THE RELATIONSHIP BETWEEN MUSIC THERAPY GOALS, HEALTH GOALS AND EDUCATION GOALS IN A TRANSITION SCHOOL FOR ADOLESCENTS WITH MENTAL HEALTH NEEDS

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ABSTRACT

This exegesis explores the relationship between music therapy goals, health goals and education goals in a transition school for adolescents with mental health needs. Secondary analysis of data uncovered language and goals from the schools Individual Education Plans and Individual Therapeutic Plans. The language and goals from each plan were compared and set against language and goals derived from student music therapist's music therapy goals. The research showed that although goals set by teachers and therapists in the school addressed different areas of education and health, they were in fact linked. The team worked collaboratively to support students to reach health and education goals. Music therapy supported both health and education goals in the school context. This study presents a community perspective on education and health goals in a school context. Adolescents may need support from teachers and therapists to reach education and health goals in New Zealand schools.

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Music therapy graduates of 2014 – thank you! I feel we have grown as a group and I look forward to continuing our passion for music therapy in the years to come.

Last but not least, thank you to the Transitional school staff and students. To the students, thank you for embracing music therapy and sharing your music with me. To the staff thank you for your enthusiasm, support and kindness.

(HEC: Southern A Application - 11/41. Master of Music Therapy ethical template for student research in NZSM526 undertaken as observational studies, theoretical or case study research)

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1. INTRODUCTION

1.1 Exegesis Layout

The introduction sets the research in context. The literature review summarizes relevant literature on music therapy goals, education goals and health goals. It will demonstrate how my research was guided by existing literature, and how it will fill a gap in the literature. The methodology states my approach to data analysis and explains the research method. The findings section outlines what was found from the data analysis process. The discussion reflects on the findings and explores future implications of the research.

Throughout this exegesis Individual Education Plans will be referred to as (IEPs) and Individual Therapeutic Plans will be referred to as (ITPs), Individual Plans will be referred to as (IPs). The young people in this study will be referred to as students as the research was done in a school setting.

1.2 The Research

In this exegesis I explore how music therapy can support the therapeutic and educative goals already established in a transition school for adolescents who have mental health needs. The school provides both health and education services to adolescents who are unable to attend their regular school or employment due to

their mental health needs. I practiced here as a student music therapist working towards a Masters in Music Therapy and the New Zealand School of Music.

1.3 The Setting

The study took place at a regional health school, which supports students who are unable to attend their local schools because of mental health needs. The students' mental health conditions included depression, anxiety, suicidal ideation, psychosis and autism spectrum disorder. The school's staff consisted of a team leader (assistant principal), two teachers, an occupational therapist and social worker, a mental health nurse and two support staff.

The primary focus is on transitioning the students back to their local schools, where they remain enrolled. The school recognizes how important it is to maintain academic standards while enabling the students to address their individual mental health needs. The students' families, regular school and community team must collectively support their admission to the facility in order for the students to have a successful transition. The school is run along similar lines to a mainstream school with morning tea and lunch, morning time for curriculum and afternoon time for topic studies. The school also includes therapeutic workshops on alternate days. Every second day the occupational therapist runs a variety of groups such as mindfulness workshops and managing worries. Therapeutic workshops involve creative occupational activities, music therapy and relaxation groups. There was one large classroom in the facility with two tables, an art space and a kitchen. There was no staff room and the office for staff was a large room. The spatial quality of the

school ensured the staff and students engaged during morning tea and lunch. This close environment enabled staff to observe the students' moods, habits, helpful or unhelpful friendships and overall presentation. If a student was exhibiting concerning symptoms the team would work together to ensure the student was supported and his or her needs were met.

Students were constantly transitioning to their regular school throughout the week. Often I was not able to see some students because they would be attending classes at their regular school and then returning to the facility in the afternoon. I learnt to check their timetables to ensure they would be at the facility for individual and group music therapy sessions.

The school reminded the students of the overarching goal, to transition back to their regular school or onto further education. The students expressed mixed emotions when leaving the school, as they were glad they were moving on, but were apprehensive about leaving the supportive environment of the school.

1.4 My Personal Position

Initially I found it difficult to relate to students who were having difficulty engaging at school as I thoroughly enjoyed my schooling. On the other hand, I had experienced grief in my late teens as a result of the loss of my father, which gave me an insight into the daily struggles many of the young people at the school faced. As I developed an understanding of the students' mental health conditions I learnt how

to engage them in music therapy and celebrate success, whilst also acknowledging they were still struggling with aspects of their health.

Before starting at the school I had no experience working in mental health or education settings as a professional. My practice was heavily influenced by the education and therapeutic language, and approaches used by the staff. I was eager to work with adolescents because I had never worked with this group before. The oldest student was eighteen, only five years younger than me. I believed my age[1] might enable me to make stronger connections with students than if I was older. It seemed some students found it hard to trust me as a professional and feel safe because of my age, while others were able to share interests and music more easily and in turn, build authentic therapeutic relationships. As a member of staff I was expected to enforce rules and regulations. I had difficulty building the confidence to do this and believe this was because I was close in age to some of the students.

As a student music therapist I am still developing an understanding of my own music therapy approaches. I worked under a humanist philosophy. Floyd W. Matson identifies humanism in therapy as a mutual recognition of an "authentic encounter between human beings". When the therapist is authentic in therapy, he or she is able to through conventional social ideas and practices. Authenticity enables and permits therapists to reach out to his or her 'client' as equals (Matson, 1973). I attempted to let go of preconceived ideas and was present with the experience. I let

[1] I was twenty two when I practised at the facility

the unfolding of the moment guide my practice. I met the young people at their energy level and formed authentic therapeutic relationships.

1.5 Teachers and Therapists

Karen Twyford and Tessa Watson (2008) state, “A team is a way of coordinating each person’s efforts to create a final collective result, and the professional and personal contributions that individual team members make will be influential” Pg. 6-31. At this school team members collaborated to work towards the common goal of transitioning the student onto further education. The different approaches taken by each staff member aligned with their occupation, but personalities influenced the way they worked with each student. Being a member of the team in a school and mental health context had its challenges for both professions. Therapists were required to enforce school rules such as leaving doors open and no glass in the classroom. Teachers were required to comfort students and provide emotional and therapeutic support when needed. Often there would be an exchange of knowledge and advice between therapists and teachers on how to manage issues they had no experience in dealing with.

The teachers set IEP goals and therapists set ITP goals but working as a small collaborative team required teachers and therapists to support both health and education goals.

The Ministry of Education (2014) states students learn best when teachers, 'create a supportive learning environment', 'encourage reflective thought and action', 'enhance the relevance of new learning', 'facilitate shared learning', 'make connections to prior learning and experience', 'provide sufficient opportunities to learn' and 'inquire into the teaching learning relationship'.

When comparing therapeutic support with the Ministry of Educations mandate, it is apparent that the way therapists support young people aligns with these goals. Therapists create a supportive environment, encourage reflective thought and action, facilitate shared learning, and provide sufficient opportunities to learn. It is also important for the therapist to be reflective of his/or her practice by reflecting on the therapist-student relationship.

Correlations between the ways the two professions work with young people and learners in this context demonstrates that approaches to supporting goals may be similar.

1.6 My Music Therapy Practice

My music therapy practice developed over the course of the placement as I became more confident in engaging with students on various levels. The placement ran for three school terms. McFerran states that it is essential not to take anything personally when working with adolescents (McFerran, 2010). I learnt to do this over the course of the placement and was able to reframe any negative or dismissive comments made by the student about music therapy.

Every second Friday I led a music group in the afternoon. It was then changed to every third Friday as a mental health nurse joined the staff. Each session would revolve around a key therapeutic goal, for example: work together to create music, tolerate frustration and build confidence in our ability to play music. I would choose musical activities to facilitate working towards these goals. I aimed to use music and/or musical activities that would engage students. The methods used included improvising, playing together and making musical instruments. The music group ran for 45-60 minutes and included students who were present that day or who were not transitioning.

The staff expected me to consider every student at the school as a potential music therapy participant as they were there because of their mental health needs. I struggled to grasp this concept initially because not every student wanted to take part in individual music therapy sessions. I explained to the students how music therapy could support them to explore different strategies to overcome anxiety, to help manage their day and to build confidence in their abilities. Some students refused politely while others were open to engage in music therapy. I would write their names up on a board in the morning and organise with teachers, professionals involved in the case and the occupational therapist to arrange an appropriate time to meet. Therapists would meet with students in the morning during curriculum time.

I observed the students in the classroom before I read the student's school referral, which outlined their mental health needs and provided recommendations on how to support the student in the school environment. I asked professionals about how their condition might affect their ability to engage in music therapy and referred to the DSM-V (American Psychiatric Association, 2013) if I had any questions. I then worked with the students to explore ways music therapy could support them to manage their mental health at school.

1.7 Goals

Individual Education Plans (IEP) are used in schools nationwide for students who are deemed to need special education. An IEP is a living document that is reviewed regularly. IEPs are only to be used when additional teaching strategies are needed to address students' individual goals (Ministry of Education, 2007).

At the school every student also has an Individual Education Plan (IEP), an Individual Therapeutic Plan (ITP). The IEPs set goals that placed emphasis on academic progress using appropriate measurable goals. For the purpose of my research I examined only IEPs and ITPs. To my knowledge no other school in New Zealand uses an ITP to plan and address therapeutic goals. At the time of my placement one therapist was writing the ITPs while two teachers were writing the IEPs.

Every three weeks the student's community team, teacher and therapists would meet to discuss the student's progress at school and formulate ways to support

them to make a full transition. The community team was reminded that the school was not a long-term option for students.

2. LITERATURE REVIEW

2.1 Search Information

Search terms for this study included; (music therapy*) AND (educat* OR school), (music therap*) AND (goals OR objectives), (adolsc*) AND (mental health) AND (school), (adolesc*) AND (mental health) AND (music), (adolesc*) AND (music) AND (group). Articles and books written in the last ten years proved more valuable. Sources used included articles from journals, theses and studies both qualitative and quantitative. Information on the New Zealand curriculum was sourced from the Ministry of Education website. Information on mental health, music therapy in schools, community music therapy and education goals were sourced from books provided by Massey University and Victoria University of Wellington. I used Massey University and Victoria University of Wellington's library databases. These included EBSCOhost, The Arts in Psychotherapy, SCOPUS, SAGE and psychINFO.

2.2 Adolescent Mental Health and Music Therapy

There are links between music and the four key elements of adolescent mental health: identity formation, resilience, competence and connectedness. Identity formation relies on self-acceptance and 'fitting in' (McFerran, 2010). Resilience involves the adolescent's ability to regulate emotions in response to adversity as well as searching for positives in negative situations. Competence in adolescent's involves the growth of knowledge and understanding in relation to skills and developing abilities. Connectedness reflects the adolescents' perception of community and

whether they feel accepted and supported by others (McFerran, 2010). Music can facilitate the exploration of ones identity and is often used as a way of expressing ones interests and passions. Music has been successful in helping adolescents with mental health needs to engage in therapeutic processes with minimal resistance as nearly all adolescents relate to music and the contextual themes of the music (Keen, 2008). Adolescents use music preference to express their own self-concepts and make judgments of others (North & Hargreaves, 1999).

In 2010, people aged 15–24 years were most likely to be seen by secondary mental health and addiction services in New Zealand (Ministry of Health, 2013). McFerran (2010) reports that most adolescents are seen in institutional settings. When a young person is institutionalised and removed from their family home, typical educational opportunities and peer relationships, they are less able to respond to adversities and their typical development can be affected (McFerran, 2010). Music therapy can potentially support them through this difficult time.

