

Music Therapy with Children and Adolescents within mainstream schools

Literature Review Commissioned by the Music Therapy Charity March 2008

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Abstract

Background:

The Music Therapy Charity is considering conducting research into music therapy with children in a mainstream setting. They have commissioned a literature review to identify if there is a need for research in this area and what relevant research has been done to date.

Aims:

To identify current literature on the health and needs of children in the UK, whether there is a need for Music Therapy with this client group and highlight areas for further research.

Method:

A systematic review was made of music therapy literature relating to work with children in mainstream schools, along with reviews of UK statistical and government publications.

Results:

57 papers in the music therapy literature were included in this review, 12 of which were outcome studies. Statistical and government data provided a background of the current status and needs of children in the UK.

The emotional and social wellbeing needs of children in the UK have been identified as a priority to be addressed by the UK government. Strategies have been proposed in order to address them. However further research, service-planning and reorganisation is required.

There is international evidence that music therapy is being used with children in mainstream schools and the literature suggests that music therapy is an effective intervention. However, there have been no outcome studies to date in the UK.

Conclusion:

Further research is required if music therapy is to be considered an effective intervention to address the needs of mainstream schoolchildren. However, careful research design and consideration of the role of music therapy in this context must be taken into account.

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1 INTRODUCTION

The Music Therapy Charity is considering conducting research into Music Therapy for children who are not attending school within mainstream school settings and has commissioned this literature review in order to provide a background of existing research in this area.

1.1 Background:

The health, education and wellbeing of children within the U.K. has become of great political concern in recent years and the government has commissioned a wide range of reports to attempt to address the needs of children within the UK (NICE 2008; Department for Children, Schools and Families, 2007a, 2007b; Home Office, 2006; Department for Education and Skills 2005a, 2005b; Ofsted, 2005;HM Government, 2003). Particular emphasis has been placed on the mental health and emotional wellbeing of children within educational settings with the aim of providing children with better defences against later emotional and behavioural problems (NICE 2008, p.1)

Music therapy has a long history of work within education. Pioneers of music therapy in the U.K, such as Juliet Alvin, Paul Nordoff and Clive Robbins, recognised the value of using music therapeutically with children with special educational needs and used the basis of their work within this area to provide the groundwork for the use of music as a therapeutic intervention (Darnley-Smith & Patey, 2003, p.16).

Educational settings are one of the main areas of employment for Music Therapists. Approximately 25% of Music Therapists in the United Kingdom are employed within school or educational settings (Association of Professional Music Therapists, 2007). The most common areas of employment are within services for Special Educational Needs (SEN) (such as autism and other learning disabilities and emotional and behavioural problems). However, a small proportion of Music Therapists also work with school exclusions and challenging behaviour.

1.2 Structure of review:

Aims of the review will be stated along with the method of retrieving all relevant publications and the results of the review will be outlined.

In the discussion, the review will then consider current government publications on children's health in the U.K. along with relevant Music Therapy research against the initial aims in order to help ascertain the needs of children within mainstream education. The basis of this discussion will then lead to recommendations on further research. The review will conclude with a summary of findings.

2 AIMS

1. To research current literature on the health and needs of children in the UK
2. To identify whether there is a need for Music Therapy with this client group
3. To ascertain what music therapy research already exists
4. To review the research methods used
5. To evaluate any benefits or disadvantages gained from Music Therapy with this client group
6. To identify areas for further research

3 METHOD

A literature review was conducted to find existing literature on

1. The needs of children within mainstream school settings
2. Current Music Therapy research relating to work with children in mainstream schools.

3.1 The needs of children within mainstream school settings

Government literature was consulted from the following UK government areas:

- Department of Health
- Department for Children, Schools and Families
- Home Office
- Office for National Statistics

Further references of relevance within these publications were also followed up.

3.2 Current Music Therapy research relating to work with children in mainstream schools

The following search strategy was designed following from Gilbertson & Aldridge (2003) and Gold, Voracek & Wigram (2004).

3.2.1 Definition:

The target client group for this literature review does not have a diagnosis as such and so therefore had to be defined carefully in order to ensure that the maximum number of relevant results were obtained. Whilst work with children with severe learning and physical disabilities was to be excluded (such as autism, severe physical handicaps), it would be necessary to consider work with emotional and behavioural disorders. Similarly, relevant studies may not have taken place exclusively within a school environment. Therefore, the search terms were designed to be as inclusive as possible, with later filtering of non-relevant material.

3.2.2 Bibliographic search

A systematic search of computerised databases was undertaken, along with manual searching of relevant journals. Databases were searched with the terms 'music therap*' AND 'child*'. Documents from any country and in any language were considered along with published and unpublished articles in order to gain the best possible picture of research done in music therapy.

Databases searched were:

- Biblioline (including RILM abstracts of music literature, RISM and child abuse and child welfare)
- Ovid online (including Medline, AMED, CINAHL, Embase and Psycinfo)

- Music Therapy World databases and conferences
- CAIRSS
- Edu-online
- Ebscohost EJS
- ERIC (including Australian education index and British education index)
- Cochrane Library
- National Institute for Clinical Excellence
- Music Therapy Research Quantitative and Qualitative Foundations
CDROM 2nd Edition 1964 - 2003

Hand searched journals included Journal of Music Therapy, British Journal of Music Therapy, Music Therapy Perspectives, Music Therapy Today, Voices, Nordic Journal of Music Therapy, and Musiktherapeutische Umschau.

