

**Exploring Group Creative Music Therapy as a means to promote social skills in
six and seven year old children diagnosed with Attention Deficit Hyperactivity
Disorder**

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Abstract

Attention Deficit Hyperactivity Disorder (ADHD), the current diagnostic label for children and adults presenting with significant problems with attention, impulsivity and excessive activity is one of the most prevalent childhood psychiatric disorders (Barkley, 2014:3). This qualitative research study, situated at a school for children with ADHD, explores how involvement in Group Creative Music Therapy can promote social skills in six and seven year old children diagnosed with Attention Deficit Hyperactivity Disorder. Four weekly music therapy sessions were conducted with one class consisting of 10 students in the second grade. The class teacher was interviewed prior to and after the music therapy process and attended all music therapy sessions. An interesting component of this research was that the teacher was a music teacher who already had a wealth of experience of using music in her own life and with her classroom. The research data included interviews as well as video excerpts showing interaction between the children during music therapy sessions.

The findings from the qualitative analysis of interview transcripts and video excerpts indicate firstly the value of music itself as a tool for promoting social skills. There were also many similarities between how the teacher and music therapist used music to benefit children socially, such as exposing the children to music from different cultures or using turn-taking or movement activities to encourage the children to work together. Secondly, this study also highlights the differences between the work of music therapists and music educators. The main differences include the distinctive aims, particularly in this study where the music therapist's aim was the development of social skills and the teacher's aim was music education - with social influences as an added benefit to the educational process. Based on their aims, music therapists and music teachers use alternate methods and ways of managing and drawing children in. The findings show how music therapy can influence the development of social skills in children with ADHD - as the music therapist uses specific clinical skills to help children engage freely and spontaneously with others, while also offering them new experiences of themselves and one another. Therefore, the findings also show helpful complementary relationships between music therapists and teachers, as music therapists can help teachers use tools and techniques from music therapy in their classes and teachers can also suggest certain music for therapists to utilise in therapy sessions. This study strongly advocates

for both music education and music therapy, as the findings indicate that both fields are beneficial for this client group.

KEYWORDS:

Attention Deficit Hyperactivity Disorder

Music Therapy

Group Creative Music Therapy

Social skills

Music Therapy for first and second graders

Group Music Therapy

Music Teacher

Music Therapy as a complementary approach

Music Education

Social Interaction

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Chapter 1

Introduction

1.1 Background and context

Attention Deficit Hyperactivity Disorder (ADHD) is diagnosed in children and adults worldwide. ADHD is one of the most prevalent childhood psychiatric disorders and continues to be the current diagnostic label for children and adults presenting with significant problems with attention, impulsivity and excessive activity (Barkley, 2014:3). The combination of impulsivity, immaturity, difficulty reading social cues of others, hyperactivity, lack of social awareness, inattention and under-developed listening skills experienced by individuals with ADHD, further impacts the ability to form meaningful peer relationships.

It is essential to recognise the negative social and academic implications, pain, suffering and reduced quality of life experienced by many children with ADHD. The establishment of positive peer relationships early on, specifically in children ages six or seven (first grade), may enable children diagnosed with ADHD to participate in meaningful interactions and form longer term friendships with other children (Rubin, Bukowski, & Parker, 1998), thus preventing further relationship issues in adolescence and adulthood. From my own personal experience of being diagnosed with ADHD at an early age, I had to overcome a number of difficulties related to this disorder. Learning an instrument at an early age and being involved in music activities where I could connect with other children, served as a major source of support for me socially.

From an early age my involvement in music activities helped empower me to connect with people in a deeper and meaningful way. Creating music together with other people required me to listen, wait my turn, cooperate and contribute something unique to a group whilst experiencing the importance of the cooperation and contributions of all group members. In my experience, making music with others through improvisation and songwriting is an active, authentic and shared social experience, which can develop and nurture relationships between people. My guitar playing and songwriting have also allowed me to channel my energy and creativity, and are very therapeutic for me. They

have also helped to build my self-esteem as I experienced my musical contributions as having meaning within relationships. My experiences and interests in music have extended from guitar playing into my personal and academic life in a number of ways. My involvement in music activities such as band, jazz choirs and musical productions significantly increased my self-confidence, friendships and social networking opportunities throughout primary school, high school and university. Music and songwriting groups created opportunities for me to engage with like-minded peers and helped me find innovative ways of expressing myself. My involvement in music also developed my self-identity and self-esteem by allowing me to audition for and participate in a variety of specialised school courses and unique opportunities throughout my academic career. Today my guitar playing, singing and songwriting still serve as critical coping mechanisms for me during challenging life moments.