The literature suggests that young people are not always able to access music therapy in community settings. Yet using music therapy in community settings is more aligned with students' usual circumstances. Teenagers spend up to 30 hours a week in school. Therefore schools would be a logical place for music therapy to take place. Nevertheless music therapy in educational settings is largely provided for young people who have disabilities (McFerran, 2010), not for those who have mental health issues.

Working with students individually to 'normalize' them before returning them to their typical environment is derived from a medical model of care. The medical model does not take into account cultural and environmental limitations placed on the young person, and their need to engage in community based activities with community support systems (Rickson & McFerran, 2014) In contrast, community music therapy has participatory, relational and ecological foundations. It "aims at a mutual empowerment through collaboration" and uses the ecological quality of music therapy to address issues such as relationships between systems and how people transition from one system to another (Stige & Aro, 2012). Building on this idea, Rickson and McFerran (2014, p.18) believe all professionals working within the school environment need to support learners to make informed choices around engaging with music in schools. This perspective aligns closely with that laid out by Rolvsjord who argues that music therapists work involves resourcing people with mental health difficulties to access musicking. Rolvsjord's philosophy emphasizes empowering clients to make connections with music and promotes interdisciplinary collaboration within a range of mental health settings. (Rolvsjord, 2010)

Rendall and Stuart believe person-centered care is the most effective approach in supporting adolescents who are excluded from school to a return to school. Interventions that build upon the student's strengths can be effective. They state that professionals should ask the adolescents directly what "kinds of help they would be able to use best" (Rendall & Stuart, 2005, p. 13) in returning to school.

There has been a large shift in mental health treatment more generally from institutionalized settings to community-based settings. The World Health Organization states "Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community." (World Health Organization, 2014). Rehabilitation and community support has become a general focus of hospitals and institutions.

2.3 Music Therapy Used in Combination with other Treatments

A number of studies have been conducted on adolescent depression, anxiety and trauma and the effectiveness of music therapy as an intervention (Keen, 2008; Porter, 2012; Robinson, 1999; Corona, 2012). A South African study focused on how a social worker used recorded music in sessions with adolescents to facilitate conversation and build a therapeutic relationship. The client was able to use the music to relax and feel more comfortable when talking about her traumatic experience (Keen, 2008).

Other studies have looked at the effectiveness of structured music therapy sessions with depressed adolescents who were receiving psychotherapy. The sessions empowered the adolescents to choose their favorite songs to play. The study reported a reduction in depressive symptoms, as the participants were able to "contribute something tangible to the healing process." (Robinson, 1999, p. 43). An investigation into the effectiveness of combined massage and music therapy

sessions in depressed adolescents found that the physicality of the massage in conjunction with music was effective in reducing depressive thoughts (Jones & Field, 1999).

An exploration of the philosophies and clinical objectives of music therapists in psychiatric institutions found they addressed goal areas such as socialization, communication, self-esteem, coping skills and stress reduction and management. The music therapists used techniques such as assisted relaxation, improvisation, songwriting, lyric analysis, music and movement. (Silverman, 2007).

Wheeler (1987) conducted a study on goals in an adult psychiatric setting. The aim of the study was to rate the effectiveness of three goal levels, which therapists used when working with clients. Twelve goals were used to address specific areas of need. For eleven of the twelve goals words such as 'to increase' or ' to decrease' were used. In only one of the goals 'to teach' prefixed a goal. The goal aimed to 'teach how to achieve success in long term projects'. The study aimed to help music therapists select appropriate activities in relation to the client's un-wellness (Wheeler, 1987).

2.4 Education and Therapeutic Objectives for Students with Diverse Needs

An Individual Education Plan (IEP) is created for students who are deemed to have learning difficulties. The IEP is a goal-orientated document that is used to help the

student learn. IEPs are used for people of all ages. It is developed by the team of people who work with and support the young person, including their parents, family and the child or young person themselves (Ministry of Education, 2014). If a music therapist is working with the student, they too are expected to attend the IEP meeting and report on the student's progress. The American Music Therapy Association (AMTA) recommends five main modes to specifically address IEP goals in schools. The modes consist of song writing, playing music, listening to music and improvising. The modes specifically address social skills and behaviour, conceptual learning and cognition, leisure skill and development, facilitation and communication and fine/gross motor skills (Barksdale, 2003).

The Ministry of Education states there are procedures, process and purposes that inform the IEP process (Ministry of Education, 2014). In New Zealand there are no legal requirements that guide the process of goal setting for adolescents that are deemed to need special education, however there is education and training available to inform teachers of the processes. Shaddock, MacDonald, Hook, Giorcelli &and Arthur-Kelly reviewed special education in New South Wales and found that "Although the logic and purpose of individualized education plans appear sound there has been very little research done on their effectiveness". (Shaddock, MacDonald, Hook, Giorcelli, & Arthur-Kelly, 2009, p. 40)

A study on the use of IEPs in New Zealand analyzed and compared IEPs from across the Wellington Region. It found there was a lack of congruence in the matching of goals. There is no regulation on how to implement procedures outlined in the IEP. In

many New Zealand schools IEPs serve a dual purpose. They outline objectives to reach goals but also provide information to advocate for funding. The study found there were variations on the format of the IEP (Thompson & Rowan, 1995).

The introduction of the Individuals with Disabilities and Education ACT in 2005 in the USA revised the content needed in IEPs. It stated IEPs needed to include measurable academic and functional goals to meet educational and other needs, it also required a description of how the goals would be reached (Mitchell, Morton, & Hornby, 2010).

Key competencies are part of the New Zealand curriculum and are sometimes used to direct the IEP goals. They are: thinking, using language symbols and text, managing self, relating to others, participating and contributing (Ministry of Education, 2007). It has been suggested that the key competencies are therapeutic in nature. Laura Halligan found that her improvisational approach to music therapy aligned with the key competencies and showed that they could promote both health and education viewpoints (Halligan, 2012).

The techniques used by a music therapist need to provide the student with assistance in completing the IEP goals and objectives. Teachers, parents, and members of the IEP team often do not realize that, although they are closely related, music therapy and music education are distinct disciplines and have separate degree requirements. Patterson argues “The role of a music therapist in a school is to assess a student's ability to achieve educational goals and objectives both with and without

music" (Patterson, 2003, p. 35). Robertson suggests that the responsibilities of the music teacher in the "present educational climate" require a more therapeutic approach (Robertson, 2000, p. 35). Rickson suggests that music therapists can support students to reach non-musical goals in school settings. The main difference between music education and music therapy is that music therapists use music to support non-musical goals but there is overlap in terms of content (Rickson, 2010).

Derrington found in her work in special education that "relating work to IEPs does not lessen the therapeutic value of the work but adds to students social and emotional aspects of learning which is key to success in school" (Tomlinson, Derrington, & Oldfield, 2012, p. 78). She found that her aims linked with students IEPs, and did not interfere with her student-centered approach, which underpinned her work. She found that the IEPs guided her work and added constructive thought to the process of her music therapy work.

Rickson (1997) explored the role of music therapists working in special education in New Zealand. In music education music can promote wellbeing, in music special education carefully planned music interventions can enhance overall development and music therapists can advise teachers how to include children with disabilities in the classroom. Rickson highlights the conflicting expectations of music therapists and music educators as music educators are expected to have the student develop musical skills, while music therapists' aims can be non-musical. Rickson states, "When assessment is complete, precise baseline data must be obtained in order to write the IEP objectives" p. 46. She found "Individual music therapy assessment of

clients forms the prime basis for therapy goals and objectives". Music therapists working in a school context are answerable to the school as their employer and must work within the schools framework (Rickson, 1997 p. 51).

Twyford (2009) explored the role and value of music therapy in the Ministry of Education Special Education. Staff valued music therapy as it engaged children and was the most effective way of reaching some children. Twyford acknowledged, "Traditional and personal beliefs and approaches of both organization and therapist requires creativity and flexibility" 9, when working in schools (Twyford, 2009).

Structure and frameworks of music therapy programmes can encourage students to meet goals. Presti (1984) reports on a treatment programme, which aimed to rehabilitate students and encourage reintegration of emotionally disturbed children into regular classes. The treatment programme implemented a structure in which music therapy shaped targeted behaviours. The programme was successful in reaching these targeted behaviours (Presti, 1984). Ragland and Apprey (1974) conducted a study, which analyzed various music therapy programmes conducted outside of school hours for adolescents with mental health conditions. They found four main goals, which were: to recognize, modify and reconstruct disturbed behaviour patterns; to improve adjustment to school and community; to alleviate shame and allow self-expression; and to teach communication skills and strategies for social survival, education and spiritual health (Ragland & Apprey, 1974). McFerran and Hunt (2008) investigated a range of approaches that used music as a support for young people in schools. They found music was able to promote healthy

coping with grief and loss. Music therapy was seen as an effective intervention. McFerran and Hunt (2008) showed that opportunities for freedom and control were an essential part of the therapeutic process. Carolyn Ayson used the 'SCERTS' model within music therapy practice in 2011. The model uses social communication, emotional regulation and transactional supports to assist children with Autism Spectrum Disorder to reach social communication and emotional regulation goals. She found that she was able to support parents to participate in music with their child and in turn was able to help them succeed in reaching the next level of the model (Ayson, 2011). The study shows music was able to help the child and parents reach a level of goals in a structured model. Young (2010) developed a music therapy programme in a new school. He found that music therapy was a valuable intervention and helpful to staff when it was flexible and responsive to new ideas and suggestions. Staff members were receptive to music therapists working in multidisciplinary teams and value the strategies used by music therapists (Young, 2010).

2.5 Summary

The literature demonstrates adolescents need to feel accepted and supported by teachers, therapists, family and the community to develop a positive self-perception and engage in school activities. There is evidence of music therapy working in conjunction with other interventions and treatments to reach goals. I was not able to find literature to promote music therapy being used in a setting where both education and health professionals support young people to reach therapeutic and

education goals. The literature supports music therapists using music to reach or work towards goals in either education settings or psychiatric settings. Literature on IEPs from around the world demonstrates how education systems are reviewing and assessing students' special education needs while exploring effective ways to reach and measure goals.

There is a gap in the literature, as no study has looked specifically at education and health goals in the same setting and how music therapy relates to these goals. This led to the development of my research question: **How did my music therapy practice relate to IEP and ITP goals in a transitional school for adolescents with mental health needs?**

3. METHODOLOGY

3.1 Approach to Research

My research can be categorized as theoretical, since I am to define my practice knowledge to gain greater clarity on its boundaries (Bruscia, 2005) (Wheeler B. , 2012). I wanted to explore the relationship between education goals, health goals and music therapy goals. Within this relationship I wanted to discover specifically how my music therapy practice related to these goals within a school context. A theoretical framework enabled me to develop constructs from data relating to IEPs and ITPs, and considering these theoretical ideas in relation to my own music therapy practice. I am identifying, differentiating, defining, organizing and naming concepts.

3.2 Ethical Considerations

A proposal was submitted to the New Zealand School of Music postgraduate committee in January to gain approval for the research. I worked to the Code of Ethics for the Practice of Music Therapy in New Zealand (Music Therapy New Zealand , 2012) and the Code of ethical conduct for research teaching and evaluations involving human participants (Massey University, 2014). The music therapy programme leaders at Te Koki New Zealand School of Music gained ethical approval for Master of Music Therapy students wishing to engage in observational studies, theoretical or case study research (HEC: Southern A Application - 11/41. Master of Music Therapy ethical template for student research in NZSM526 undertaken as observational studies, theoretical or case study research (see

appendix 1 on p. 78). Secondary analysis of data obtained from usual clinical work falls into the category of observational studies, as there is no deviation from usual practice.