3.2.3 Inclusion and Exclusion Criteria:

Once potentially relevant articles were identified, they were then organised by specific categories. Any involving work specifically with pre-school children (before the age of 3), psychiatry and severe psychosis, severe learning disabilities and work within medicine were excluded. Similarly, any papers relating to theoretical or general aspects of work with children were also removed. A note was made if work with some of these client groups was done within a mainstream school to enable further consideration at a later point if appropriate.

The preliminary search yielded 226 papers. Results for Psychopathological and other disorders were then filtered by work setting to ensure that only papers relevant to work in mainstream schools were included.

3.2.4 Data extraction and analysis:

The included studies were coded for analysis by area of work, age range, setting, type of intervention used, methods used within this, country of work and research methodology.

Within these areas, the following subdivisions were used:

Area of work:

Psychopathology, social problem or targeted area for group of children

Setting:

Eg. School, hospital, care home

Intervention:

Music activity, Music education, Music Therapy (Psychodynamic, Behavioural, Educational, Creative (Nordoff-Robbins), GIM, Vibroacoustic, Receptive, Orff, Humanistic, Eclectic)

Methods Used:

Singing, Song-writing, Improvisation, Structured activity, Music tuition

Research Methodology:

Qualitative (Case study, Theoretical discussion)

Quantitative (Outcome study, Controlled trial)

The literature content was then reviewed against these above areas as stated in the aims of the literature review.

4 RESULTS

Categories of the areas of work can be found in Table 1. A total of 57 articles cited music therapy work within a mainstream school setting. 'Normal' mainstream children were the main subject of such work within the schools, followed by work done to integrate children with special educational needs. Other areas of work within mainstream schools included work with refugees, mainstream children with emotional and/or behavioural problems, children deemed to be 'at risk', bereaved children, and deprived children. A breakdown of these 56 papers can be found in Table 2.

Music Therapy with Children and Adolescents Literature Review

Category	Number of Papers found	Number in mainstream school setting
Abuse	8	0
Adolescents	10	1
At risk	17	4
Behaviour Problems	17	2
Bereavement	9	3
Care home / Residential home	15	0
Children – general music therapy	26	1
Deprivation	4	0
Emotional and Behavioural Disorders	10	4
Emotional Disorders/ problems	10	4
Homeless	1	0
Integration of SEN with Mainstream	9	9
Mainstream children	26	23
Offenders	11	1
Psychiatry	39	0
Refugees	7	5
Substance abuse	2	0
Truancy	1	0
TOTAL	222	57

Table 1: Initial search results by category and filtering by mainstream school setting

Table 2: List of papers citing work with children within mainstream school settings

***NOTE Items marked in grey use only receptive music listening or musical activity**

Area of work	Author	Title	Country	Age	Approach	Research method
Adolescents	McFerran-Skewes, K (2003)	Contemplating the nature of adolescent group improvisations	Australia	12-18	Music Therapy Group	Qualitative – use of clinical methods outlined
At Risk	Buchanan, J (2000)	The effects of music therapy interventions in short-term therapy with teens at risk; an opportunity for self-expression in a group setting	Canada		Group	
	Duerksen, GL, Darrow, AA (1991)	Music class for the at-risk: A music therapist's perspective				
	Goolsby, TM, Frary, RB, Rogers, MM (1974)	Observational techniques in determination of the effects of background music upon verbalisations of disadvantaged kindergarten children	USA	5	Background music in classroom	Quantitative – controlled.
	Nirenstein, S (2005)	[music therapy in the Israeli school; the histories of gadi and nir]	Israel			Qualitative – case study
Behaviour	Darnley-Smith, R & Patey, H.M. (2003, pp.101-106)	Chapter 6 – Music therapy with children; Four case studies – Carl	UK	10	Music Therapy (NR) Individual	Qualitative – case study
	Palmowski, W (1979)	[Music therapy for students with behaviour problems]	Germany			
Bereavement	Hilliard, RE (2007)	The effects of Orff-based music therapy and social work groups on childhood grief symptoms and behaviours	USA	5-11	Music Therapy (Orff) Group	Quantitative - controlled
	McFerran, K, Hunt, M (2008)	Learning from experiences in action: music in schools to promote healthy coping with grief and loss	Australia Ireland	12-18	Music Therapy Group	Humanist action research – phenomenological, Focus groups

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Area of work	Author	Title	Country	Age	Approach	Research method
	Skewes, K (2001)	The experience of group music therapy for six bereaved adolescents.	Australia	13-15	Music Therapy Group	Qualitative - Phenomenological
Children - general	Scanavino MT (1986)	[a work plan; music therapy and the kindergarten]				
Emotional and behavioural difficulties	Jenkins, C (2006)	Music therapy with adolescents with emotional and behavioural difficulties: a flexible approach	UK	12-18	Music Therapy	Qualitative – literature review and focus group
	Montello, L, Coons, EE (1998)	Effects of active versus passive group music therapy on preadolescents with emotional learning and behavioural disorders	USA	11-14	Music Therapy Eclectic Group (active with improvisation and tuition activity; passive – receptive with discussion)	Quantitative
	Packer, Y (1987)	The need for music education in schools for children with emotional and behavioural difficulties				
	Sausser, S, Waller, RJ (2006)	A model for music therapy with students with emotional and behavioural disorders	USA	10-18	Music Therapy Group and Ind Behavioural	Literature review and case study of methods and structure
Emotional	Butterton, M (1993)	Music in the pastoral care of emotionally disturbed children	UK	13-16	Psychotherapy with music improvisation and drawing	Case study
	Eidson, CE (1989)	The effect of behavioural music therapy on the generalization of interpersonal skills from sessions to the classroom by emotionally handicapped middle school students	USA	11-16	Music Therapy Group Behavioural	Quantitative - controlled
	Haines, JH (1989)	The effects of music therapy on the self-esteem of emotionally disturbed adolescents	USA	11-16	Music Therapy Group	Quantitative - controlled
	Strange, J (1999)	Client-centred music therapy for emotionally disturbed teenagers having moderate language disability	UK	13-16	Music Therapy Individual Humanistic/Client-centred	Qualitative – case studies

