Current Practice and Understanding of Music Therapy in Victorian Special Schools

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Abstract
Music therapy in special schools in Victoria was examined via responses received from a written questionnaire, and a telephone interview with administrators of ten randomly selected schools. Questionnaires were mailed to 78 Victorian Government special schools. Respondents were asked to indicate whether they employed a music therapist, how they were employed, and the music therapist's method of service delivery. A total of 53 (68%) schools responded. Forty-four schools reported that they incorporated music into their programs and, of these, 17 employed a music therapist. Interviews conducted via telephone with ten schools indicated that 50% of responses to the interview questions contained themes and information that accurately reflected the nature of music therapy. Some misconceptions were noted, such as the training of music therapists and the goals of music therapy, and these will be discussed.

Key Words: music therapy; special education; special schools; research

Introduction

Music therapy has had a role in special education services in Australia for many years. It is important that from time to time aspects of implementation and development of this role are examined. Previously, in a critique and review of music therapy service provision within special education services in Queensland, it was stated:

Although it is difficult to understand why music therapy in Australia has had limited application in special education services, it is possible to hypothesise that this is due to limited infrastructure support stemming from a lack of understanding about the nature of music therapy, including how and by whom it is practised. (Daveson & Edwards, 1998, p. 449)

The importance of examining what other professionals understand about music therapy in contributing to the development of the profession is further explained as follows:
Because the music therapy profession is relatively young and small, it does not enjoy the universal awareness of some other helping professions... An important part of the music therapist's job is to educate others about the profession, including other professionals and the general public. (Davis & Gfeller, 1999, p. 6)

It can be argued however, that the education of other professionals cannot be undertaken effectively unless we know their stance or perspective on music therapy. For example, music therapy, in the author's experience, can be confused with music education within special schools, and some of the problems that the author has noted to arise from this lack of distinction are (a) a lack of provision for music therapists to take needs-based groups due to the expectation that "specialist teachers" provide class teachers with time release through taking class groups, and (b) referrals for students who could benefit specifically from music therapy are not given due to misunderstanding of the goals of a music therapy program compared to that of a music education program.

It was therefore proposed to examine the status of music therapy in special schools in the State of Victoria through pursuing the following questions, (a) how many Victorian special schools utilise music and music therapy programs, (b) how are music therapy services delivered, and (c) what understanding do principals of special schools have?

Since an insight into the complexities and perceptions in one state may offer information for the establishment of music therapy practice elsewhere, this study offers the opportunity to examine whether there are any barriers to the further development of music therapy services in special schools throughout Australia.

**Literature Review**

Benefits offered to students in special schools through the use of music can be seen in the areas of (a) social and emotional behaviour, (b) motor skills, (c) communication skills, (d) language and vocal production, and (e) pre-academic and academic skills (Davis, 1999). A range of music therapy techniques are used to achieve these benefits. These include improvised music, instrumental playing, singing, music listening, music and movement, substitution of lyrics in known songs, song writing, and composition (Boxill, 1985; Davis, 1992; Jellison, 1983; Lathom, 1980).

Music therapy in special education in Australia has received attention in the published literature indicating that music therapists have endeavoured to explore the basis of their practice and report their approach to working with clients who have disabilities within the special education and mainstream school settings. Special schools in Australia cater for a
population of students with a wide range of special needs. The literature shows that music therapy is available to a number of student populations.

Macmahon (1991) stated that “music has enjoyed an important and justified position of significance in the education and lives of blind students” and, furthermore, that “musical activities can be a source of great pleasure, a place to meet classmates on an equal footing and an opportunity to develop creativity (p. 34).” He suggested that students with visual impairments should have access to both music therapy and music education throughout their educational lives. Music therapy is effective in reducing mannerisms common to many blind students and as a means to reduce the stress and tension often experienced as they strive to achieve on a parallel with their sighted peers (Macmahon, 1991).

With regards to music education, Macmahon (1991) found that there are many musically gifted blind students who would be capable of pursuing music education as a means of recreation, self-expression, and as a vocational opportunity. In relation to both music therapy and music education, however, Macmahon found that the students’ needs were not being adequately met in schools.

Meadows (1997) found that although music therapists have diverse goals in working with children with profound and severe disabilities, the methods used are similar. The six common music therapy goals he identified with this population were (a) fulfilling the child’s basic needs, (b) developing the child’s sense of self, (c) establishing or re-establishing interpersonal relationships, (d) developing specific skills, (e) dispelling pathological behaviour, and (f) developing an awareness and sensitivity to the beauty of music. Meadows used Bruscia’s (1989) music therapy categories of recreational, behavioural, educational, and healing to describe the ways that music therapists provided services to meet the needs of children with profound and severe disabilities.