I gained consent from the school to review music therapy clinical documentation that I had been keeping as part of my practice for research purposes. The use of information from the IEP and ITP documents is covered under consent from the facility. I gained informed consent from each of the four students families (See appendix 2 on p. 81). I included two information sheets with the consent forms, one for the parents and one for the student. I wanted to be sure the student understood how and why their information was being used. If the students said 'no' then I would not use their information.

All parties involved were made aware of the potential risks of identification, as the school is unique within New Zealand.

3.3 Data Sources

I kept a reflexive journal and reviewed clinical notes written by myself about the students. These included: review notes, a mid-term music therapy review and clinical notes from individual sessions as part of my regular practice. I recorded education goals from three different students' IEPs and health goals from the same students' ITPs during my placement. It was an important aspect of my practice to understand how teachers and the therapist were supporting students with their goals. As a student music therapist I was interested in the language used in each plan and

wanted my clinical notes to align with language used in the schools documents in order for professionals to understand my music therapy goals and help me develop a professional and concise method of recording clinical notes.

3.4 Research Method

I used secondary analysis. Secondary analysis of data involved reviewing materials I had collected (Miller & Brewer, 2003) as part of my usual practice over six months. I did this systematically and concisely.

When I first arrived at the school I examined three IEP and ITP plans and uncovered the language used in each plan. I looked specifically at the goals and I arranged the goals in list form so I could look at them in relation to each other.

Figure 1 Uncovering language and goals from IEPs and ITPs

Later I extrapolated and analysed goals from documentation relating to four students and collected as part of my regular music therapy practice. Each student had three documents: clinical notes from individual music therapy sessions, a mid-

term music therapy review and review notes written by myself for the community team.

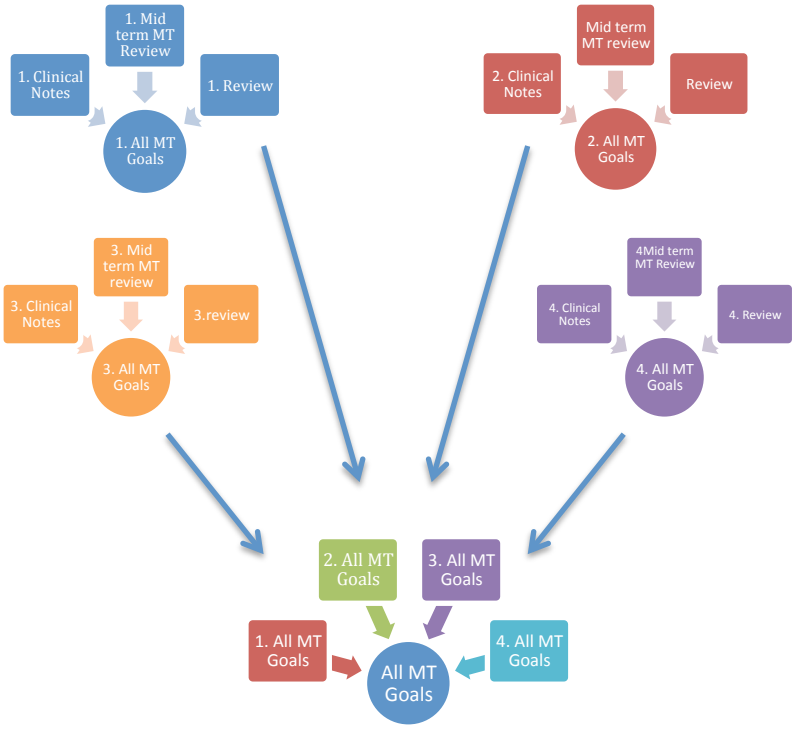


Figure 2 Combining all MT goals

I examined the IEP goals/language, ITP goals/language and all MT goals to determine the relationship between them

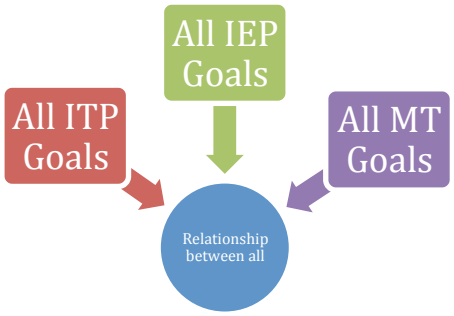


Figure 3 Combining all goals

3.5 Deductive Analysis

The research question was answered by deductive analysis. Deductive research starts with a general level of focus, and then moves to looking for patterns in the data before ending up with a specific level of focus (Blackwood, 2012).

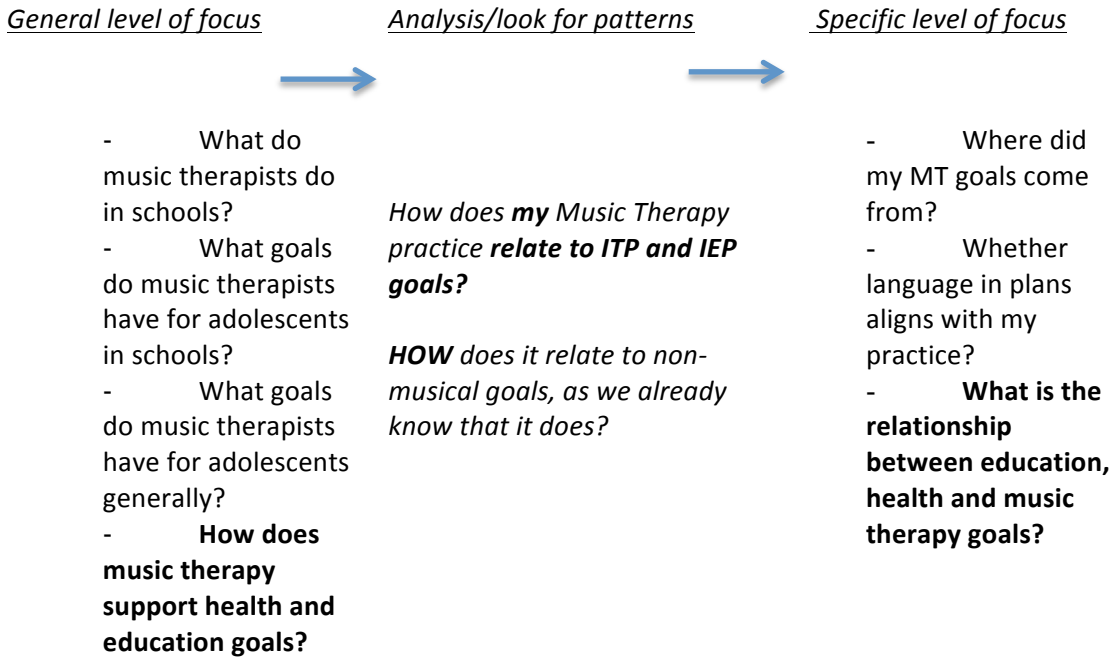


Figure 4 Deductive Process

Before I began my placement at the school I had general questions about music therapy and its place in schools. This general level of focus guided me as I searched for patterns and relationships when reviewing the data. The specific level of focus narrowed down my general questions and focused on the key relationships between all goals.

I analyzed the language and interpreted goals within the data with three categories of education (IEP), health (ITP) and music therapy (MT) in mind. I needed to analyze goals specific to their category in order to compare and relate them to each other.

My aim was to uncover a new theory from the data; looking specifically for the relationship between the three categories. This would allow me to describe similarities or differences between teachers and therapists working in a school context.

4. FINDINGS

4.1 IEP Goals Findings

The information included in the IEP plans differed according to which teacher was in charge of which student. The students' IEP plans contained a variety of documents. Some plans included student evaluated plans: comments made by teachers for students to approve and graded pieces of work with feedback.

Goals taken from three IEP plans

The IEPs that I reviewed suggested students were being supported to:

1. Attend school
2. Evaluate their (education) plan at end of the week
3. Visit their regular school as part of transition
4. Complete a reading response
5. Listen to music if needed during curriculum time
6. Work through a curriculum booklet
7. Spend time practicing guitar
8. Start connections with different people
9. Use research analysis to investigate contexts, meanings, intentions, and technological influences related to the value and making of art works
10. Integrate sources of information purposefully, confidently, and precisely to identify form and express increasingly sophisticated ideas
11. Complete a music assessment
12. Complete creative writing work

List 1 IEP goals

4.1.1 The Language Used in IEP Plans

I interpreted eight of the twelve goals as clear and measurable with language such as, 'complete', 'evaluate', 'analysis', 'integrate', 'purposefully', 'precisely'. These goals are directive and the language used is reflective of the need to measure the

completion of work or academic progress of the student. However, prefixing the goals were words such as “support the student to…” which suggests that those who would implement the goals would reflect on the student’s learning needs and apply individual strategies to help them achieve their goals. These reflections and strategies could build on therapeutic thinking.

Four of the twelve goals used language focused on activities or suggestions to engage the student in meaningful occupations. For example, ‘spend time practicing the guitar’, ‘listen to music if needed during curriculum time’. Yet these goals, when interpreted in the light of the students’ mental health needs, might readily align with therapeutic goals. For example, it is unclear whether an emphasis might be placed on the student “taking time”, or actually “practicing the guitar”. For students who are unwell and have low motivation, even getting them to the music room to engage with the idea of learning a guitar can be important – the actual practice of playing and/or improving music skills can seem less important.

Nevertheless, the data indicates that teachers attempted to set measurable goals and to keep track of students’ academic progress by ensuring work was completed and evaluated. Teachers also set goals that aimed to prepare the students for engagement in activities by utilizing strategies that would promote learning, such as listening to music.

4.1.2 Education Goals

The IEPs covered a range of goals. The goals were curriculum based, time based and focused on work completed in curriculum time. Goals such as 'attend school' focused on supporting the student to reach the goal of transition. Goals also focused on the student utilizing strategies such as listening to music to help them engage in the curriculum.

4.1.3 IEP Format

Each of the three IEPs contained different goals and provided different ways of demonstrating a goal had been reached. As mentioned before, some plans had marked work with feedback from teachers. Others contained student evaluated plans. I was interested in how the school was required to measure outcomes.

The Ministry of Education (2014) describes assessment as: "The focused and timely gathering, analysis, interpretation, and use of information that can provide evidence of student progress". This implies that teachers need to have evidence of completed work to ensure they can assess the students' academic progress.

The same document also states: "Analysis and interpretation often take place in the mind of the teacher, who then uses the insights gained to shape their actions as they continue to work with their students" 2014) The Ministry of Education expects the teacher to gather evidence "Through a range of informal and formal assessment approaches. These approaches are chosen to suit the nature of the learning being assessed, the varied characteristics of the students, and the purpose for which the

information is to be used." The teachers are then required to base decisions on evidence using their own judgment. The teacher is constantly shaping the way they interact, set goals and relate to the student.

This implies that teachers are not expected to document every aspect of their practice as the assessment process, analysis and interpretation of the student's work is often internalized and then put into practice.

4.2 ITP Goals Findings

The goals address aspects of the students lives at school, at home and in the community and are written to inform professionals involved in the young person's community team how to support the young person.