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Area of work	Author	Title	Country	Age	Approach	Research method
Integration of SEN	D'Ulisse, ME, Ferrara, C, Dadone, W, Mikulic, V (2001)	Music therapy and integration application within schools	Italy	6-8	Music Therapy Benenzon Group and individual	Clinical evaluation
	Ely, EM, McMahon, MA (1990)	Integration – where does it begin? A creative arts perspective	Australia		Creative arts therapies	Discussion of the role of the creative arts therapies in integrating SEN
	Pecoraro Esperson, P (2006)	The pleasures of being differently able; integration through music therapy in primary schools	Italy	6-11	Music Therapy Eclectic Group	Case study
	Jellison, JA, Gainer EW (1995)	Into the mainstream a case-study of a child's participation in music education and music therapy	USA	11	Music education Music Therapy Individual Behavioural	Case study – measured behaviour
	Koch-Temming H (1999)	[from treating illness to insuring health; music therapy in the integrated kindergarten]				
	Steele, A.L., Vaughan, M., Dolan, C (1976)	The school support program: Music therapy for adjustment problems in elementary schools	USA	6-10	Music Therapy Behaviour/Educational Individual and group	Case study – reports on how the service was commissioned and methods used
	Brotos, M (2001)	Music Therapy in the school system in Spain: a pilot project	Spain	5-15	Music Therapy Group	Case study – use of music therapy integrating SEN
	Kartz, B (2000)	[Borders. Heilpädagogisch music therapy in an educational setting]	Germany		Music Therapy	Discussion of integration issues within schools
	Mahns, W (1996)	Individual music therapy in the 'integrative primary school' in Hamburg	Germany	7-8	Music Therapy Individual and group	Case studies

Table 2: List of papers citing work with children within mainstream school settings

Area of work	Author	Title	Country	Age	Approach	Research method
Mainstream	Bunt, L (2003)	Music therapy with children a complementary service to music education?	UK		Music Therapy (UK practice)	Discussion on use of Music Therapy within education settings in UK
	Chester, KK, Holmberg, TK, Lawrence, MP, Thurmond, LL (1999)	A program based consultative music therapy model for public schools	USA	3-11	Music Therapy Group Within classroom	Consultative music therapy service model within schools described
	Derrington P (2005)	Teenagers and songwriting; supporting students in a mainstream secondary school	UK	11-16	Music Therapy Free improvisation with songwriting Individual	Description of setting and songwriting techniques
	Facchini, D (2001)	Music therapy in the educational system	Italy	5-18	Music Therapy Free improvisation Group	Outline of methods used within schools
	Hippel, N & Laabs, F (2006)	[music therapy in school a new field for music therapists?]				
	Karlova, U (1980)	[Music training in a cross-section of elementary school pupils]	Czech Rep.			
	Kennedy, R, Scott, A (2005)	A pilot study: the effects of music therapy interventions on middle school students' esl skills	USA	10-12	Music Therapy Structured music activities	Qualitative pilot study
	Kim S, Kverno, K, Lee, EM, Park, JH, Lee HH, Kim, HL (2006)	Development of a music group psychotherapy intervention for the primary prevention of adjustment difficulties in Korean adolescent girls	Korea	11-12	Music Psychotherapy (Thaut)	Qualitative – no control

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Area of work	Author	Title	Country	Age	Approach	Research method
	Kok, M (2006)	[new paths for music therapy in music schools; cooperation with schools of general education]				
	Mahns, W (2002)	The psychodynamic function of music in analytical music therapy with children	Germany	5-10	Music Therapy Analytic Individual and group	Case studies
	Mead Giles, M, Cogan, D, Cox, C (1991)	A music and art program to promote emotional health in elementary school children	USA	6-7	Receptive music listening and art	Quantitative
	Montgomery, J, Martinson, A (2006)	Partnering with Music Therapists: a model for addressing students' musical and extramusical goals				
	Neels, M, Lang, S, Wegener, W (1998)	[therapeutic music making in the school]				
	Pavlicevic (2002)	Fragile rhythms and uncertain listenings; perspectives from music therapy with south African children	South Africa	7-11	Music therapy (NR) Individual	Case studies
	Robertson, J (2000)	An educational model for music therapy: the case for a continuum	UK		Music therapy and music education	Discussion of use of music therapy in educational settings
	Woodward, S (2000)	A response to James Robertson	UK		Music therapy and music education	Response to J Robertson's article
	Schmidt, H (1993)	[preventative work with grade school children in Hamburg; opportunities in music therapy]				
	Schmidt, H (1998)	[individual and group support through music therapy in the schools]				
	Sinkwitz, D, Kok, M (1998)	[music therapy at a music school]				