I have conducted music therapy groups since 2014 at schools such as the Gateway School and Star Academy in Johannesburg, where a number of children are diagnosed with learning difficulties and disorders such as ADHD. Working with these children has led me to experience the social impact of music therapy and has further increased my interest in this study. Most schools employ music teachers or have teachers who use music in the classroom. While participation in music for learning or enjoyment can enhance social relationships, music therapy's specific focus on these aspects appeared to me, to more strongly develop these specific skills in social situations. In addition, skills within music therapy can be generalized into the classroom setting.

As a music therapist working with groups of children I am trained to adapt and flexibly make use of music techniques in order to include all children into a shared musical experience, regardless of any disorders that may impact their ability to engage socially through music. I have been trained to focus on the clients abilities, no matter how limited they may be. I have noticed that children respond to music therapy in a positive way, especially in terms of connecting to their peers and building relationships. Skills that I have seen children learn in music therapy can be generalized to situations beyond the therapy space, similarly to how my own positive experiences of making music and building relationships with others through music, impacted my relationships beyond the music-making environment. Therefore, I felt this study would help deepen my exploration of the value of music therapy with children with ADHD specifically. As there is currently

limited literature addressing social skills and ADHD, particularly in terms of a focus on how these skills are transferred beyond the therapy context. This research would be of value as a means of promoting music therapy within this context.

1.2 Research aim

This study aims to explore how involvement in Group Creative Music Therapy can promote social skills in six and seven year old children diagnosed with Attention Deficit Hyperactivity Disorder. I want to explore how the process of music-making together with other children helps to develop social skills amongst group members within the therapy process, as well as finding out whether these skills are transferred to the classroom.

1.3 Research questions

The main research question guiding this study is, therefore:

How can involvement in Group Creative Music Therapy promote social skills in six and seven year old children diagnosed with Attention Deficit Hyperactivity Disorder?

Sub Questions:

- 1- How can Group Creative Music Therapy aid in the development of social skills including impulse control, improved attention and increased social awareness in children diagnosed with ADHD?

- 2- How do the teachers experience the influence of Group Creative Music Therapy sessions on the social skills of children diagnosed with ADHD?

Chapter 2

Literature review

2.1 Introduction

According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Attention-Deficit/Hyperactivity Disorder is a “persistent pattern of in-attention and/or hyperactivity-impulsivity that interferes with functioning and development” (American Psychiatric Association, 2013:59). The literature review will focus on a discussion of the social implications of ADHD and argue how music therapy can address the struggles children face in adapting to social norms, thus promoting the value of the music therapy approach for work with this particular client group.

2.2 Attention Deficit Hyper Activity Disorder

There are currently no known causes of ADHD although there are a number of theories about the contributory factors for developing ADHD (Sadock, Sadock & Ruiz, 2015) including neurological and hereditary factors (Mash, 2006).

According to Sadock, Sadock and Ruiz (2015), although the onset of ADHD is usually in early childhood, the diagnosis is generally made in elementary school in a formal learning environment where structured behaviour patterns, including attention span and concentration, are observed. To meet the diagnostic criteria in the DSM-V the disorder must be present for at least 6 months, within two or more contexts, such as at school and at home; cause impairment in academic or social functioning; and several of the symptoms must occur before the age of 12 years (Sadock et al. 2015). I have chosen to conduct my research specifically with first and second graders, as these first years of formal schooling are often the first years that ADHD can be formally diagnosed and are known to be a vulnerable time socially for children.

During the preschool years children are usually placed in a relatively open and informal learning environment where peer interactions are established primarily through play activities predominantly involving dyadic interactions (Rubin & Bukowski, 2011). As

children transition into grade school, they move into a more organized elementary classroom where they are required to learn formal behaviour patterns that will enable them to succeed academically and socially throughout their school years and beyond. Peer interactions and social behaviours in grade school become more highly organized and complex, and involve more rule-oriented games that may include groups of children or an entire classroom (Rubin & Bukowski, 2011). Therefore first and second grade are a particularly important time to address any issues impacting on social skills. The classroom is also the social group, which is developmentally most meaningful and appropriate for this age group (Rubin & Bukowski, 2011). Children's social interactions also start to become less closely supervised by parents and teachers during these first formal years of schooling (Rubin, Bukowski & Parker, 1998:592).

2.3 Social difficulties in children diagnosed with Attention Deficit Hyperactivity Disorder and implications

The DSM-V lists three subtypes of ADHD, which include a predominantly inattentive type, a predominantly hyperactive-impulsive type, and a combined type (American Psychiatric Association, 2013). Mikami et al. (2007) have done research suggesting that children with different sub-types reflect different behaviours that lead to social skills differences among the various Attention-Deficit/Hyperactivity Disorder types. Children diagnosed with ADHD-Hyperactive Type (ADHD-H) and ADHD-Combined Type (ADHD-C), tend to display disruptive, aggressive behaviours, which may contribute to their peer rejection (Mikami et al. 2007). Growing evidence suggests that children with ADHD-Inattentive Type (ADHD-I) display passive and withdrawn behaviour, which may lead to peer neglect (Mikami et al. 2007).