Goals taken from three ITP plans

The students were supported to work towards these goals

1. To regulate emotions 2x
2. To maintain regular attendance
3. To reduce social isolation
4. To help student feel competent in abilities
5. Improve concentration and ability to focus
6. To find helpful ways to manage frustration and anger
7. To make helpful connections at school
8. To engage with and validate emotions
9. To focus 2x
10. To concentrate 2x
11. Listen to instructions 2x
12. Maintain social interactions 2x
13. To develop skills to assist in managing anxiety
14. Understand how anxiety impacts ability to pay attention
15. Develop social skills
16. Implement useful coping strategies to manage anxiety and stress in daily occupations
17. Tolerate distress and change
18. Regulate emotions and body reactions to assist in self regulation

19. Improve self esteem and develop healthy sense of self 2x
20. Balance healthy and hopeful lifestyle habits at school and in home environment
21. Develop a sense of achievement and mastery
22. Recognize signs and behaviours associated with increased stress
23. Tolerate and accept intense emotions
24. To express these intense emotions appropriately
25. Attend psychoeducation sessions
26. Attend anxiety management
27. Attend stress management
28. Attend managing worries and relaxation groups
29. To practice variety of breathing and relaxation strategies
30. To evaluate effectiveness of breathing and relaxation strategies
31. To attend mindfulness workshops
32. To implement useful coping strategies and distraction techniques to manage low mood/anxiety and body image concerns within the students daily routine.
33. To find ways to further explore feeling better about body image including ways to improve energy levels, which impact on mood anxiety and thoughts
34. To develop awareness of own perceptions and motivators
35. To Maximize ability to focus, attend and concentrate
36. To recognize when thinking patterns are hindering her and make necessary adjustments to manage responses helpfully
37. To recognize when being self-critical
38. To use supports available to re-frame worries
39. Recognize own indicators of need and request assistance appropriately
40. To frame thoughts and worries in a helpful way
41. To use a Cognitive Behavioral Therapy framework to assist own thinking pattern
42. To evaluate how CBT impacts on participation
43. To evaluate how CBT impacts on sense of self
44. Provide student with opportunities to reflect on actions and generate alternative solutions
45. Discuss helpful strategies to assist attention and emotions
46. Promote ability to focus and concentrate on school work and seek support when struggling
47. To develop helpful and balanced thinking patterns
48. To utilize the CBT framework cycle to assist student with identifying thinking patterns and how they are impacting on her emotions and sense of self
49. To develop helpful and interpersonal relationships with peers and staff
50. To Communicate needs in a clear and appropriate manner
51. To be responsible for own actions and understand how these effect others
52. To communicate needs and distress to trusted people around her
53. To improve ability to be honest with others about how student feels
54. To safely express her thought, feelings and needs and have these validated
55. To fully participate in meaningful daily occupations
56. To clearly identify preferences skills and activities and engage in activities, which promote positive emotions
57. Set realistic goals for engaging in meaningful therapeutic activities
58. Mainlining the routine and having healthy engagement with others in the school community
59. Preparing student for a return to full time schooling

List 2 ITP goals

4.2.1 The Language Used

The language used in the ITPs included terms such as: 'regulate', 'maintain', 'reduce', 'competent', 'concentration', 'ability', 'manage', 'engage', 'validate', 'listen', 'instructions', 'understand', 'strategies'. Prefixing the words were phrases such as, 'support to' and 'encourage to'.

4.2.2 Therapeutic Goals

The goals reflect the fact that students who have mental health needs have difficulty attending and concentrating. A large percentage of the student goals addressed their need to maximize their abilities to attend, focus, concentrate, and listen to instructions. Another area, which featured highly, was their need to improve their ability to regulate their emotions. They were encouraged to recognize, attend to, and monitor their bodily responses, and to manage and tolerate emotional reactions particularly when they were under stress. Another key related task was to be able to evaluate how they were managing, and in turn to put strategies in place to improve their self-management. For example, they were encouraged to understand how their emotional state impacted on their ability to cope; to employ strategies to express intense emotions appropriately; to develop strategies to reduce anxiety, stress, low mood, anger and frustration, to increase energy levels, and to evaluate their progress; and to recognize unhelpful or distorted thinking patterns. They aimed to become aware of their own perceptions and motivators; to focus on their abilities and to recognize unhelpful self-criticism; to develop healthy life-styles, and a

healthy sense of self; to set goals, participate in activities and to notice and celebrate their achievements. Goals in the self-management area also related to interpersonal skills. For example, students aimed to reflect on unhelpful actions, and the ways these affect other people, and to generate alternative solutions; to communicate their needs in a clear and appropriate manner and to ask for help when they needed it; and to make connections with staff and peers at school. They aimed to develop and maintain positive relationships with others with the overall aim of reducing social isolation. Some of the self-management goals were practical, e.g. to maintain regular attendance, or to attend specific workshops and programmes such as CBT.

4.2.3 The ITP format

The goals in the ITP were listed under four of the five Key Competencies. The headings used were:

Managing self

Thinking

Relating to others

Participating and contributing

The Key Competencies are central to the New Zealand curriculum. The Ministry of Education describes the development of the Key Competencies as a goal. Key Competencies are more complex than skills and are the key to learning in every area. Students need to be challenged and supported to develop them over time (Ministry of Education, 2007).

The key competencies were used by the therapist to relate therapeutic goals to curriculum goals and frame them in a way educators would be able to, and thus to utilise in the classroom.

Therapeutic goals focus on underlying mental health needs. If mental health needs are not addressed the young person may not be capable of developing an understanding around their condition. If they do not have the skills to work through their mental health condition they might be unable to function at a comfortable level at their regular school and in the wider community socially, physically and/or emotionally.

4.2.4 Relationship Between Education and Health Goals

In the IEPs and ITPs it was evident teachers and therapists were influenced and aware of the need for students to be supported to learn. As mentioned above teachers also focused on engaging students' in activities that would promote learning and enable students to participate in the learning process.

A goal from an ITP focuses on learning but aims to support the student to develop understanding. 'To develop a sense of achievement and mastery' implies the student will be supported to develop confidence through achievement of activities and tasks that are manageable and successful.

4.3 The Relationship Between IEP and ITP Goals

The diagram below demonstrates how the IP goals connect the IEPs and the ITPs. The IEP and ITP are important because they provide direct and specific instructions for the team. The IEPs and ITPs are a working document where students and teachers evaluate weekly plans and set relevant goals. They are constantly changing.

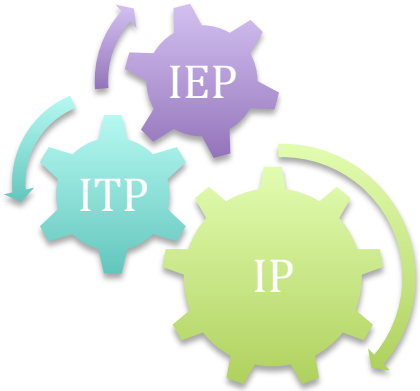


Figure 5 All plans relate

The Key Competencies were used by the therapists to frame therapeutic goals in the ITPs in a way that teachers and professionals understand. The overarching Individual Plans written by teachers (which I did not examine as part of my practice) use the Key Competencies to frame education goals. The Key Competencies were used in the school as a medium for information to be shared and communicated between professions.

4.3.1 IEP and ITP focus

The data demonstrated that language used in goal setting by teachers and therapists is different. Some IEP goals were focused on completing tasks for specific subjects;

other goals were related to encouraging the student to engage in activities that would promote their ability to 'get on' with work. For example:

"Use research analysis to investigate contexts, meanings, intentions, and technological influences related to the value and making of art works."

AND

"Spend time practicing the guitar"

ITP goals also varied as some goals were centered on the student's emotional wellbeing through the use and implementation of specific strategies or mindsets, while other goals focused on enabling the student to transition to school, listen to instructions and practice relaxation strategies. ITP goals focus on supporting the student to develop understanding around occupations which promote positive emotions and improve their ability to manage in the classroom, at home and in the community.

"To clearly identify preferences skills and activities and engage in activities which promote positive emotions"

AND

"To communicate needs in a clear and appropriate manner"

4.4 Music Therapy Goals

The table on the next three page outlines my music therapy goals. The goals were set before and during individual sessions.

The objectives and methods used were extracted while reviewing the data. See Appendix 6 for detailed description of data analysis process.

GOAL:	**Build Confidence**	**Build Relationship**	**Encourage self expression**	**Support to Challenge self**	**Encourage appropriate engagement**	**Support to Manage self**
	In supported environment In abilities In Self	Build helpful and meaningful relationships Build interpersonal relationships Build relationships with peers	Explore identity Support to express self Encourage to communicate needs Express emotions Encourage self expression Use music to express self	Through exploring therapeutic techniques Challenge student to tolerate and manage anxiety Challenge student to manage frustration Encourage student to challenge self by sitting with emotions	Encourage balanced time for curriculum Make connections with school Support with transition Support to manage day Support to manage activities in own time	Develop understanding of how emotions can affect mood Encourage communication Transfer musical skills into classroom Use music to manage day Maximize ability to focus and concentrate Practice interpersonal skills Utilize strategy that reduces anxiety Support to manage emotions Find helpful strategies Manage mood and frustration

How I met goals/ objectives:	Mastery Guitar, piano, to read music, ukulele Playing and singing music together Playing guitar before transition Celebrate and recognize success Talk with student about therapeutic goals - Chat about goals in way student can comprehend Resource student with music Provide choice in sessions - Choice of music - Choice of instrument Improvise on instruments	Play music together Talk with the student about future sessions Shared music preferences – therapist and student Comfort student when distressed Discuss music with therapist or facilitate with other student and teachers to build meaningful relationships Asking student to share skills on an instrument with the MT Mastery of guitar Chat/discussion/conversation	Mastery of guitar and ukulele – so the student is able to express themselves and communicate needs through learning to play an instrument Communicate with team around what the student would like to do Share music that expresses emotions Encourage the student to communicate needs by asking questions around what they need Encourage student to express self by exploring emotional outlets such as songwriting Explore identity by sharing music and music preferences Express emotions by singing meaningful songs with strong emotions Making playlists – grouping songs	Challenge student to talk about things that may be difficult to talk about – the student can express difficult emotions through music Mastery – difficult to learn an instrument but used in my MT practice as a 'just right' challenge. As a MT I would support the students to learn an instrument. Mastery would give the student an opportunity to be supported working through tough aspects of learning an instrument – making mistakes. This would also provide an opportunity to reflect on aspects we find frustrating and why. Acknowledge therapeutic objectives – can be difficult for a student to hear therapeutic goals as it can be confronting. Explore themes in favour music – encouraged student to sit with emotions. Sitting with emotions for all four	It was a school rule to have doors open when a student is alone in a room, as a member of staff I had to enforce this rule. Enforcing rules in a way that would not affect the therapeutic relationship, but also take responsibility for being a member of staff was challenging. Through encouraging students to continue mastery at their regular school I was able to support them with the transition process. Music therapy was able to provide students the opportunity to explore taking music as a subject at their regular school by exploring performance in a safe environment. Music therapy was able to provide a motivating therapeutic break in morning curriculum time. This structured 'break' was able to support students to re-focus and return to the classroom in a relaxed frame of mind. As a member of a multi-disciplinary team I was able to communicate students	Empower student to make helpful decisions Explore how music might influence a students mood and emotions – encouraged understanding of this through making playlists and developing awareness of self I encouraged communication by supporting the student to communicate needs to myself, staff and peers Transferring skills into other areas – I supported the student to transfer skills used in music therapy into the classroom by identifying what skills were being used. I supported the use of strategies to reduce anxiety before transition by encouraging the student to identify benefits, asking staff to support this when I am not there, and encouraging student to continue Through playing music together and interacting with the student I was able to support the use of interpersonal skills.

			together that have a certain effect on mood/focus/emotions	students was a challenge Challenge student to recognize non-verbal clues – during improvisation I would challenge the student to listen for non-verbal cues in the music such as stopping and starting. Some students benefited from having a structured MT session with an organised time slot. As a challenge I would ask students to share their skills on instruments – for example on the drums. This was a challenge as the student was worried about what I would think of their skills.	needs to the students wider community team. The staff would be able to implement ways of meeting these needs when I was not at the facility. This was supporting the student to manage their needs in own time.	By resourcing the student with music, techniques and instruments, encouraging peer interaction and listening to music, I encouraged and supported the managing of emotions. Music was able to regulate these emotions, so utilizing music playing supported the student to manage emotions.