In a later paper, Meadows (2002) outlined four approaches to music and movement “including (a) physiotherapy with music, (b) structured music and movement, (c) improvised music and movement, and (d) music therapist directed music and movement” (p. 20). These approaches all require collaborative work between the music therapist and a physiotherapist demonstrating that music therapy in special education has a tradition of co-therapy work.

A music and movement program for students with aphasia and dysphasia in a special school in Queensland was outlined by Turnbull and Robinson (1990). This program was designed primarily by a physiotherapist. The program is described as relying on the elements of volume, tempo, beat, rhythm, pitch, melody, harmony and improvisation. The program was found to have “important therapeutic and educational implications” (p. 49).
The Australian literature cited above shows that music programs in schools are designed for a range of children with special needs and are run by music therapists, music educators, and other allied health professionals. Goll (1994) wrote on the lack of a comprehensive, theoretical framework for music therapy with children with special needs. The lack of a theory which "(1) relates music therapy to other treatment approaches, (2) states priorities, and (3) gives a general idea of direction" (p.13) means it is difficult for music therapists working in this field to have a theory-grounded practice, to undertake meaningful research, or to define their roles as professionals. This in turn makes it difficult for music therapists to educate other professionals effectively about the role of music therapy in special education.

Although many examples exist in current research literature on the effectiveness of music therapy in this setting, little has been written that describes specific models of service delivery which may be applied to an entire school district, or within a department of music therapy in a district. (Chester et al., 1999, p.82)

**Method**

**Questionnaire**

A questionnaire was mailed out to a total of 78 Department of Education and Training special schools across Victoria in order to ascertain the current provision of music and music therapy programs in special schools. A self-addressed, reply paid envelope was sent out with the questionnaire with consent being implied through the return of the questionnaire.

The Statistical Package for the Social Sciences (SPSS) computer software was used to assist in analysis of the data and provide descriptive statistics.

**The Telephone Interview**

The second phase of the study involved the researcher administering a five-item interview over the telephone to ten randomly selected principals or assistant principals who had provided responses to the survey. The questions requested information about the respondent’s knowledge and attitude about music therapy.

All of the interviews were transcribed and common themes in the responses were noted as they became evident. These transcriptions and themes were entered into the *Non-Numerical Unstructured Data Indexing Searching and Theorising* (NUD*IST) computer program (Richards &
Richards, 1997). This program is specifically designed to assist in the categorisation and organization of research responses according to themes. The NUD*IST program can then assist the researcher to search for identified themes within the interview transcripts to examine their incidence and specificity.

Results

A total of 53 (68%) schools responded. Forty-four (77%) indicated that they have music programs. Registered Music Therapists (RMTs) were employed in 17 (41%) of the schools that responded to the questionnaire.

Questionnaire Results

1a. Music staff in schools. The results are presented in Table 1.

Table 1
Music staff in schools

<table>
<thead>
<tr>
<th>Classification</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Music Therapist</td>
<td>17</td>
<td>39</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td>Music Teacher</td>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td>Not completed</td>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>44</td>
<td>100</td>
</tr>
</tbody>
</table>

1b. Reasons for not having a music therapy program in the school. The results are presented in Table 2.

Table 2
Reasons for schools not having a music therapy program

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not a priority at this time</td>
<td>6</td>
<td>29</td>
</tr>
<tr>
<td>No / Inadequate Funding</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>Unable to find suitable person</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>29</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>100</td>
</tr>
</tbody>
</table>

2. Changes that would enable employment of a RMT. Respondents listed the issue of funding as the most common reason for not being able to employ an RMT, followed by the lack of availability of a suitable RMT, the need for additional building space, retirement of a current staff.
member, finding an RMT willing to travel to country areas, and a change in school charter priority.

3. How long has the school had a music therapy program? Over the past six years, 14 music therapy programs have been established in Victorian special schools, with most of these having been established in the last three years. Three schools established a music therapy program more than ten years ago.

4. How many music therapists has the school employed? Eight (47%) schools have employed the same RMT since their music therapy program was established. Six schools responded that they had employed two music therapists, however it should be noted that two of these six schools currently employ two music therapists.

5. Method of establishing music therapy program. The most common method of commencing a music therapy program was through the school advertising the position (eight schools), followed by the RMT approaching the school (six schools).