Inattention can contribute to children having difficulty following conversations, picking up on subtle social cues, adjusting to transitions or engaging and withdrawing from peers at the appropriate time (Matson, 2009:169). Hyperactive and impulsive behaviours contribute to difficulties waiting in line or waiting one's turn in an activity, which may disrupt peer relationships. Impulsivity also results in children with ADHD interrupting and intruding into conversations (Matson, 2009:169). These children often have difficulty managing their emotions to the point where they are sometimes verbally or physically

aggressive to others. Children with ADHD have difficulty sustaining associative and cooperative play, have difficulty transitioning between activities and demonstrate increased disruptive behaviours (Cordier, Bundy, Hocking & Einfeld, 2010:191). As a result children with ADHD appear to have profound difficulties in forming relationships with their peers, even after only brief interactions (Matson, 2009:172). It follows that children diagnosed with ADHD are excluded from social networks with peers who do not have ADHD, seem to have fewer friends than their non-ADHD peers, tend to choose other ADHD youths as friends and may find reinforcement for their negative behaviours among similar more troublesome peers (Hinshaw & Melnick, 1995; Hubbard & Newcomb, 1991; Bagwell, Molina, Pelham & Hoza, 2001).

As a result of their difficulties in childhood friendships, youths with ADHD may not develop skills that are critical for maintaining friendships in adolescence (Bagwell, Molina, Pelham & Hoza, 2001). Peer rejection and ADHD each independently predict problems later in life such as depression and suicide, substance abuse, school dropout and academic failure, juvenile delinquency, adult criminality, and lower job attainment (Mannuzza & Klein, 2000; Parker, Rubin, Price, & DeRosier, 1995). Poor social skills and peer rejection may also be major mediators of the relationship between ADHD and negative long-term outcomes (Marshall, Molina, & Pelham, 2003). Mannuzza and Klein (2000) conducted a study to trace the developmental course of ADHD from childhood to adulthood. The study stresses that the high frequency of social dysfunction in children diagnosed with ADHD should be of concern, as these deficits continue later into these children's lives. Children with ADHD, who later engage in delinquent behaviour, are at increased risk for problems such as chronic antisocial behaviour and drug abuse (Gittelman, Mannuzza, Shenker & Bonagura, 1985; Moffitt, 1990). These findings suggest that there is a strong association between ADHD and peer rejection in childhood and the stability of peer rejection over time (Bagwell, Molina, Pelham & Hoza, 2001). One of the biggest concerns of leaving interventions till later in a child's life is that the risk for later social difficulties has the potential to increase over time. First and second grade are usually a child's first transition into a formal school environment. It is therefore an optimal time to intervene, whether to reduce detrimental behaviours or increase pro-social behaviours, before negative behaviours and accompanying reputations develop into permanent patterns, which may follow them through many years of school (Ladd & Price, 1987; Webster-Stratton & Reid, 2004).

Webster-Stratton and Reid (2004) explain that socially competent children are more academically successful. Poor social skills may also be a strong predictor of academic failure (Webster-Stratton & Reid, 2004). A 5-year longitudinal study by Mikami and Hinshaw (2006) examined both the risk and resilience factors of peer rejection and attention-deficit/hyperactivity disorder (ADHD) of 209 ethnically and socioeconomically diverse girls aged 6–13 at baseline and 11–18 at follow-up. The risk factors were an ADHD diagnosis and childhood peer rejection. The results of the study found that girls with ADHD and peer rejection, relative to those without these factors, were at high risk for a wide variety of psychopathology later in adolescence (Mikami & Hinshaw, 2006). These findings suggest that poor adjustment increases if children diagnosed with ADHD are also rejected by their peers (Greene, Biederman, Faraone, Sienna & Garcia-Jetton, 1997; Mikami & Hinshaw, 2006). Collectively, these findings demonstrate the importance of developing interventions at a young age to encourage social competence among children with ADHD (Matson, 2009).

ADHD is more prevalent in boys than in girls, with the ratio ranging from 3 to 1 to as much as 5 to 1. There are only a few studies that specifically address girls with ADHD. However, in these studies it appears that they have as many social skill deficits as boys (Biederman et al., 2005; Carlson, Tamm & Gaub, 1997; Greene, Biederman, Faraone, Monuteaux, Mick, DuPre & Goring, 2001). Given that hyperactive behaviour is more 'socially acceptable' in boys than in girls, some research suggests that ADHD symptoms may have an even bigger impact on girls' social status (Carlson et al., 1997; Ohan & Johnston, 2007). Even though boys and girls may exhibit different social difficulties the development of social skills would be essentially beneficial for both. Therefore, even though the disorder seems to be more common in boys, my research will focus on working with both boys and girls diagnosed with ADHD.