Table 1 MT goals

4.4.1 The Language Used

While a more experienced music therapist might develop goals from a music therapy assessment, it would be natural for me as a music therapy student to align my goals with those articulated in the IEPs or ITPs. However, it was less clear whether my goals would predominantly have an education or therapy focus.

Language such as 'Mastery', 'supported environment' and 'manage' aligns with language in the ITPs. The categories of goals include: build confidence, build relationship, encourage self-expression, support to challenge self and support to manage self.

My music therapy practice does not use specific language from the IEPs, but does use language such as 'mastery', 'learn' and 'attend'. This language implies I supported the students by encouraging them to meet specific targets and outcomes. One category overlapped specifically with an educational way of thinking: encourage appropriate engagement. This category included me having to enforce school rules as a member of staff.

Below I have included key goals from my music therapy practice and have organised them under six main categories. The following excerpts explore methods and strategies I used in my practice to reach the outlined goals.

4.4.2 Build Confidence

4.4.2.1 Develop positive self perception

As a music therapy student I was able to use music to encourage and challenge students to engage in musical activities with the goal of developing a positive self-perception. I used my musical skills and knowledge to ensure the activity was successful and would promote positive self-perception.

Example One:

"I thought that if we played along together it would be enjoyable, rather than me teaching her the basics and spending the whole session explaining the piano to her. I pulled up the song "Ho-Hey" by the Lumineers. I thought it was an appropriate song because we had sung it earlier in the day. The music is laid out so the letters are above the lyrics. I thought it would be easy for her to play the letter name that reads above the lyrics.

This was great as she could play the letter written on the keyboard. We went through the song four times and she grasped the rhythmic changes and was able to play along with me on the guitar." Student 1, line 61-71

By presenting this student with a clear and effective way to play music I was encouraging her to engage in a challenging activity.

Example Two:

"For the first two times she was hesitant and the sounds from the keyboard were faint and behind the beat. When she grasped the rhythm her playing was strong and in time. She also sang along." Student 1, line 78-80

This quote demonstrates she built confidence in her abilities as her faint playing became stronger and she felt confident enough to sing along. The example demonstrates how I focused on enabling the student to join in so that she might experience success through making a valuable contribution, rather than having specific music learning targets.

4.4.2.2 Validation of therapeutic progress

Through the validation of therapeutic progress the student was able to reflect upon their engagement in the therapeutic process. I was able to support students to reflect upon their involvement in therapy, and provide them with an opportunity to communicate their needs or express dissatisfaction.

Example Three:

"I said to her that I thought she was doing extremely well and was developing a good sense of rhythm. She smiled as I said this. I felt it was important to compliment and recognize her interest and hard work she had put into music." Student 4, line 82-84

Example three explains an interaction with a student. The student smiled in response to my observation. Her body language conveyed she was happy with the feedback.

Example Four:

"I said that I went through her self-assessment folder again and saw that she wanted to do more creative things. I asked her if what we were doing in the sessions was helping her and if she still wanted to continue with it this term, she said yes and that it was fun!" student 1, line 108-111

Example four demonstrated that in person centered care it is important to provide space for comment on the therapeutic process. As a music therapist I promoted an environment where the student would feel comfortable evaluating her own progress. I encouraged authentic self-expression without making assumptions about how the students were feeling.

4.4.2.3 Provide successful musical activities in supported environment

Music therapy supported students to learn new skills in a safe environment. As a music therapist I was interested in providing tasks for the students that they would be successful with so they would finish the session feeling capable. I was able to use my music therapy training and my own skills as a musician to support the learning process. Young people often measure their abilities and progress in the school environment against other young people. This can lead the student to believe they are abnormal and this can affect development. As a music therapist I did not want

the students to measure their progress or skill based on typical grades of music for their age. In my practice I was assertive and aware that I was not teaching the students how to learn the instrument 'correctly' and how to produce a correct sound. I placed less emphasis on mastering every technical feature of an instrument and encouraged and supported them to explore aspects of the instrument. I was supporting the students to explore aspects of music making that would enable them to develop skills and experience success in their chosen instrument and songs.

Example Five:

"After the first time I asked her if there were any parts in the song she found hard to grasp. She said the rap was hard so I said I would support her through that by playing strong chords and rhythms on the guitar, she said that this would help" Student 3, line 38-41

When students are learning a musical instrument they are gaining skills that can be transferred into other settings. For example a student who was learning how to pick notes on the guitar learnt to be more patient and to take her time when trying to answer a difficult question in the classroom.

Example Six:

"In this session we explored the different uses and sounds of the guitar. She expressed that she found my steel string guitar easier to play as the fret board is smaller and they are not nylon strings. Nylon string guitars have larger fret boards… However she said certain songs sound better on the nylon

string guitar –such as Latin music and some picking styles." Student 2, line 55-60

4.4.3 Build Therapeutic Relationships

Music therapy literature places an emphasis on the quality and importance of therapeutic relationships. Music therapists are able to build relationships which foster growth in students through experiences. These experiences can transcend the school environment. Music making can promote the development of relationships within the school community and the wider community.

4.4.3.1 Foster Authentic Relationship Through Music Therapy

I was empathetic, genuine and accepting of all aspects of the student's personality. This person-centered approach enabled the students to share their musical experiences in a safe environment. The discussion of music tastes and favorite music groups communicated the students' views of their own identity. I also shared my musical tastes and experiences to model this.

Example Seven:

"I met with her in the front room and we filled out the music playlist sheet. This was an opportunity to see what kind of music she listened to. I filled out the sheet too so she knew what music I listened to." Student 1, line 7-9

4.4.3.2 Student to Build Helpful Relationship With Peers

It was important to support the students to make helpful relationships with staff and peers, as it would promote engagement in the educative and therapeutic aspects of the school.

Example Eight:

"It has become a morning ritual for the two students to sit in the music area and play songs together on the guitar. Sometimes they sing. I frequently sit with them to encourage discussion around the songs subject matter." Student two, line 125-127

As a student music therapist I aimed to facilitate discussion so the students could get to know each other. I provided them with printouts of songs to play and sometimes played with them. As the students became more comfortable being with each other I was able to stop visiting them in the morning. Music facilitated verbal and non-verbal communication between the students.

4.4.4 Encourage self-expression

4.4.4.1 Facilitate self expression

Music therapy is able to facilitate self-expression through enabling the young people to play music they feel expresses their thoughts, emotions feelings and values. One

young person in particular wanted to know how to play the song 'correctly' as it was a song she felt identified her taste in music.

Example Eight:

"During the session she asked about how capos work. I gave her an example by playing "I See Fire" as the capo sits on the sixth fret. She seemed motivated to learn the song and we went through the chord changes multiple times. I gave her a copy of the music to read from. " (Student 2, line 44-47)

I supported her by showing her how to play the chords, and then gave her space to go over the chords in her own way. I demonstrated how capos are used and how she can use them in other songs to alter the key in a simple yet effective way. I wanted her to be able to explore new ways to express herself through music. This could involve using capos to change key and create a major or minor sound to communicate happiness or sadness.

As a music therapist it was important I resourced the student with music sheets and techniques so she could achieve the goals she had set herself. I was only there three days a week and wanted to ensure she could still use music to express herself when I was not there.

4.4.5 Support to challenge self

4.4.5.1 Explore strong emotions

The discussion of themes in music can trigger strong emotions. Music Therapy was able to provide a safe environment where the student could reflect and explore these strong emotions. Music therapists are trained to facilitate emotional expression. Music offers an interactive and comfortable communication tool for the student to express their strong emotions.

> *Example Nine:*
>
> *"We had an impromptu music therapy session as she was in the front room crying. She was very keen to see me and had chosen two songs to sing. She expressed these songs were chosen because of their important lyrics. Afterwards she felt she was able to rejoin the classroom." Student three, line 65-67*

To this student it was important that the lyrics in the song reflected her strong emotions. After having these emotions validated by the songs she was able to rejoin the classroom feeling less emotional. As a music therapist I was able to sensitively suggest playing through songs.

4.4.5.2 Challenge Student to Manage and Tolerate Frustration

Mastery was a very common tool used in my practice. All four students expressed their interest in learning a musical instrument because they believed it would help them to manage their days at school. As a music therapist I was careful to explain how it can be challenging to learn an instrument, especially when going through a difficult time such as transition.

Example Ten:

"We sat at the piano and talked about the next step for her. She said she feels she has 'got everything she needs' from the piano and would like to learn the guitar. We went through what she meant and she said the piano felt like a foundation type instrument, which I agreed with. She said she has always wanted to learn how to play the guitar. I then brought up her reasoning for not wanting to play the piano because it seems too hard for her at the moment, but that she wants to go onto something challenging – like the guitar. I praised her for looking ahead, but encouraged her to think about how continuing to push herself when things are hard can be tough, but necessary. I challenged her to reflect on how even though she is finding transition hard, she is still thinking about taking on more challenges eg mastering an instrument." Student 1, line 170,181

4.4.5.3 Challenge to Manage Anxiety

I asked a particular student to show me a pattern on the drum as she played the drums. I explained that I had shared chords on the guitar with her and would be really interested in learning something from her. She brought her practice drum along the next day and showed me a triplet beat. She showed me how to hold the drum sticks correctly. She seemed extremely nervous as her legs were shaking and she avoided eye contact. At the end of the session I congratulated her on her ability to challenge herself.

As a student music therapist I supported the student to challenge herself in a supported environment.

4.4.6 Encourage appropriate engagement

4.4.6.1 Supportive of school environment

As a member of staff it was important to encourage appropriate engagement in the school programme. This included increasing students' awareness of what is and what is not appropriate to listen to. Students were allowed to listen to music with offensive language on their headphones, but not where other students would be affected by it. Music on the radio often contains sexual and inappropriate themes and can be unsuitable for the school environment. When presented with inappropriate music or lyrics it was a good opportunity to explore why these lyrics were not appropriate in a school environment.

Example Eleven:

"We changed the rude and suggestive words in the song, and she understood why I wanted to do this and agreed that they were not appropriate for school and for the therapeutic environment we provide here." Student 3, line 34-36

These lyrics encouraged drinking, partying and name calling of minority groups. I conveyed to the student that I was not comfortable listening to the music as I was offended by the lyrics. She agreed that they were not supportive of the therapeutic environment and wanted to change the lyrics so that I was not offended. We changed the words to reflect a positive message and ensured they fit with the rap-rhythm of the song.

4.4.6.2 Enforce rules

Working in the school environment meant I had to enforce school rules. I negotiated appropriate times to meet with staff and students. If students wanted to see me to avoid doing work, I had to explore why they were avoiding work. Whilst it is essential that the student engage in therapeutic aspects of the school programme the students are also expected to work on curriculum.