6. Method of employment of RMT. RMT’s were employed under the following methods: (a) School Support Officer contract – six; (b) casual basis – four; (c) casual basis with tax and superannuation accounted for – four; (d) ongoing, permanent position – one; and (e) unspecified – one.

7. Time fractions RMTs work. RMTs were employed in a time fraction of 0.2 or below in eight schools and a time fraction of between 0.4 to 0.6 in seven schools. Three schools employ an RMT on a time fraction of 0.8 to full time.

Questions 8 to 14 in the questionnaire requested information on music therapy service delivery, including questions about which students received music therapy, and why.

It was reported that in seven schools the RMT provided service to all students. Four schools reported that the RMT provided service to 90% of students (70). Three reported contacts with 50% of students (30), and two schools indicated that fewer than 30% of students were seen by the RMT.

Where RMTs provided service to fewer than 100% of students, the most common factor determining the students who have priority for music therapy was the needs of the student. Nine schools indicated that students with higher needs are given priority, while five schools gave younger students priority, and one prioritised older students for music therapy services.

Many schools indicated that more than one method of grouping students was used in provision of music therapy so, although it was reported that students were most often grouped according to their class groups (16 schools, 88.9%), a combination of this as well as needs (eight schools, 44.4%) and aged (two schools, 11.1%) based groups were reported. Four schools indicated that there were different reasons for
deciding which students are seen. These reasons were: “Younger, brighter students to form a band”; “students with vision impairments and those showing most response to music therapy in the past”; and “all primary aged students and all secondary aged students who are interested.”

The most frequently cited factor to determine if any more students receive music therapy services was the assessment and recommendation from the music therapist (93.3%). Teacher referral was the second most important factor (66.7%), followed by principal’s recommendation (40%) and Program Support Group referral (33.3%).

The most common duration of music therapy sessions for schools that responded was 25 to 35 minutes. This was followed by 35 to 45 minutes, fewer than 25 minutes, and more than 45 minutes. The smallest school in the survey that employed a music therapist had 25 students and the RMT serviced 100% of students in one day’s work. The largest school had 184 students and the music therapist serviced 80% of the students in three days work.

Many schools (52.9%) reported that the RMT conducted sessions in collaboration with other allied health staff. Of these responses, RMTs were indicated to co-lead sessions with speech pathologists (88.9%), occupational therapists (66.7%), and physiotherapists (66.7%). Four schools (36.4%) listed other non allied health professionals who co-lead sessions with the RMT; art therapists, drama therapists, and classroom teachers.

**The Telephone Interview**

The principals and assistant principals interviewed were positive about the benefits of music with their student populations. Their answers to specific questions are detailed below.

1. **Give your definition of music therapy.** The most frequently occurring theme in the definitions was music used for enjoyment (60%), followed by the use of music for communication (50%). Three respondents referred to music therapy providing an alternative means of accessing learning. The use of music to assist with development was a theme in two of the respondent’s comments. Responses defining music therapy included that “It would be interaction with a group of students using music to achieve pleasure and relaxation ...”. In regards to music for communication, respondents made statements such as music therapy can “get them [students] to talk about their feelings” and that music therapy was an “opportunity to assist someone to communicate with the help of music.” Comments about music as an alternative means of accessing learning included, “to motivate them where perhaps other forms of formal education doesn’t quite get through to them”.

2. What do you see is the distinction between a music therapist and a music teacher (if any)? Most of the answers given to this question referred to the interviewees' belief that, unlike a music teacher, the music therapist responds to the child's needs (60%). For example, "the music teacher is looking at a music curriculum, whereas the other is using music to give people a means of expression and communication more than musical knowledge". This theme was followed by a description of the different skills involved in music therapy and music teaching (30%). Teachers working to a curriculum, teachers looking at the end product, and the therapist being interested in the process were each mentioned in two (20%) interviews. One respondent said, "I guess a music teacher is looking for an end product whereas the therapist is looking at working with the individual children, more a process I guess".

3. How would you classify a music therapist? Most interviewees classified music therapists as either para-medical / allied health (40%) or specialists (40%). Only one (10%) classified them as a teacher, and this was due to the school employing a music therapist who had dual qualifications.

The interviewees who responded with the classification of specialists appeared to be coming more from a pay / salary point of view. For example, "Personally I regard them as around about an SSO3 (School Support Officer Level 3), I see them as a real specialist," and "I suppose as a specialist consultant working in schools."