Interventions that help strengthen a child's capacity to manage their emotions and behaviour and help them develop meaningful friendships may serve an important projective function for school success (Webster-Stratton & Reid, 2004). It will therefore be beneficial to offer these children assistance or additional support in developing healthy social skills.

2.4 Current interventions for children diagnosed with Attention Deficit Hyperactivity Disorder

Currently, one of the main treatments for ADHD is stimulant medication. Stimulants aim to reduce over-activity, distractibility, impulsiveness, explosiveness and irritability in patients diagnosed with ADHD (Sadock et al. 2015). These medications are generally prescribed to be effective during school hours, so that children with ADHD can attend to school tasks (Sadock et al. 2015). These medications have common side effects, which include headaches, stomach aches, nausea and insomnia (Sadock et al. 2015). Whilst there are changes - as a less active child may be better able to focus on relationships - the medication does not lessen other characteristics of the disorder such as the struggle to develop positive social and peer relationship skills (Sadock et al. 2015). This emphasizes the importance of alternative interventions to work alongside medication.

Other than medication, the most common interventions for children with ADHD are individual psychotherapy (commonly cognitive behavioural therapy) and behaviour modification techniques (Sadock, Sadock & Ruiz, 2015). Cognitive behavioural therapy may involve the therapist teaching the child social skills such as waiting ones turn, sharing, learning how to read facial expressions and the tone of voice of others (The National Institute of Mental Health, 2016). Behaviour modification interventions focus on ways to deal with immediate issues. The aim is to change or improve the child's behaviour by utilizing techniques such as positive and negative reinforcement, and punishment (Hodgson, Hutchinson, & Denson, 2014).

Although medication is shown to have the greatest effect on the reduction of some symptoms in children with ADHD, appropriate use of behavioural interventions can reduce the dose of medication needed (MTA Cooperative Group, 1999). A significant finding from the Multimodal Treatment Approach Study (1999) was that, parents of children diagnosed with ADHD were twice as likely to report strong satisfaction with behavioural interventions, either alone or in combination with medication, rather than medication alone. These interventions have shown to be effective for reducing some of the main symptoms of ADHD, however their effectiveness for increasing children's social competence is significantly less conclusive (Matson, 2009).

Marilyn Wedge (2015) argues that in countries such as France ADHD is viewed as a condition that has psychosocial and situational causes rather than biological. Wedge (2015) explains that French psychiatrists prefer to treat the underlying problems such as the individual's social context with psychotherapy or family counselling. Wedge (2015) believes that not only medical, but also cultural and societal factors need to enter into our understanding of ADHD. Wedge (2015:9) describes a number of case studies in her book and explains that children with ADHD often tend to think "outside the box" and require novelty and challenges within the classroom curriculum. Even though this professional opinion is controversial it highlights the need for alternate treatment methods that can address the psychosocial needs of those diagnosed with ADHD both within and outside the classroom.

The most effective interventions for addressing social skills difficulties in children with ADHD are multimodal (Rief, 2005). Group therapy aimed at refining social skills as well as increasing self-esteem and a sense of achievement may be very beneficial for children diagnosed with ADHD who have difficulties functioning in group settings, especially in school settings (Sadock, Sadock & Ruiz, 2015).

There are a variety of multimodal treatment interventions spanning different areas of therapy and teaching aimed at addressing ADHD and social skills. Hansen, Meissler and Ovens (2000) examined a group play therapy model designed for youth that present with ADHD. The model named the 'Kids Together Program' was comprised of nine to fifteen-weeks of topic-focused and process oriented sessions that utilised both play therapy and expressive arts. The research demonstrated a positive impact showing a significant increase in self-esteem, which ultimately allowed for increased positive social behaviour (Hansen, Meissler & Ovens, 2000:210). The study also highlighted the potential benefits of a multimodal treatment approach and group treatment.

Another treatment approach by Gronlund, Renck and Weibull (2005) explored the use of short-term drama/movement therapy in a pilot study with two six-year-old boys with symptoms related to ADHD. The drama/movement therapy consisted of ten forty-minute sessions, which took place once a week across a period of three months. As the study only involved two subjects it could only generate a hypothesis and suggestions for research (Gronlund, et al., 2005:81). The study however did suggest that short-term

dance therapy treatment in a paired group setting might produce positive results as the parents of both boys noticed positive changes in the boys' behaviours and social interactions.