Table 2: List of papers citing work with children within mainstream school settings

Area of work	Author	Title	Country	Age	Approach	Research method
	Steele AL, Jorgenson HA (1971)	Music Therapy: an effective solution to problems in related disciplines	USA	4-5	Music Therapy Individual Behavioural Receptive music listening as a contingent	Quantitative
	Ukraincave N	[Carl Orff's musical education system and the therapeutic treatment of elementary school children]				
	Wilson, S (1991)	Music therapy in education	Canada		Music Therapy	Case studies and discussion of value of music therapy in education
	Zanchi, B, Cordonni, L (2005)	Music therapy with adolescents in Italy	Italy	12-18	Music Therapy Free improvisation Group	Review of musicspace service provided in schools in Italy
Offenders	Oosthuizen, H (2006)	Diversity and community: finding and forming a south African music therapy	South Africa		Music Therapy Community work	Case study and discussion of diversity and culture
Refugees	Tyler HM (2002)	In the music prison; the story of Pablo	UK	Primary school	Music Therapy (NR) Individual	Case study
	Akombo, D (2001)	Reporting on music therapy in Kenya	Kenya	Ns	Ethnomusic therapy	Discursive report
	Baker, F A (2005)	Holding a steady beat; the effects of a music therapy program on stabilising behaviours of newly arrived refugee students	Australia	11-15	Music therapy Eclectic with structured activities and improvisation	Quantitative – crossover design
	Hunt, M (2005)	Action research and music therapy; group music therapy with young refugees in a school community	Australia	12-15	Music therapy Group Action research	Outline of design for action research with refugee students

Table 2: List of papers citing work with children within mainstream school settings

Area of work	Author	Title	Country	Age	Approach	Research method
	Jones, C, Baker, F, Day, T (2004)	From healing rituals to music therapy: bridging the cultural divide between therapist and young Sudanese refugees	12-13	Refugees	Music therapy Individual and group	Case studies

5 DISCUSSION

5.1 The needs of children within mainstream school settings

The literature review of government reports has provided a brief background of children's experiences within emotional, behavioural, social and cognitive domains. An overview of child health is given from the Office for National Statistics (ONS) followed by a review of government policies.

5.1.1 Child health as published by the ONS:

The ONS has published a number of reports relating to children's health in the UK. In 2004, they reported that 1 in 10 children aged between 5 and 15 had been diagnosed with a mental health problem. Emotional and conduct disorders were the most common diagnosed problems (ONS, 2004). In addition, they have reported that in 2001, 23% of dependent children were living in single parent families (ONS, 2001). While gaps in the levels of educational attainment within different socio-economic groups had decreased since 1991, children with parents in managerial or professional occupations were still twice as likely to attain 5 or more GCSEs in 2000 (ONS, 2004). 21% of children were living in low-income households with child poverty tending to be concentrated within large urban areas. London had the highest rates of child poverty. Tower Hamlets, Newham and Hackney all had over 50% of the population in this category. Risk of child poverty was higher in families of minority ethnic groups (DCSF, 2008).

Although differences in educational attainment were found between socio-economic groups, the ONS reported that overall educational attainment at GCSE level had increased since 1991 (DCSF, 2008).

Truancy was reported to have remained at a constant rate between 1991 and 2000. Current rates of pupils with persistent absenteeism (PA) are 1.8% for primary schools and 6.7% for secondary schools. Girls were more likely to be PAs than boys, and the rates of PA increased in secondary school as the pupils progressed through school. 9% of pupils eligible for school meals were PAs compared to 3% for the rest of the school population. This indicates that socio-economic and family status has an impact upon school non-attendance (DCSF, 2008).

There were 28 secondary schools in the UK where 20% or more of the school population were PAs, however, the relative locations of these schools within the UK were not reported. The rate of absence was higher for white and mixed ethnic origin, with both these ethnic groups registering above the national average (DCSF, 2008).

5.1.2 Government policies and strategies:

The key aims of the UK government for children have been outlined in the publication “Every Child Matters” (HM Government, 2003). The report outlines 5 key strategic aims for children to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution

- Achieve economic well-being

(HM Government, 2003)

They have developed these aims further with a wide range of publications and reports. The Children's Plan (DCSF, 2007a) outlines a long-term strategy as to how this might be achieved.

Current focus has been on promoting the mental health of children within school settings (DfES, 2001; DCSF, 2007b; NICE 2008) and reducing the incidences of antisocial behaviour in the UK (Home Office, 2006). All these reports advocate increased investment in support and activities for children and young people. However, the NICE guidelines highlight the need for further research to be done into the suitability and effectiveness of interventions in maintaining wellbeing and preventing illness (NICE, 2008). The board of stakeholders consisted of a wide range of professionals, however, no music therapists were involved in this consultation.

In particular, NICE recommend that:

- A 'whole school' approach is taken to children's social and emotional wellbeing
- Services are developed to provide a framework of skills and support
- Links with existing services (such as child and adolescent mental health teams) are strengthened
- Children between the ages of 4 and 11 are provided with a comprehensive programme to develop social emotional skills and wellbeing

- Children between the ages of 4 and 11 who display early signs of social and emotional difficulties are identified and given access to specialist interventions and support

(NICE, 2008)

5.1.3 Further literature on the experiences of children

As can be seen from the current published statistics, educational attainment within the UK appears to be improving. The ONS have commented upon the debate as to whether improvement in exam results relates to better education or a lowering of the benchmarks (ONS, 2004). However, the mental health and emotional wellbeing of children has become of increasing concern in recent years. Whilst government publications such as NICE guidance (2008) and 'Every Child Matters' (HM Government, 2003) cite these statistics, they do not detail the day-to-day experiences of children.