Example Twelve:

"I could see and hear her looking up a song she wanted to play on the guitar. Maybe I need to communicate that there is a specific time for her to get out her tote tray and get organised to start the day." Student 3, line 28-30

The student wanted to meet at the very beginning of the day, but I had already organised a later time to meet with her and staff. The student would often avoid doing her curriculum work in favor of meeting with me. It was suggested that the staff begin to encourage her to work on her curriculum and help her to become less reliant on music therapy sessions. It was up to me as a member of staff to remind her that we could look at the song together during the session and that she needed to do her schoolwork. This challenged the student to be mindful of her stress and anxiety in the morning and look forward to the music therapy session later in the day.

4.4.6.3 Supporting students to transition

Music was a helpful intervention in reducing anxiety and negative thoughts before transition.

Example Thirteen:

"She only had 20 minutes before going to her regular school. I knew that she liked "Wagon Wheel" which we had sung for the morning song. I printed a copy off for her and she was grateful. There is no expectation to practice and

she knows this. It is a very casual interaction as she knows that I am there to help her with any music stuff." Student 2, line 101-105

Because the student found playing the guitar before transition useful, music therapy was able to provide support and space for her to utilize this strategy. I communicated to staff that she found this intervention helped her focus before school and they were able to encourage and support her to do this when I was not there.

4.4.6.4 Utilize Strategies to Reduce Anxiety When Needed

An important aspect of my practice was ensuring students could learn skills they could implement to reduce anxiety before transition. The example below demonstrates how I used playing music together before transition to help a student reduce anxiety.

Example Fifteen:

"She sat on the couch with a blanket and lay with her face to the wall. I asked her if she would like to go over "Finest Wine" – a song she had asked me to help her learn, and she said yes. We spent the whole morning learning the song and talking about various 'music's' we liked. Her demeanor changed dramatically and she was laughing and really giving the song a good go. Her teacher commented on how great it was that I was able to work with her and

change her focus for the morning. She then went onto transition after morning tea." Student 2, line 90-96

For this student it was important to recognize how effective music was in reducing anxiety so the student could implement this strategy when I was not at the school. I communicated this to the teachers who encouraged and supported the student to play music before transition. I also spent time explaining to her my observations of the students change in focus so the student was able to recognize the benefits of playing music before transition. The student used this strategy every morning before going to school.

4.4.7 Support to manage self

4.4.7.1 Support student to communicate needs

As a music therapist I was also able to support students to think about learning new instruments to experience new and engaging activities as part of their transition to a regular school.

Example Fourteen:

"I asked her about the Piano lessons at her school and if she was keen to do this. She said it would be too much for her. I explained what I knew of them and that it was great she was willing to say no – as she knows her boundaries. I encouraged her to consider going to the piano lessons, as I would be there to

support her at the school. While writing this I wonder whether she does not want to go to school – or whether this is because she doesn't want to 'learn' the piano. We have been playing together rather than me 'teaching' her piano skills." Student 1, line 152-158

This example demonstrates how she was able to communicate that she was not 'ready' to 'learn' the piano at her regular school.

4.5 The Relationship Between MT, IEP and ITP Goals

My music therapy practice overlapped with therapeutic goals in the ITP and education goals in the IEP. While it aligned with goals from the ITP it also supported IEP goals.

4.5.1 Vignette

The Vignette focuses on my music therapy practice within a school context. It provides insight into how I worked collaboratively with staff to support a student to transition back to her regular school. The students' name has been changed and her diagnosis is not detailed in full to provide confidentiality.

I met Samantha on my first day at the school. She was shy, socially isolated and reserved. Over the next three weeks I heard her playing guitar in the music area of the classroom during curriculum time. When I left my guitar out of its case she would ask me if she could play it. I used this as an opportunity to find out how she

used music at the school to help her manage her day. When I asked her she shrugged her shoulders and said, “I don’t know”. It is important to note that her diagnosis included suicidal ideation and depression. Samantha had low motivation to engage in school activities as a result of this.

I met with her out of the classroom and asked her what she thought about exploring music therapy as a therapeutic strategy to help her manage her day. She said she would like to “just play” music and “learn songs”. I then read through her IEP and ITP to formulate goals for our music therapy sessions.

Goals from her ITP included: Tolerate distress and change, develop confidence in ability to manage activities of daily living independently, develop helpful and balanced thinking patterns, maximize ability to focus and concentrate, develop helpful interpersonal relationships with teachers and students, to communicate needs and to participate appropriately in activities even when feeling strong emotions.

Goals from her IEP included: Breathing, removing herself from situations, playing guitar in curriculum time and evaluating specific measurable attainable realistic and time based goals. I outlined specific goals I believed music therapy could help Samantha to reach. These were, build confidence in self, build helpful and meaningful relationships, express emotions, tolerate and manage anxiety, and encourage communication.

Every Monday, Wednesday, and Friday I would sit with her in the music area. We played guitar together and sang meaningful songs. This musical communication facilitated the breaking down of barriers to enable her to verbally express how she was feeling, challenge herself to engage in a therapeutic activity and build helpful relationships. Music therapy facilitated the development of friendships as other students approached us to discuss music, join in or listen to us play. Samantha began to develop confidence in her ability to communicate her needs and identified guitar playing as a strategy that helped her manage her anxiety.

I met Samantha's teacher and therapist independently to communicate that Samantha had identified music as an effective intervention in reducing her anxiety. It was agreed that Samantha would be supported to continue using this strategy on days I was not at the school.

When Samantha began her transition to a new school she would come into the transition school first to meet with her teacher and start the day with a structure. Her focus began to change from managing her time at school to managing her anxiety before transition.

Samantha played the guitar every morning before transition, as it was able to calm, distract her negative thoughts and reduce her anxiety. On mornings I was at school I made sure I was available to support the use of music as a strategy but was not always needed, as she became independent.

As she progressed with her transition it became apparent she would not always be able to come to school before going to her new school. With the support of her teacher and therapist I recommended at a review meeting that Samantha be given the choice to play guitar in the morning at her new school. The community team agreed that this would be a good idea and made it possible.

Samantha then decided she did not want to have to take a guitar to school. Instead we created playlists to enable her to feel energized, focus attention and feel calm. Samantha utilized these playlists in the morning before going to her new school.

The teachers, therapist and community team identified and supported Samantha to engage in music. Music was recognized as a useful intervention in supporting Samantha with managing her day at school and her transition.

4.5.2 Music Therapy Goals and IEP Goals

Both IEPs and MT goals focused on students beginning to or developing skills to support with transition. They also focused on encouraging and supporting the students to take time out of curriculum to engage in meaningful activities. MT supported the students to engage in therapy during curriculum time and teachers supported this through encouraging the student to continue to use music as an effective intervention in the classroom. Below are four examples of how the goals worked toward the same end goal, but used different terminology.

MT Goal	IEP Goal
Build relationship with peers Build interpersonal relationships	Start connections with different people
Make connections with school Support with transition	Attend school
Encourage balanced time for curriculum	Evaluate plan at end of week
Support to manage activities in own time	Complete music assessment Complete creative writing

Table 1 MT goals and IEP goals

4.5.3 Music Therapy Goals and ITP Goals

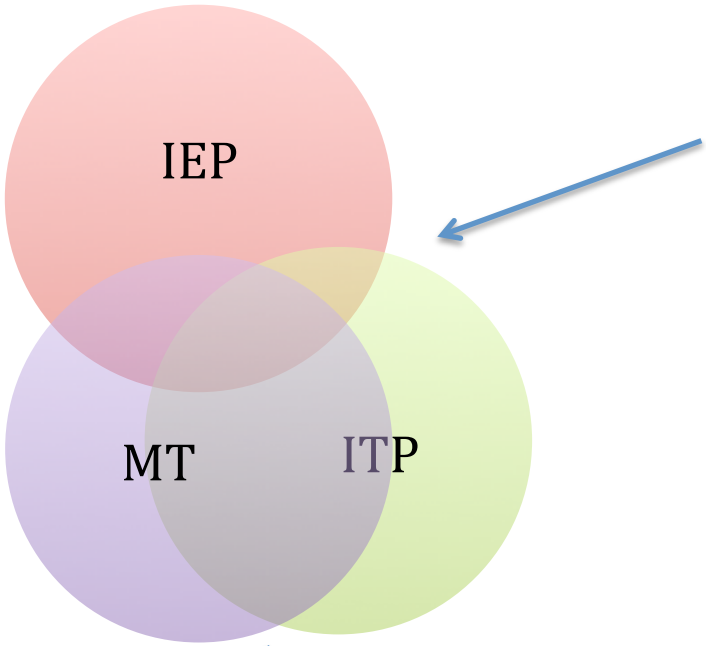
Many of the MT goals were similar to ITP goals. The ITP goals provided more objectives to support reaching goals. The terminology in both goals is similar.

MT Goal	ITP Goal
Utilize strategy to reduce anxiety	Implement useful coping strategy Develop skills to assist in managing anxiety
Build confidence in abilities Build confidence in self	Improve self-esteem and sense of self
Practice interpersonal skills	Develop interpersonal relationships with staff and peers
Communicate needs	Communicate needs in clear and appropriate manner

Table 2 MT goals and ITP goals

4.5.4 A Visual Representation

The diagram below illustrates how goals in my music therapy practice overlapped with therapeutic goals in the ITP and education goals in the IEP.



The area where the red green and purple overlaps represents integrated collaboration where teachers and therapists value education and health goals in reaching the overall goal of transition

The area where the purple and green overlaps represent the goals and language that appears in MT goals and ITP goals

Figure 1 How MT, IEP and ITP relate

The overlap of all three goal areas shows how all goals relate to each other and influence the way in which the team interacts and works with students in the collaborative environment of the school.

4.5.1 Working as a Team

I kept a journal as part of my usual practice, and presented key information here to contextualize the findings.

Music therapists are largely employed as part of a multi-disciplinary team where professionals seek the expertise of other professionals to assist them in their workings with others. This was evident at the school as teachers and therapists often seek advice from each other. Teachers and clinicians worked together to identify problems and ways to enhance students' well being while at school and out of school in community environments. It was apparent that authentic therapeutic relationships were created between students and staff regardless of whether they were implementing therapy or education procedures.

> *"The teachers also have a very therapeutic way of thinking as they are around the students throughout the day. They use the clinicians to address issues surrounding mental health and ask questions about student's mental health. The teachers do have to make decisions regarding sensitive issues. It also depends on the interpersonal relationship they have with the student. A student may feel more comfortable talking to their teacher rather than their clinician. This is where the team aspect comes in. it is essential to work as a team and pass on information to each other." 3rd July*

This quote demonstrates how beneficial the multidisciplinary team was when professionals worked together in the school. The teachers had to make decisions when planning students' transitions. Transition plans often caused distress and anxiety for the student, as it would challenge their ability to manage their mental health. The teachers would often consult a clinician who was able to recommend a plan that would not jeopardize the transition process. Interdisciplinary staff working together as a team creates a stable foundation. Stability and communication inhibits trust, which can lead to the formation of authentic relationships.

"The type of team that is formed will be reliant on the perceived need or outcome for the client. A significant part of teamwork is the increasing necessity for professionals to work collaboratively at a variety of levels to promote team success" (Twyford & Watson, 2008)**.**

5 DISCUSSION

5.1 The Transition Schools Unique Goal System

The transition school used the IEP in a unique way. The IEP included up to date assessment data gathered in the students' natural environment. The nature of IEPs having no set regulations in New Zealand enabled the transition school to develop forms and formats for recording what they find useful. The school was able to focus on therapeutic and education goals in IEPs and ITPs.