According to Henley (1998:2) art therapy, can also offer particular socialization benefits to children with ADHD. In his paper *'Art Therapy In A Socialization Program For Children With Attention Deficit Hyperactivity Disorder'* he describes how art therapy can be used within a multimodal integrated socialization program that features expressive art therapies in conjunction with behavioural, cognitive, psychodynamic and medical interventions. Malchiodi (2012:195) suggests that due to the myriad of complications experienced by children with ADHD, art therapy is most useful when combined with other treatment methods such as psychiatric observation, psychological testing, individual and/or group therapy and educational support.

These studies and their suggestions emphasize the need for innovative and multimodal social interventions for children diagnosed with ADHD. As suggested by the Marilyn Wedge (2015) paper children diagnosed with ADHD not only need therapies that can limit behaviours that impede the development of healthy peer relationships, but also therapies that enable the expression and exploration of creative means of interacting and self-expression within a structured environment. Music therapy as a creative, yet structured social activity can be of particular value for these children.

The following section will explore the value of music therapy for addressing social skills in first and second grade students diagnosed with ADHD.

2.5 Music Therapy

In today's culture, music serves a variety of functions. Music can influence specific aspects of behaviour, affect and cognition (Gooding, 2010). Listening to and making music has been used effectively to focus attention, structure and/or reinforce learning, increase awareness and promote social interaction (Standley, 1996). Hallam (2010:2) explains that music is enjoyable and participating in group music making may promote friendships, self-confidence, a sense of belonging, and teamwork and collaboration. In a meta-analysis by Standley (1996) on the effects of music as reinforcement for education/therapy objectives, music proved to be highly effective to reinforce and

motivate towards educational objectives and therapy goals. This implies that music making in schools has particular significance to music therapists and educators as music may reinforce academic achievement and increase positive social behaviours.

Bruscia (1998) attempts to link together the many definitions of music therapy by describing music therapy as “a systematic process of intervention wherein the therapist helps the client to promote health, using musical experiences and the relationships that develop through them as dynamic forces of change” (Bruscia, 1998:20). There are a variety of different music therapy approaches determined by the philosophy of the therapist, the client population, place and context (Wigram, Pedersen & Bonde, 2002:30).

People “make and experience music because we have bodies, which have pulses and tones, tensions and resolutions, phrasing of actions, bursts of intensity, repetitions and development” all qualities that are inherent in music (Ansdell, 1995:8). This ‘music’ within our bodies is intrinsic and serves as a form of communication (Ansdell, 1995:8). The term used to describe this intrinsic musical nature of human interaction is ‘Communicative Musicality’ (Malloch & Trevarthen, 2008). Nordoff and Robbins (1977) the founders of the approach known as Creative Music Therapy explain that an innate sensitivity to music is inborn in every child. The expression they use to describe this is “the Music Child”. This reference describes the individualized musicality within all people and it also refers to the universality of musical sensitivity (Etkin, 1999:1).

In Creative Music Therapy, music-making serves as the primary medium or agent for therapeutic change, applying a very direct influence on the client’s health (Bruscia, 1998). Central to Creative Music Therapy is the use of musical improvisation with a clinical intention to connect the client and therapist, provide a means of communication and self-expression, while also effecting change and the realization of potential (Etkin, 1999:155).

According to Pavlicevic a music therapist’s work is about learning to listen, in a multi-layered way to the client in the music therapy room (Pavlicevic, 2003:27). A music therapist is trained to listen for and to address the “lack of cohesion, rigidity or fragmentation that may be the result of neurological, psychological, emotional, or social dysfunction, disability or disorder” (Pavlicevic, 2003:191) that is presented through the

client's musical expressions. The act of making music together can also engender new experiences and feelings within the clients (Robarts, 2006:264). When a therapist responds to a child's music, she 'times' her music to fit in with his music, through a process that can be defined as interactional synchrony. Studies on interactional synchrony show that we are born with an ability to engage in rhythmically coordinated interpersonal interaction (Trevarthen, 1974). There are however some individuals that struggle to synchronize or find the *groove*; this is when the presence of a trained music therapist is important (Pavlicevic, 2003:115). The music itself can help clients develop a capacity for relationships and can be used to work directly with the feelings or emotions they bring to therapy sessions. This process can also be seen in a group setting such as when a child makes music in a group and other children in the group respond to that child's music in a similar way.

In most music therapy interventions it is essential for the therapist to provide a reliable, safe and contained 'holding' environment for clients to come into (Wigram, Pedersen, & Bonde, 2002:82). Aldridge (1996:216) explains that music therapy interaction is not limited or obstructed by a client's condition, the music rather enables them to "explore and express their being in the world", that is to recreate their identity through music. Therefore, when making music in music therapy, children with ADHD can participate, be included and offer meaningful contributions, despite their struggles to do this in other areas of their lives. These concepts help explain how making music with others in a group can elicit social sensitivity and bonding between the individuals (Pavlicevic, 2003:186).