Clare Pointon (2004) proposes a number of sources of the problems and stresses experienced in the 21st century. She highlights the following areas as major sources of stress for children in the UK:

- The breakdown of family attachments and relationships
- Increased external pressures via the media on self-image
- Increase of low income families – precipitated by increase in single parent families
- Greater academic pressures upon children impacting on social and emotional development
- Increased sense of isolation and lack of trusted adult figures

(Pointon, 2004)

Pointon proposes that in order to address these problems children need to be offered a consistent adult figure that they can approach along with containment and support within a structured framework. The importance of the school as a consistent and secure social setting is highlighted as a key place where children might be provided a secure base. Further reforms are suggested outside of the school setting, such as enhancing and strengthening links between services and providing a wide variety of places where children can go for help and support.

Bunker & Ryan (2004) corroborate this view in their report of work in an area of significant social deprivation. They highlight the behavioural consequences of instability and outline the value of arts mediums in enabling self-expression and developing a therapeutic relationship with children.

5.1.4 Summary

Current national statistics show that while children appear to be attaining greater levels of achievement and skills, they are experiencing an increased amount of stress upon their social and emotional development. This in turn, is impacting upon behaviour and mental wellbeing. The UK government has recognised this and has proposed strategies to help to address these issues. However, research by NICE has shown that further investment in services, interventions and research is necessary in order to achieve this. In particular they advocate focussing work on early intervention with children aged 4-7 years.

Counselling literature has outlined the possible benefits of providing emotional support within school settings and the use of the creative arts mediums has been reported as being beneficial within this work.

5.2 Current Music Therapy research relating to work with children in mainstream schools

The literature search revealed a large number of international music therapy papers detailing work within this setting. Refining the search highlighted the wide range of needs that music therapists work to address with children.

The following areas will be examined in detail:

- Categories of work within mainstream schools
- Focus of work internationally and within the UK
- Evidence base of research to date
- Evaluations of the use of music therapy with children
- Methods used within music therapy

5.2.1 Categories of work within mainstream schools

The initial search revealed music therapists working in all aspects of child interventions from areas within Psychiatry and Psychology to Social work and Educational settings. Within mainstream schools, 'normal' mainstream children with mild emotional, behavioural or social problems were the main subject of such work. Research within this category also included the use of music therapy to address behaviour within the classroom, particularly in the USA.

Another prominent area of work was in the integration of children with special educational needs. This was particularly prevalent in Germany and Italy, where government strategies have been towards the integration of children with special educational needs. Interestingly, although the UK has had similar policies in place, no paper specifically referred to integration as an aim of music therapy although a number of papers detailed work with such children.

A large amount of work has been done with refugees by Australian music therapists. Again, the UK has a large refugee population, but the only published work found from the UK was outside of a school setting (Dixon, 2002; Tyler, 2002).

Other areas of work within mainstream schools included work with mainstream children with emotional and/or behavioural problems, children deemed to be 'at risk', bereaved children, and deprived children.

5.2.2 Work within the UK

Although a large number of music therapists in the UK work within educational settings, only 6 published papers were found to outline work within mainstream settings (Butterton, 1993; Darnley-Smith & Patey, 2003; Derrington, 2005; Jenkins, 2005; Strange, 1999; Tyler, 2002). This may be due to music therapists focussing upon reporting the needs of the child rather than the setting. It may also highlight that although work is being done in this area, very little is being researched or published.

Charities such as Kids Company and Coram are known to be working with children from inner cities, some of which is done within mainstream

settings. Music therapy has also been used in Northern Ireland to address the needs of children traumatised by the recent conflicts.

A brief call for responses via the APMT bulletin from UK music therapists working within mainstream settings (March 2008) yielded three individual responses. One of these is in the process of beginning research into a comparison of music therapy with behaviour modification strategies with year 7 boys with emotional, behavioural and social difficulties (email correspondence with author, March 2008). In addition, three papers have been published by UK music therapists discussing the potential of developing music therapy within this area (Bunt, 2003; Robertson, 2000; Woodward, 2000).

Leslie Bunt has proposed in 2003 that music therapists broaden work into addressing the social and emotional needs of mainstream schoolchildren. He proposes a model where music therapists and music educators work together in providing development for musical, emotional and interpersonal skills (Bunt, 2003, p.189). Similarly, Robertson proposes a broadening of the spectrum of work within educational settings (2000, p.41) and argues that music therapy has much more to offer children within mainstream settings. Woodward has responded to this, cautioning that music therapists would require additional music education and teaching skills should music therapists branch more towards enabling children to attain educational goals (2000, p. 97). She also underlines the importance of the therapeutic relationship within music therapy improvisation and questions whether such a process could be easily transferred to the classroom (p. 96).