4. What qualifications (if any) would or does a Music Therapist need to be successful at your school? A recognised music therapy degree was the most common type of qualification given for this answer, with this theme coming up in 7 out of the 10 interviews. The remaining three themes were: (a) no qualifications needed received (20%); (b) teaching degree (20%); and (c) competent musician (10%).

5. The final question asked for any further comments. The most common comment made was about the value of the music therapy program at their school or that they had seen elsewhere (40%). For example:

I think that it is an important and valuable medium within all special schools. I think the potential of music to reach some of our more disabled students is quite high from what I've seen, particularly those on the autism spectrum disorder; music seems to be able to untap and to link in with areas that other specialists aren't able to do so. (Respondent)

In two interviews, respondents indicated difficulty finding an RMT, and asked questions relating to the training involved in becoming a music therapist.
Discussion

One of the most encouraging findings of this study was that of the 44 (77%) schools who indicated they had a music program, 17 (41%) employed an RMT. It was surprising however, that of the schools which responded to the survey, more non-music staff were indicated as providers of music programs than music teachers. This group included generalist teachers, musicians, performing arts teachers, and a “school support officer with extraordinary musical talent”. It was noted also that 27% of schools employed a staff member who had no specialist training to run their music program. Given that the majority of interviewees indicated that enjoyment was a goal of music therapy, it is reasonable that they would consider an individual with musical talent sufficient to run this sort of program.

Some of the statements given in response to questions on training and qualifications highlight the need for music therapists to educate the relevant people about the role of an RMT. For example, one interviewee replied,

In my school I think they have to have a good singing voice, they have to be able to play some instrument, it doesn’t matter what it is; and the right personality, happy person, and someone who just loves being with children.

Music teachers were the third largest group of staff employed to run programs in special schools. This did not include the two schools that indicated they employed a music teacher as well as a music therapist. These two schools apparently recognised these different skill bases and, importantly, had the funding to incorporate both. The interview responses indicated that many principals were able to see a distinction between the skills and practice of a music teacher and music therapist. Some of the special school principals responding to the interview, however, were not aware that the qualification to become a music therapist is a university degree course. This indicates that there is yet more work to be done in targeting information about music therapy to relevant sources.

The most common way a music therapy position commenced was through advertising a post. This indicates that some schools must be aware of the practice of music therapy and its value in special education services. A number of schools established their music therapy program after an RMT approached the school. This showed the effectiveness of a face-to-face interview where music therapists can pitch a proposal and “sell” music therapy.

The results indicated that working collaboratively with other allied health staff is a relatively common practice for RMTs in special schools. This could be an indication of RMTs being understood as qualified allied health professionals.
Comments added in the questionnaire by some schools and also indicated by some respondents in the interview suggested that the difficulty in finding music therapists was one reason for not employing an RMT. Two of the schools where these comments were made were in non-metropolitan areas, and indicated that they had found it difficult to find a music therapist who was willing to travel for a position that may only be one or two days a week. Two of the other schools however, were in the metropolitan area and their respondents indicated that they were keen to establish a music therapy program but were unable to find a music therapist. This suggests that there are posts currently available that might be creatively combined to engage an RMT in a more attractive work arrangement than one day per week.

**Conclusion and Recommendations**

The findings of this research study provide up to date information about the extent of the practice of music therapy in Victorian special education, and gives important information about formats of music therapy delivery, as well as offering a perspective as to the current understanding that special school principals or administrators have of music therapy.

Several issues raised in this study invite further investigation. *Why is music therapy not considered a priority in some special schools?* The number of schools that considered a music therapy program not a priority invites further investigation. Would their priorities change if better informed about the benefits of a music therapy program?

*Does the Department of Education and Training understand the importance of music therapy?*

*How can understanding of music therapy be improved for those schools that do not employ a music therapist, or employ a “musician” who they believe is a music therapist?* This is the population that researchers need focus on in order to understand the reasons behind music therapy’s slow growth in this area and, in turn, to educate music therapists as to what needs to change.

With the current study as a baseline, future studies may be able to provide answers to these and other questions. In any case, the changes and developments occurring in this growing field will be able to be monitored.

To conclude, surveys conducted within the music therapy field and related professions can provide valuable information about music therapy practise and a starting point from where changes can be made. It is anticipated that the results of this current survey will provide similar information to special school principals interested in including music therapy in their programs, registered music therapists looking to provide
services to special schools, and music therapy students or new graduates considering a career in educational settings.

References