2.6 Group Creative Music Therapy and Social Skills

Ansdell and Pavlicevic (2005) coined the term 'collaborative musicking' to build on, and extend, on the notion of communicative musicality described earlier, towards a social and collective context. 'Collaborative musicking' addresses the link between the musical and social development within a group, which is essential to the group's progress overall. If we return to the notion of interactional synchrony and apply this within a group therapy setting, not only do the therapist and client attune to one another, but members of the group also become 'entrained' to one another. *Entrainment* is a term used to describe the synchronization of two or more independent rhythmic cycles interacting with

each other (Clayton, 2012:49). This promotes a powerful sense of belonging or a sense that individuals are moving and being together.

Nicholls (2002:231) explains situations where clients who function quite well in an individual setting struggle considerably in a group therapy setting. This is often the case for children with poor social skills. Group therapy may be the ideal setting to help these individuals in their search of 'healthier' ways of relating to others (Nicholls, 2002:233).

Group therapy in general, if conducted effectively, can offer a trained therapist an opportunity to observe how clients interact with other individuals. If the group is conducted in such a way that allows for natural social interactions to occur it allows authentic characteristics, personality traits and behaviours to show through (Yalom, 1995:44). This allows the trained therapist an important opportunity to understand the dynamics of each individual's behaviour. In a verbal therapy group once the therapist is able to identify problematic behaviours he/she can then present them to the group and have them address the issues constructively.

In music groups both positive and problematic behaviours can present themselves in musical interactions. When making music together "we present ourselves and our capacities for human relationships (rather than only our musical skills)" (Pavlicevic, 2003:190). Pavlicevic (2003:68) suggests that music can create a social space that can generate social inclusion or social exclusion. Making music together is therefore also about creating and sustaining relationships by giving emotional, relational and social meaning to the act of being together in music (Pavlicevic, 2003). Music-making addresses each person as a whole - simultaneously exhibiting strengths and potentials of individuals which can also be reflected in the group - and may become agents for enabling more positive social interactions. An important behaviour trait may appear in a musical interaction that may be difficult to identify in a verbal interaction. Relating to others musically in a group therapy setting can also be easier and less frightening than verbal communication (Nicholls, 2002:233).

A music therapist is trained to recognise the qualities of energy, intensity and tempo within all members of a therapy group. The music therapist is concerned with the synchrony of the entire group, and involving those whether musical or not who struggle

to attune to the others in the group (Pavlicevic, 2003:115). In Group Creative Music Therapy the therapist attunes to each client's energy, carefully timing and changing the music so that all are included.

As explained by MacDonald, Kreutz and Mitchell (2012:201), the music therapist accounts for every member in the group by acting as a participant and actively engaging each member of the group. The music therapist carefully matches the group's energy and the flow and vitality of individual group members, making it possible for various people to contribute to the group process in their own way and at their own pace (MacDonald, Kreutz, Mitchell, 2012:201). The music therapist is not just a music facilitator but also a collaborator with the participants and the music itself, enabling the music to create the experience of being together. According to Pavlicevic (2006:8) the group is a distinct entity or phenomenon and the musical experience is not isolated from the social experience.

Group Creative Music Therapy interventions are designed to address the specific needs of the group as a whole (Nordoff & Robbins, 1977). This form of therapy may therefore be a valuable intervention to help address social difficulties in a group setting for children diagnosed with ADHD. It may also offer children a sense of belonging that many may not experience outside of the therapy space.

2.7 Group Music Therapy interventions for children diagnosed with ADHD and other learning disabilities

There are a number of studies affirming the value of group music therapy for children diagnosed with learning disabilities and ADHD specifically.

A research study by Steele (1984) explored behavioural music therapy interventions for children diagnosed with learning disabilities. The study describes how experiences in music are designed to motivate participation as well as to elicit age-appropriate behaviour (Steele, 1984:2). The study sample included a small group music therapy program of five children; each with a learning disability and a reputation of unsatisfactory group behaviour, and a sixth child who was visually impaired but exhibited similar symptoms (Steele, 1984:5). The children ranged in ages from seven to eleven years old

and there were five boys and one girl (Steele, 1984:5). The intervention included a behavioural therapy approach with a sequential program of musical development. The direction of the intervention was determined in light of assessments by psychologists or learning disability specialists and a music therapist. Both individual and group interventions were conducted (Steele, 1984:5). In individual music therapy sessions both behavioural objectives and musical objectives were selected for each individual child. In the small group program the students were divided into smaller groups of twos and threes and were given the task of working independent of immediate adult supervision (Steele, 1984:5).