While the IEPs did not outline broader goals (larger goals were included in the IPs), they included set objectives to help the student reach goals. The ITPs set objectives and goals. The objectives instructed and guided teachers, therapists and the students' wider community team on how to support the student to reach individual goals. The IPs provided overarching goals that connected the IEP goals and the ITP goals. Goals included in the IPs were directed by review meetings, which occurred every three weeks.

5.2 Integration of Health and Education Goals

IEP goals were concerned with education goals such as completing specific tasks and ensuring the student actively engaged in activities such as listening to music or practising the guitar. The teachers recognized utilizing therapeutic strategies would promote engagement in the curriculum and in the classroom.

ITP goals focused on wellbeing but also on enabling the students to follow instructions and practice skills and strategies to help them manage their mental health.

The IEP and ITP work in conjunction to ensure the students learn and utilize skills and strategies to enable them to cope and manage their mental health needs in order to transition to their regular school and in the wider community.

Music Therapy goals supported non-musical goals in ITPs. It was less clear how they directly supported goals in IEPs. However it was evident that teacher's therapeutic view of meaningful activities supported the use of music therapy as an intervention at the school. I related music therapy concepts and practices to those in health and education, by exploring the relationship between my music therapy goals and health and education goals.

The data indicates that teachers in this context think therapeutically and are able to recognize how meeting the students underlying needs is able to support them to engage in the curriculum.

5.3 Music Therapy Goal Setting in Schools

The literature supports the idea that music therapists have to be flexible when working in education settings. In New Zealand music therapists are concerned with conceiving an identity for music therapy as a profession within already established

working cultures (Twyford, 2009). I was concerned with aligning my practice and approaches to 'fit in' with the school context as if it were my 'employer'. This involved being creative and flexible in the way I set goals and worked within the school. I was also concerned with maintaining a therapeutic stance when working with students and not a music educator stance. Mastery featured in my music therapy practice, as students were motivated through mastery learning goals. Hruska encourages teachers to use mastery learning goals in their practice, as students are able to focus on the learning process itself without being afraid of failure. Mastery learning goals sets challenges and opportunities for personal growth (Hruska, 2011). I used aspects of mastery to support the student to explore new activities, build confidence and manage strong emotions and anxiety.

My method of recording music therapy goals in the school related to Derrington's work in special education. Using the IEP format for recording goals did not lessen the therapeutic value of the work. It supported the student's development of social and emotional learning, which is key to success in school (Tomlinson, Derrington, & Oldfield, 2012).

As a music therapy student I was concerned with setting goals that would align with health and education goals. Music therapy was able to provide methods and strategies to support the students to engage in curriculum and therapeutic activities, manage emotions and manage unhelpful thoughts surrounding transition.

5.4 Future Implications

The findings show that IEPs and ITPs work collaboratively and are able to meet the multi-faceted needs of the student. Special schools around New Zealand use IEPs as a collaborative planning and goal setting document. It may be beneficial for schools to have ITPs that incorporate health and wellbeing goals. It would be beneficial for teachers to have the tools to think therapeutically in mainstream schools. This would enable the health needs of transitioning students from special schools to be met in the classroom.

Recent moves in the United Kingdom's education system are considering implementing 'school action plans' and 'group education plans' that involve a differentiation of teaching methods and approaches. They have also considered 'whole school strategies', which might be more inclusive (Mitchell, Morton, & Hornby, 2010).

I agree there is a need for the school community to be looked at as a whole and that this would benefit students transitioning from special education into the community and into a mainstream school. An inclusive view of both health and education within a school context could benefit school communities around New Zealand. "In determining assessment policies it is important to recognize and resolve as far as possible the tensions between measuring the health of the educational system and protecting the interests of the student with special educational needs" (Mitchell, Morton, & Hornby, 2010).

Music therapy goals in education settings are able to support a range of goals. Music therapy added another dimension of support for the students and to the multi-disciplinary team. Young people in schools should be supported and given opportunities to make informed choices about engaging in music as music promotes connectedness and community.

6 LIMITATIONS

I did not include the IP goals as part of usual practice; if I had done this I believe there would be more evidence of the collaborative work between teachers and therapists. The IP goals influenced how goals in each IEP and ITP were set, assessed and evaluated. At the beginning of the placement I did not comprehend how different each IEP, ITP and IP would be. If I had understood the IPs function of connecting all plans and analyzed it as part of my usual practice, I would have a more rounded view of how all of the goals connect health and education within the school.

I did not record verbal conversations between staff members. If I had recorded verbal discussions I believe there would be more information on how the team relied on each other for professional advice about health and education needs. How health and education goals are effectively met within the school may also be influenced by individual personalities. Some teachers may feel more comfortable than others utilizing therapeutic strategies to support students in the school programme.

I relied on the data collected to shape my research and relied on the literature to inform my research. Nevertheless, my personal position may have influenced the way I interpreted education goals, health goals and music therapy goals.

7 CONCLUSION

This study was conducted in a unique setting where education and health goals are used to support adolescents with a range of mental health needs. It is important to note the benefits of combining both health and education goals within the school. This study demonstrates that music therapy is able to support both health and education goals within a school context. Music therapy goals closely aligned with therapeutic goals but also linked with education goals.

The multidisciplinary team worked collaboratively to meet both health and education goals. Staff relied on professional expertise of both teachers and therapists to effectively support the students to transition onto further education and into the community.

Further research could explore whether health goals are set in IEPs in special schools. This would help frame an understanding of how IEPs could be used in conjunction with IEPs to support an inclusive view of both health and education within a school context.

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APPENDIX 1 Facility Information Sheet

Music Therapy Dept., New Zealand School of Music

16 May 2014

[redacted]

RE: Music Therapy Research Study [redacted]

The purpose of this letter is to request your permission for me to review music therapy clinical documentation – that I have been keeping as part of my practice – for research purposes. As you may know, my work at [redacted] is a part-fulfilment of the course requirements for the Master of Music Therapy programme taught through the New Zealand School of Music. As well as having a practical component to the course, I must also carry out a research task related to my clinical work. My research exegesis is due at the end of the year.

I have the approval of the Massey University Human Ethics Committee (MUHEC) to undertake a secondary analysis of data. This involves looking back over existing data to answer a new question. Throughout my placement it has been important for me to fulfil my clinical practice as if there was no research to be carried out in the future, thus minimising any conflict of interest for me and optimising the quality of music therapy that student's receive. For school records I have attached the MUHEC approval document to this letter (HEC: Southern A Application – 11/41).

I submitted a research proposal to the New Zealand School of Music Postgraduate Committee, and received their approval to research the specific question that I outlined. The approved question for my research paper is: How did my music therapy practice relate to IEP and ITP goals in a transitional school for adolescents with mental health needs? Throughout my time working in the school, I have been recording my observations and thoughts from music therapy sessions in notebooks and on computers. I would like to use this data to answer my research question. The primary focus would be on my own work as a music therapy student rather than on students. However, in order to contextualise my work there may be a need to describe student responses, or interactions with staff, or the content of my supervision sessions with [redacted]. Where this occurs I would also seek informed consent directly from those affected.

I am in the process of composing the necessary information sheets for parents and staff, and will share these with you before I send them out. Included in these sheets will be information about myself (my background and current role), the topic of my research and what methods I will use, as well as how data will be used and stored. It

will also aim to inform people about their rights. Following the satisfactory completion of information sheets, I will be writing consent forms so that those people who may be implicated in my research can expressly state whether or not they give permission for me to use data in which they may be identifiable.

My research paper will be complete by mid-December 2014, and the school will be able to access a summary of my work following its finalisation. I welcome any questions that you might have regarding anything mentioned above, and feel free to email me [redacted] for more information. You are also welcome to contact my supervisor, if you have any questions or concerns about this project. Her details are below.

Best wishes,

Alice Jackways

Supervisor:

Dr. Daphne Rickson,

Senior Lecturer (Music Therapy)

[redacted]

[redacted]

APPENDIX 2 Facility Consent Form

Music Therapy Dept., New Zealand School of Music

[redacted]

Title of Study: How did my music therapy practice relate to IEP and ITP goals in a transitional school for adolescents with mental health needs?

Please read the following statements. If you agree with them, please sign your name at the end of this form. A copy will be provided for you to keep.

1. I understand that Alice Jackways has been working at [redacted] as a final year student of the NZSM Master of Music Therapy Programme, and that she is required to review and evaluate information documenting her music therapy experiences in the school for the purposes of completing a research project.

2. I have read and understand the information sheet about the above study. I have had all questions answered to my satisfaction, and understand that I may continue to seek clarification from the researcher or her supervisor on issues pertaining to this study, at any time.

3. I understand that any personal information regarding people involved with the study will only be shared with the researcher's supervisor, the university committee elected to examine the research, and with music therapy students and professionals who might attend a confidential professional presentation at the New Zealand School of Music.

4. I understand that a case study will be presented and discussed at the researcher's final end-of-year examination in December 2014.

5. I understand that no real names will be used in the written documents, and the location of the school will be disguised to protect the identity of those involved in this study.

6. I am aware that [redacted] will be able to access a summary of the work following its finalisation.

7. I am satisfied that all information about this research has been presented and communicated clearly.

8. I give consent for music therapy data relating to students at [redacted] to be used in this study.

Signed: _____ Print Name: _____

Date: _____

APPENDIX 3 Student Information Sheet

Information sheet for student

Hi [redacted]

This is an information sheet containing information about my research.

I have had a quick chat with you about your participation in my research, and have asked for your permission to use my notes from our one on one sessions in my research. If you say 'yes' to this I will write a letter for your parents to sign asking them for their consent.

If you or your parents say 'no' that is fine! We will still have one on one sessions as normal, I will not use any clinical notes collected from our sessions in my research.

My research project includes looking at how [redacted] uses the combination of therapy and education to help you with your transition. I will be looking at your individual plans to look at therapy and education goals and how I used these in my research.

My research is primarily focused on my own practice. I will not be examining how you were, but how I used education and therapy goals as a music therapist.

Your name will be changed and I will not include the name of the school you are transitioning to or [redacted] However [redacted] is a unique and singular school so there is a small chance you may be identified.

After the thesis is written copies will be held at Massey university Library and the Victoria University of Wellington Library and I will keep one here at [redacted] or you to read at any time.

Please ask me any questions you have. If you could get back to me within 1-2 weeks with your permission to use this information that would be great.

Thank you very much!

Alice Jackways

APPENDIX 4 Parent Information Sheet

Parent Information sheet

Music Therapy Research

Researcher:

Alice Jackways

Research Supervisor:

Daphne Rickson

Contact:

[redacted]

Contact:

[redacted]

[redacted]

[redacted]

[redacted]

Dear [redacted]

My name is Alice Jackways. I have been placed at [redacted] as a student music therapist. This is my second year studying towards a Masters in Music Therapy and part of my qualification requires that I undertake a piece of research. For my research I will be looking at the education and health goals used in the school and how I used them in my practice as a student music therapist.

I have been working with [redacted] since [redacted]. We have been meeting for individual sessions once a week. I have been supporting [redacted] to manage her day at school through music.

I am writing to ask for your informed consent to use information from my sessions with [redacted] in my research. This will include:

- My own clinical notes recorded after each individual session. The clinical notes contain observations of the students and of my own practice.

- Information from the students' Individual Plans (therapeutic plans and education plans) developed by [redacted].

Confidentiality and Rights

If you consent to letting me use the data I have collected in my research I will change the name of the student. I will not mention [redacted] in my research. I will not include any other information that identifies the student. After I have written my thesis all information I have collected will be stored at the school for a period of five years after which it will be destroyed.

