing prac support	"
Playing together	Making Meaningful relationships
Modelling mastery	Participating in Practical work
Achieved musical goal by being Supported on instrument.	"
Verbal encouragement	Affirming Input
Playing together and acknowledging student interests	"
Celebrating success	"

Acknowledging participant interests	Making Meaningful relationships
Providing practical support	Participating in Practical work
Playing instruments/working towards student goals of mastery in instrument	"
Playing together	Making Meaningful relationships
Playfulness	Creativity
Affirming musical communication	Affirming Input
Playing instruments	Making Meaningful relationships
encouraging leading	Affirming Input
encouraging leading	"
working towards participants goals of mastery. Acknowledging	Participating in Prac Work
supporting success	Affirming Input

Affirming and sensitivity	Affirming Input
Listening	Making Meaningful relationships
Acknowledging participant interests	"
Playing together	Making Meaningful relationships
Creating Successful moments and celebrating success	Affirming Input
Playfulness	Creativity
Playing together	Making Meaningful relationships
Acknowledging and affirming input	Affirming input