All three papers highlight the possibilities offered by music therapy within the mainstream classroom. However, Sandra Wilson, when detailing work in Canada, goes further to elaborate the benefits of music therapy to the whole child from social skills, sensory, physical, cognitive and emotional development (Wilson, 1991). She too, reinforces the importance of the therapeutic relationship and argues that targeting behaviour alone within music therapy is not enough to address the needs of children (Wilson, 1991 p.14).

5.2.3 Evidence base of research to date

The vast proportion of music therapy literature papers included in the review were qualitative in nature, detailing case studies or theoretical considerations around clinical practice in this area. As Gold, Wigram and Berger note, the emphasis upon processes within music therapy has resulted in a greater amount of qualitative rather quantitative analyses within the profession (2001, p.17). However 12 of the 57 papers were outcome studies, 10 of which were quantitative in design. A summary of the designs of these studies can be seen in Table 3 (pp 31-35).

The majority of research is from behavioural approaches in the USA. However, there are also outcome studies from Australia and Kenya. Although there are only a few outcome studies, the results cover the range of emotional, cognitive social and behavioural aspects of work with children.

Studies in bereavement and refugees have shown that music therapy can increase emotional awareness and expression with mainstream children. The range of qualitative literature has also shown that music therapy is highly

indicated for use with adolescents, particularly using structured methods and songwriting (McFerran & Hunt, 2008; Hilliard, 2007; Baker & Jones, 2005; Skewes, 2001). Further papers have offered theories as to why music therapy might be so helpful to children when they reach this stage of development (Laiho, 2004, 2005; Estelle, 1990).

Cognitive features were addressed in a study with students with English as a second language (Kennedy & Scott, 2005). Here music was shown to be effective in enhancing the language skills of students and primarily had an educational aim.

Both this study and the studies in behavioural change show that cognitive and behavioural skills can be modified and developed by music therapy. However, the research indicates that skills need to be specifically targeted in the delivery of the music therapy if an effect is to be achieved.

The outcome study for refugees, along with qualitative papers detailing work with special educational needs indicate that music therapy is an effective tool for integrating students from different backgrounds and cultures. However, work with refugees has highlighted the importance of cultural awareness and flexibility in approach (Baker & Jones, 2005; Akombo, 2001). In addition, language differences were reported to be a barrier, although it may be that if a more educational approach was initially taken, such as in Kennedy & Scott's study, these difficulties may have been overcome.

Another area of importance is the need to work as part of a multidisciplinary team to ensure the school understands and supports the music therapy work. McFerran & Hunt report of the initial difficulties of obtaining referrals because of a lack of understanding. Use of a staff focus

group greatly enhanced further music therapy work within the school (McFerran & Hunt, 2008). A number of papers have further outlined ways in which music therapists might work with schools in order to deliver services effectively (Zanchi & Cordoni, 2005; Facchini, 2001; Robertson, 2000; Woodward, 2000; Chester, Holmberg, Lawrence & Thurmond, 1999; Wilson, 1991; Steele, Vaughan & Dolan, 1976).

5.2.4 Music therapy clinical methods

The literature review revealed a wide range of music therapy approaches working with children in mainstream schools. Despite the variation in theoretical approaches, nearly all used a structured method, with many planning the content of music therapy sessions in advance. There were a wide range of activities reported, each relating to the stated aims of therapy. Songwriting was the most cited method and it was shown to be of particular value in work with adolescents and bereaved children. Use of popular forms of music such as rap and music technology also featured in music therapy work, whilst the provision of time for children to share their own music preferences (such as discussion, or bringing in a favoured piece of music) was also discussed as being beneficial. In some cases this music would then be used as a springboard for further active music making.

5.2.5 Summary

The Music Therapy literature has a wide range of published research relating to work with children in mainstream schools. A small proportion of the research were outcome studies, which displayed very similar findings to those reported by Gold, Voracek & Wigram (2004). In particular, the studies included in both this review and that of Gold et al indicate that eclectic, or mixed approaches of music therapy models and theories are particularly effective in addressing music therapy aims. The literature highlights the need for clearly defined individual and group aims with clearly defined clinical interventions and methods to be linked to these. In particular, the literature suggests that sessions should contain a degree of structure and that songwriting and popular music forms can be of particular value. In addition, much has been written about the service delivery of music therapy within mainstream settings. Great care and consideration must be given to the role of music therapy with other specialist child services. In particular, consideration must be given to how a music therapy service might work effectively within the multidisciplinary team and wider structure of educational and specialist children's services.

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Area of work	Author	Country	Age-range	Research Question	Intervention	Design	Primary Outcome Measure	Result
At risk	Goolsby, TM, Frary, RB, Rogers, MM (1974)	USA	5	Effect of background music upon verbalisation of children	Varying levels of recorded music played in school.	4 groups 1. Control 2. Soft 3. Loud 4. Variable During activity and free play	Length and quality of verbalisation – self-report	No significant change in overall responses. Length and quality of verbalisation improved significantly in the loud music group during free play.
Bereavement	Hilliard, R.E. (2007)	USA	5-11	Effect of Orff-based music therapy, social work and wait-list controls on behavioural problems and grief symptoms of bereaved children	Orff-based music therapy	Random assignment of 3 schools to 1. Social work 2. Orff Music Therapy 3. Waitlist control	Behavioural distress: Behavior Rating Index for Children (BRIC) Grief Symptoms: Bereavement Group Questionnaire for Parents and Guardians (BP)	Statistically significant improvement in behaviours and grief symptoms in music therapy. Statistically significant reduction in behaviours but not grief in social work. No significant improvements in wait-list control.
Bereavement	McFerran, K, Hunt, M (2008)	Australia Ireland	13-15	Action research into how music therapy can be used in schools with bereaved young adolescents	Music Therapy	3 Action Research projects in schools	Process based	1. Addressed grief but only after they gained control in some aspect of their lives 2. Difficulties encountered engaging