Because [redacted] is a small and singular school there may be a slight chance that [redacted] may be identified. Once the thesis is finished a copy will be held at the Massey library and the Victoria University of Wellington Library and a copy will be left at [redacted] for you to read whenever you like.

[redacted]

Ethical Approval

I will abide by the Code of Ethics for the Practice of Music Therapy in New Zealand (Music Therapy New Zealand, 2012) and the Code of ethical conduct for research teaching and evaluations involving human participants (Massey University, 2013). The music therapy programme leaders at Te Koki New Zealand School of Music have gained ethical approval for Masters of Music Therapy students wishing to engage in observational studies, theoretical or case study research (HEC: Southern A Application - 11/41. Master of Music Therapy ethical template for student research

in NZSM526 undertaken as observational studies, theoretical or case study research). Secondary analysis of data obtained from usual clinical work falls into the category of observational studies (i.e. there is no deviation from usual practice).

If you have any questions regarding music therapy and your child please feel free to contact [redacted] my research supervisor or myself.

Thank you,

Alice Jackways

APPENDIX 5 Parent Consent Form

Consent to participate in Music Therapy Research Project

Parents/Caregivers

Project Title: How did my music therapy practice relate to IEP and ITP goals in a transitional school for adolescents with mental health needs?

I……. have read and understood the information sheet, and give informed consent for Alice Jackways to use data from her work with…… in the research project.

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

I understand that their name will not be used in the final write up of the thesis. However, [redacted] is a small school so there is a slight chance that someone reading the research may be able to identify them.

I have been given enough time to think about whether I want my child's data to be used in this research.

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

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

Signature: _____

Name: _____

Date: _____

APPENDIX 6 Excerpt of MT clinical notes and demonstrates data analysis procedure

Excerpt From Clinical Notes

It is now week three and only now has she expressed interest in talking to me about music and about songs that she likes. On Friday of week two we had a small discussion in the classroom and she showed my songs that she likes to play, or that her ..... can play. They are then some of her favorite songs. She expressed a strong tie to her ..... and ... musical ability and as a result she can play a little bit of guitar. I used the opportunity to ask if she wanted to have a chat next week about some things we could do involving music.

As above she sets high expectations for herself so I would like to make sure that if we are playing or singing together it is a successful activity and makes her feel good.

Support student to find ways to express herself while at school – goal.

Encourage student to use supports at school when feeling strong emotions or unable to manage.

Alice Jackways 3/8/2014 5:04 PM
Comment [1]: discussion

Alice Jackways 3/8/2014 5:04 PM
Comment [2]: sharing music

Alice Jackways 3/8/2014 5:06 PM
Comment [3]: successful activities

Clinical Notes Coded

	A	B	C	D	E	F	G	H	I	J
1	my music therapy practice				goals			line		
2	discussion				develop helpful relationships with peer			line 10-11	Clincal Notes	
3	music sharing				maximise abiity to focus and concentrat			line 11-12	Clincal Note	
4	communicating with team				to build confidence			line 35-37	Clincal Note	
5	singing				to build confidence			line 24-26	Clincal Note	
6	successful activities				to build confidence			line 17-19, 5	Clincal Note	
7	mastery of guitar				to build relationship			line 64-65	Clincal Note	
8	mastery of guitar				to build relationship			line 44-47	Clincal Note	
9	playing guitar before transition				to develop confidence			line 76-79	Clincal Note	
10	resourcing student				to develop confidence			line 67-68	Clincal Note	
11	communicating with team				to develop skills			line 80-82	Clincal Note	
12	mastery of gutar				to encourage her to communicate need			line 90-96	Clincal Note	
13	communicating with team				to manage activities in own time			line 108-111,	Clincal Note	
14	encourage peer interaction				to manage emotions			line 125-127	Clincal Note	
15	playing together				to manage emotions			line 118-121	Clincal Note	
16	perform music				to support with transition			line 156-159	Clincal Note	
17	making playlists				use music to express herself			line 161-167	Clincal Note	

Excerpt From Mid-term MT Review

Why student is receiving individual MT sessions:

[redacted] had been playing complicated chord progressions and riffs on the guitar in the classroom. She expressed she listens to music to manage her negative thoughts and moods. We had a talk about how music therapy can support her to use music to help her manage her emotions while at school. Listening to music is listed as a recommended intervention for [redacted] when she is feeling distressed. She was very quiet and unwilling to discuss why music is helpful for her.

While [redacted] is confident in her ability to play music she has expressed that she finds learning new songs with 'hard' chord progressions challenging. Music therapy helps her to learn and play the guitar in supported environment. She is eager to complete tasks to a high standard and sets high expectations for herself, she is learning that it is ok to find exercises hard. As a music therapist I will support her to work through making mistakes.

Initially we had conversations around our favorite songs and musical taste, which led to her asking me if I could help her to develop more skills on the guitar and learn new songs. Music therapy encourages [redacted] to learn how to communicate with another person in a non-verbal communicative way. Playing music together involves listening to the other person's tempo, rhythmic qualities and listening to musical queues.

Alice Jackw..., 21/8/2014 5:19 PM
Comment [1]: Talked about how music can help to manage day

Alice Jackw..., 21/8/2014 5:26 PM
Comment [2]: Mastery of guitar

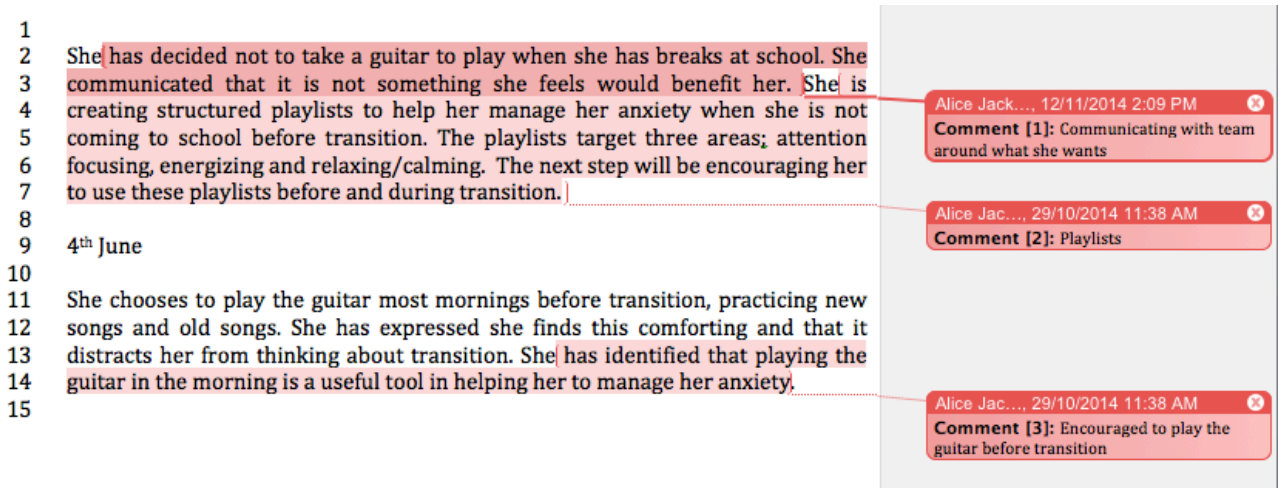
Alice Jackw..., 21/8/2014 5:27 PM
Comment [3]: Tolerate frustration

Alice Jackw..., 21/8/2014 5:28 PM
Comment [4]: conversation

Mid-term MT Review Coded

	A	B	C	D	E	F	G	H
1	my music therapy practice			goals		line		
2	talked about music			support to manage her da		line 13-14	MT Review	
3	provide supportive environment			to support student to lear		line 19-20	MT Review	
4	work through making mistakes			tolerate and manage fustr		line 22-23	MT Review	
5	conversation			to build relationship		line 25-27	MT Review	
6	not overwhelming student with informa			support to learn new skills		line 44-46	MT Review	
7	shared music			exploring identity		line 50-51	MT Review	
8	mastery of the guitar			build up confidence in sup		line 67-69	MT Review	
9	play music together			build interpersonael and h		line 91-95	MT Review	

Excerpt From Review Notes



She has decided not to take a guitar to play when she has breaks at school. She communicated that it is not something she feels would benefit her. She is creating structured playlists to help her manage her anxiety when she is not coming to school before transition. The playlists target three areas; attention focusing, energizing and relaxing/calming. The next step will be encouraging her to use these playlists before and during transition.

4th June

She chooses to play the guitar most mornings before transition, practicing new songs and old songs. She has expressed she finds this comforting and that it distracts her from thinking about transition. She has identified that playing the guitar in the morning is a useful tool in helping her to manage her anxiety.

Alice Jack…, 12/11/2014 2:09 PM
Comment [1]: Communicating with team around what she wants

Alice Jac…, 29/10/2014 11:38 AM
Comment [2]: Playlists

Alice Jac…, 29/10/2014 11:38 AM
Comment [3]: Encouraged to play the guitar before transition

Review Notes Coded

	A	B	C	D	E	F	G
1	my music therapy practice			goals		line	
2	talked about music			support to manage her da		line 13-14	MT Review
3	provide supportive environment			to support student to lear		line 19-20	MT Review
4	work through making mistakes			tolerate and manage fustr		line 22-23	MT Review
5	conversation			to build relationship		line 25-27	MT Review
6	not overwhelming student with informa			support to learn new skills		line 44-46	MT Review
7	shared music			exploring identity		line 50-51	MT Review
8	mastery of the guitar			build up confidence in sup		line 67-69	MT Review
9	play music together			build interpersonael and h		line 91-95	MT Review
10							

All MT Notes Combined

	A	B	C	D	E	F	G	H	I
1	play music together			build interpersonael and helpful relationships				line 91-95	MT Review
2	mastery of the guitar			build up confidence in supported environment				line 67-69	MT Review
3	Communicating with team around wh			communicate her needs					Review
4	discussion			develop helpful relationships with peers				line 10-11	Clincal Notes
5	shared music			exploring identity				line 50-51	MT Review
6	music sharing			maximise abiity to focus and concentrate				line 11-12	Clincal Note
7	Creating playlists			Support her to explore how music has an effect on her emotions a					Review
8	not overwhelming student with informa			support to learn new skills				line 44-46	MT Review
9	talked about music			support to manage her day				line 13-14	MT Review
10	Encouraged to play the guitar before t			Support to utilize strategies that reduce anxiety					Review
11	communicating with team			to build confidence				line 35-37	Clincal Note
12	singing			to build confidence				line 24-26	Clincal Note
13	successful activities			to build confidence				line 17-19, 5:	Clincal Note
14	mastery of guitar			to build relationship				line 64-65	Clincal Note
15	mastery of guitar			to build relationship				line 44-47	Clincal Note
16	conversation			to build relationship				line 25-27	MT Review
17	playing guitar before transition			to develop confidence				line 76-79	Clincal Note
18	resourcing student			to develop confidence				line 67-68	Clincal Note
19	communicating with team			to develop skills				line 80-82	Clincal Note
20	mastery of gutar			to encourage her to communicate needs				line 90-96	Clincal Note
21	communicating with team			to manage activities in own time				line 108-111,	Clincal Note
22	encourage peer interaction			to manage emotions				line 125-127	Clincal Note
23	playing together			to manage emotions				line 118-121	Clincal Note
24	provide supportive environment			to support student to learn new skills				line 19-20	MT Review
25	perform music			to support with transition				line 156-159	Clincal Note
26	work through making mistakes			tolerate and manage fustration				line 22-23	MT Review
27	making playlists			use music to express herself				line 161-167	Clincal Note
28									