There were a number of music therapy techniques included in the sessions. For example during some of the sessions individuals were selected to provide rhythmic accompaniment on percussion instruments for group singing. Basic rhythmic notation was taught to the students and students were also taught to read c' to a' notation and performed simple melodies. Students were also responsible for producing poems related to themes, were selected to lead group activities and participated in live performances. Personal objectives were created for each student such as (ignore mild peer teasing; or express disagreement appropriately). Parents were also coached on how to reinforce these responses at home. During the music therapy sessions each individual's achievements were given group recognition and the student's responded positively to this procedure (Steele, 1984:5). This study was situated within a cognitive behavioural framework, thus perhaps not including opportunities for free musical expression, exploration and interaction - which might more closely resemble the development of relationships beyond a structured environment. Her study however highlights how music therapy may have something unique to offer students with learning disabilities.

In a study of two class teachers' experiences of group music therapy for intellectually impaired learners between the ages of 10 - 14 years in Namibia, Strydom (2011) describes how the teachers participating in her study "experienced music therapy as a creative medium through which each learner was given an opportunity to apply abilities which are not only based on academic tasks, behaviour or skill-based goals" (Strydom, 2011:55). One of the teacher participants "recognised that the learners' social skills improved during music therapy because learners got to know each other better as they were required to listen to each other during activities" (Strydom, 2011:47). Strydom

(2011:49) further describes how one of the teacher's also "pointed out that social skills of learners could be expanded through interaction during group music-making."

A pilot study by Rickson and Watkins (2003) was undertaken to investigate whether music therapy is effective in promoting pro-social behaviours in aggressive adolescent boys who have social, emotional, and learning difficulties, including ADHD. In this study the music therapist used a client-centred humanistic model of psychotherapy so the activities were flexible based on clients responses. (Rickson & Watkins, 2003:288). In the early sessions the therapist provided a clear structure and in the later sessions she gradually invited the clients to take on more responsibility in the creative expression (Rickson & Watkins, 2003:288). The therapist used songwriting techniques and encouraged the clients to bring in their own music preferences in order to try and increase students' awareness of self and others (Rickson & Watkins, 2003: 288). The therapist also used rhythm-based activities and games where the clients were encouraged to 'solo' as well as support their peers' musical expressions (Rickson & Watkins, 2003: 288). The study suggests that a music therapy program might help to increase an individual's awareness of the existence and feelings of others and to assist in the development of positive relationships with peers (Rickson & Watkins, 2003:298). This research also suggests that the music therapy group was a positive environment for these adolescent boys, and the motivation to be involved enabled them, to a certain extent, to regulate and manage their own behaviour (Rickson & Watkins, 2003:297). The trends found in the research suggest that rhythm activities may facilitate internal organization and help with impulse control in boys who are able to attend to the stimuli (Rickson & Watkins, 2003:298). Furthermore, skills learned in a clinical setting might be transferred to other environments (Rickson & Watkins, 2003:298). The authors suggest more in-depth study is needed for assessing music therapy outcomes and to provide support for the effectiveness of music therapy for this type of population (Rickson & Watkins, 2003:300).

Hibben (1991) conducted a study with a classroom of eight 6-8 year old children described as having ADHD. In twice weekly half-hour sessions over a year, the therapist used active music making and movement to engage the group in interactive play, with the goal of developing intimacy and cohesion in the group. There were a total of 59 music therapy sessions. Hibben (1991) utilised developmental stage theory as the

framework for the study for anticipating group interactions and evaluating individual progress. Key findings from the research described how “music acted as a structure for the group activity; the music provided boundaries in time such as repetition and closure, allowing the children to experiment safely within” (Hibben, 1991:187). Hibben (1991) describes how the participants entered into a type of social contract through shared music-making and were rewarded by the music itself. The children experienced greater intimacy, sharing and expression of feelings (Hibben, 1991:186).

Although these studies explore the value of group music therapy for children diagnosed with learning disabilities, none have accounted specifically for the transfer of what happened in the therapy sessions into the classroom setting – which will be one of the focuses of my study. As in Hibben’s (1991) study I will also be working with a mixed group of both boys and girls together from different racial and economic backgrounds. An important factor of my research is that it will be conducted within the South African context.

South Africa’s history is embedded with a number of unique social and political factors. The South African context is distinct in its “universal human story of cooperation, conflict, reconciliation, and learning to live together” (Frankental & Owen, 2005:XVII). Our history of segregation increases social separation and struggles to relate between cultures and races and this needs to be accounted for in therapy groups. Incorporated into this, South Africans have a strong culture of music-making, which can either divide or draw together groups of people. As a context sensitive therapist, I will need to carefully navigate these factors.