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								<p>school staff. Positive experience of children but left without further support</p> <p>3. Therapeutic process observed by therapist in group but unable to fully involve students in the action research due to language difficulties and not ready to be considered researchers</p>
Bereavement	Skewes, K (2001)	Australia	13-15	Phenomenological study into experience of Music Therapy for 6 bereaved teenagers	Music Therapy: 1. Warmup 2. Music sharing 3. Group improvisation 4. Music and relaxation	Music Therapist as Participant/Observer plus structured interviews after Music Therapy	Discussion and categorisation of themes from interview	Common themes identified as important to these 6 adolescents from music therapy
Emotional and Behavioral	Montello, L & Coons, EE (1998)	USA	11-14	Effect of active vs passive group music therapy on preadolescents with emotional	Music Therapy presented as school class. Active Music	Parallel Groups. Group: A B C Act Pas Act Pas Act Act	Attention, motivation and hostility on Achenbach Teacher's	Only 2 groups measured at all three time points. Both groups

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				learning and behavioural disorders	Therapy: Tuition, modelling, improvisation Passive Music Therapy: Listening and verbal discussion	Tested for inter-rater reliability Not randomly assigned	Report Form (TRF)	improved significantly. Most sig. change on aggression/hostility. Recommend flexibility of approach with different children.
Emotional	Eidson, C.E. (1989)	USA	11-16	Effect of behavioural music therapy on the generalisation of interpersonal skills from therapy to the classroom by emotionally handicapped middle school students.	1. Music therapy structured to target selected behaviours Token economy, music tuition and performance, group leadership 2. General music therapy	1. Four groups of structured music therapy 2. One group of general Music Therapy 3. One group No treatment control Concordant behavioural strategies also used within classroom. Not randomly assigned	Teacher observation of behaviours	Experimental groups maintained a more stable appropriate behaviour in class than control. Reinforcements provided greater stability of behaviour but behaviour did not decline when reinforcements were withheld. General music therapy students also generalised some behaviours to classroom but were more unstable in behaviour within the music therapy group
Emotional	Haines, J.H. (1989)	USA	11-16	Effect of group music therapy on the self-esteem of emotionally disturbed	Music therapy: Introduction, activities such as call and response, listening,	1. Music Therapy 2. Verbal Therapy Not randomly	Self Esteem using Coopersmith Sef-Esteem Inventory	No significant difference between groups. Report from subjects in the verbal group of

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				adolescents	improvisation with goal objectives. Second stage included encouragement of leadership by subjects.	assigned	No interrater reliability	disappointment for not receiving music therapy – affected motivation in this group.
Mainstream	Kennedy, R. & Scott, A. (2005)	USA	10-12	Effect of music therapy interventions on middle school students English as a second language skills	Music Therapeutic activities	<ol style="list-style-type: none"> 1. Music Therapy 2. No treatment control 	English language story retelling and speaking skills	All students in experimental groups scored significant results higher than control for sort retelling and English speaking skills.
Mainstream	Kim, S, Kverno, K, Lee, EM, Park, JH, Lee, HH, Kim, HL (2006)	Korea	12	Effect of music therapy on promotion of active relationships and self-control to prevent adjustment difficulties	Music Psychotherapy (Thaut – Music therapy followed by psychotherapeutic verbal discussions)	One group – no control	Participant reported change	Members reported at least one positive change that related to possible protective factors against adjustment difficulties
Mainstream	Mead Giles, M., Cogan, D. & Cox, C. (1991)	USA	5-10	Effect of music and art on emotional health and assessment of emotional state	Music listening – (3 types; classical, Disney and new age)and freestyle drawing	<ol style="list-style-type: none"> 5 minutes listened to after recess 2. control drawing without music 3. control no music or drawing 	Child's drawing of emotional state before and after listening to music plus analysis of drawings done throughout the school day by Art therapists	New age and Disney music was most effective in altering mood Drawings may serve as an assessment tool
Mainstream	Steele, A.L. & Jorgenson,	USA	4-5	Study 1: Use of listening	Music listening stations used as a	ABAB in one class	Increased behaviour –	Contingent music increased the

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	H.A. (1971)			stations in classroom with contingencies for desired academic behaviour. Study 2: Use of music to extinguish behaviour of stereotyped hand movements	reward for looking at books in free time. Music listening to reduce stereotypical hand movements in individual child	ABAB with one pupil	observed Reduced behaviour - observed	frequency of reading responses and sustained this over long term. Use of music extinguished behaviour and retained strength as a tool for modification
Refugees	Baker, F. & Jones, C. (2005)	Australia	11-16	Effect of music therapy on stabilising behaviours of refugee students	Eclectic music therapy – included structured activities and improvisation	Crossover design with two groups	Teacher observation using behaviour Assessment System for Children (BASC)	Music making activities more appropriate to start due to limited language abilities. Music therapy had an effect on reducing severity of maladaptive behaviours approaching significance. Significant effects for hyperactivity and aggressions and atypicality. Music therapy allowed refugees to express grief and emotions, explore issues of ethnic identity.

6 CONCLUSION

This paper has reviewed sources of literature from the UK government along with music therapy research in order to help to determine if there is a need for research into the provision of music therapy for children within mainstream schools.

6.1 Needs of children within mainstream school settings

Government reports indicate that school children within the UK are improving in their educational skills. However, due to changes in society, particularly within family dynamics, children are at a greater risk of developing mental health problems. The government have put a strategy in place with the aim of addressing the emotional and social needs of children, particularly within school settings. However NICE guidelines have shown that schools do not yet have the structures in place to do this, nor have there been evaluations of the effectiveness of interventions.

The statistical data suggest that children from low socio-economic backgrounds are at an increased risk of mental illness, poorer educational attainment and school absenteeism. Areas with high levels of socio-economic deprivation are within inner-cities, with London having three of the highest areas of child poverty within the UK.

6.2 Music therapy research in mainstream schools

This review indicates that there is a need for work with children within mainstream schools. The music therapy literature indicates that music

therapy is well-placed to be an effective intervention in this area. However, evidence of music therapy's effectiveness is sparse and there have not to date, been any outcome studies conducted within the UK.

Anecdotal evidence suggests that a large number of UK music therapists are working within mainstream schools and at least one research project is being designed. However, if music therapy is to be considered a valid intervention for meeting the emotional and social needs of schoolchildren, further research needs to be done.

6.3 Implications for future research

Implications for future research have been considered in the review of music therapy literature. These will now be outlined in relation to the research design.

Delivery of music therapy

In order to ascertain whether current practices could meet the needs of mainstream schoolchildren it will be necessary to conduct a pilot study. This enables the strengths and weaknesses of the research design to be evaluated and modified before any larger-scale study begins. Music therapists within the UK are trained to work with a psychodynamic and/or humanistic approach. They will often approach a therapy session with a range of possible activities to include and will have a brief outline of a session structure, but will tailor the activities in-between to cater for what is presented in the session on that particular day. As songwriting and musical preference discussion have been highlighted as helpful in the literature, it would be of great benefit for the music therapist to bear these approaches in mind. However, the first step is to

evaluate music therapy as currently practised in order to provide a foundation for any later refinement.

Involvement of other professionals

Music therapists recognise the importance of working within a multidisciplinary team. This includes all members of staff involved in the direct care of the client and would include the school teachers, any outside specialist staff (such as educational psychologists or school counsellors) and parents.

Selection of target group

Although recommendations have been made to target the 4-7 age group (NICE, 2008), statistical data suggest that there are already current concerns for children in the 10-14 age group. This age group are at an increased risk of absenteeism, and may already display the beginnings of later problems which could then be evaluated. Ideally, a long-term study could evaluate any preventative effect of music therapy over time and ascertain whether music therapy results in any long-term changes

One way of identifying children at risk would be to focus upon school non-attenders. These children could be easily identified from school attendance records and would not require any complex screening. However, many other children may display emotional or behavioural problems within the classroom and these might require selection by the use of standardised psychological tests. Another possible criterion for selection could be by socio-economic background. This may be achieved by basing the study in an area of high child poverty (which can be done from postcode data) or by looking at family household income.

Research design

There is an emphasis on quantitative outcome research as a gold standard for evidence that an intervention works. Whilst randomised controlled trials are able to efficiently identify the effects of a pharmaceutical product they do not easily transfer to the evaluation of a therapeutic approach. However, it is possible to use quantitative evaluations for music therapy. This said, much can be learned from the intermediary processes and so therefore a mixed methods design would be of most benefit. This will ensure that the data provided is relevant in terms of both commissioning services and providing valuable music therapy specific information that can inform practice.

Most published music therapy randomised controlled trials to date have used a single treatment group and control. Use of a wait-list control would ensure that no participant is denied any possibly helpful treatment and would provide a further comparison to the first treatment group.

By focusing research in more than one location, dynamics within the school can be accounted for. However, logistically it may be advantageous to keep participants of a single group from one single school to ease access to participants and communication with staff.

Standardised measures

There are a number of standardised psychological measures for children that may be of use in this study. These are:

Vineland adaptive behaviour scale; provides a measure of communication, daily living skills, social, motor and maladaptive behaviour, although this was designed with assessment of developmental delay and mental disability in mind.

Behavior Rating Index for Children (BRIC); A 13-item summated category partition scale that measures behavioural problems in children

Stanford Binet; Measures cognitive ability in children

Further measures include the emotional literacy test, the Insight Primary (a test of self-esteem and sense of self) and the Joseph Picture self concept scale, which is used to identify children at risk of later academic and behavioural problems. All these scales are well-validated for reliability and generalisability and are used by educational psychologists.

Summary

Given that music therapy is process based, it is important that qualitative variables are not overlooked when conducting research. However, standardised measures will need to be employed if the research is to be applied to, and compared with other school interventions, along with clearly defined aims. A mixed methods design would enable both these aspects to be addressed, whilst longer term follow-ups could assess the impact of music therapy throughout the development of the child. Consideration should also be given to the experience of the child during music therapy and the impact and subjective impact upon parents and teachers.

The music therapy literature shows that work is already being done with children in mainstream settings and suggests that music therapy might be employed to meet the social, emotional, behavioural and cognitive needs of children. There is a current need for such an intervention within mainstream

schools in the UK and with further research music therapy might therefore be an effective intervention to meet this need.

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