My research will also involve working with a whole classroom in partnership with the teacher in order to try and integrate music therapy into the schools current program. While Hibben (1991) also worked with a classroom and two teachers the main role of the teachers was instructional in nature in order to manage explosive behaviours. In my research the teacher will play an integral part in the sessions as an active participant. The teacher will be encouraged to integrate some of the techniques or ideas drawn from the music therapy process into his/her classroom. This emphasis on the transfer of what happens in music therapy to the classroom will demonstrate the benefits of music therapy as complementary to a pedagogical context.

Another important reason for this research is to explore the influence of short-term music therapy. Many schools in South Africa cannot afford long-term music therapy on the level described in Hibben's study – and there are currently not enough music therapists in South Africa to provide this service on a large scale. Therefore it is important to assess whether short-term music therapy may offer skills to children and teachers that they can build on in a classroom setting.

2.8 Conclusion

The literature has shown that children with ADHD have social struggles, which can have an impact on the rest of their lives, if not attended to. Given the social nature of a group, social struggles can be most effectively worked with in a group setting where interaction is a natural part of the process. Music therapy is an especially helpful means of addressing social struggles – particularly within a group setting as social interaction is naturally incorporated into music-making and music can generate a strong sense of social bonding. Group music therapy can offer a child with ADHD a unique and rewarding way of relating to others. Group music making requires cooperation, listening skills and awareness of others and can promote teamwork, collaboration, self-confidence and a sense of belonging.

Therefore music therapy can be a valuable intervention for children with ADHD. This study is particularly important, as it will explore the value of Group Creative Music Therapy within the unique South African context, requiring sensitivity to different cultural groups, and drawing from the rich musical heritage of this country. Further – the study will explore helpful complementary relationships between music therapists and teachers that can ensure the optimal transfer of skills between music therapy and the classroom. This study will be pivotal in adding to the music therapy literature on this topic while also encouraging the use of Group Creative Music Therapy in first and second grade classrooms alongside the general school curriculum.

Chapter 3

Methodology

3.1 Research paradigm

In this research I have followed a qualitative methodological approach. “Qualitative research is a form of social inquiry that focuses on the way people interpret and make sense of their experiences and the world in which they live” (Holloway & Wheeler, 2002:3). This is a non-positivist worldview, which is based around the belief that there are multiple truths, which are influenced by individuals, social experiences and are dependent on context (Bruscia, 1995:66). Qualitative studies emphasize processes, and aim to explore people’s subjective experiences and perceptions (Wigram, Pederson & Bonde, 2002:261). Qualitative research was appropriate for this study as I was focusing on exploring how Group Creative Music Therapy sessions are experienced as a means of promoting social skills in six and seven year old children diagnosed with ADHD. I observed the participants and interviewed the class teacher to explore their experiences of the influence of Group Creative Music Therapy sessions on the social skills of children diagnosed with ADHD. Bruscia (1995:316) explains that “an experience encompasses many different layers and facets of the person, including bodily reactions and emotions as well as thoughts and perceptions”

Based within the qualitative approach, the paradigm of this research was interpretive - exploring subjective meanings that lie behind social action (Blanche, Durrheim & Painter, 2006:7). This research attempted to discover and explore how people feel, perceive and experience the social world (Chen, Shek, & Bu, 2011:129). Interpretive research enables various viewpoints to be investigated, which was critical to my research as I was interested in interviewing the class teacher to explore how music therapy may have influenced her student’s social skills (Matthews & Ross, 2010:28). The epistemology of this type of research was empathetic towards study participants, but also accounted for the value and possible bias of the researcher/teacher subjectivity.

Interpretive research utilises data collection tools such as semi-structured interviews in order to gather data reflecting the subjective experiences of research participants. An interpretive approach enabled the teacher to tell her own story on how she perceived the

music therapy experience and how the music therapy experience influenced her students. This research did not seek to measure or draw generalizable conclusions but rather aimed to explore how involvement in group creative music therapy could promote social skills in six and seven year old children diagnosed with Attention Deficit Hyperactivity Disorder. This research focused on the process of the clinical work rather than on the outcome (Ansdell & Pavlicevic, 2001:135).

As a qualitative researcher I aimed to explore the influence of music therapy by studying the participants in their own social context their classroom setting. Both the participants' and researchers' interpretations of the sessions contributed to the research process (Willig, 2001:9). One of the distinctive features of qualitative research is that the researcher can simultaneously be a participant of his or her study (Bruscia, 1995:16). The researcher also acted as the music therapist and developed close relationships with the clients. As the researcher, my own perceptions and subjectivity were viewed as useful resources to allow for better understanding of the participants, as it enabled in-depth observation to gain knowledge of the clients' worlds (Ansdell & Pavlicevic, 2001:136). As researcher my subjective observations needed to be mediated and assessed by remaining as close to the research data as possible.

3.2 Research Questions

How can involvement in Group Creative Music Therapy promote pro-social skills in six and seven year old children diagnosed with Attention Deficit Hyperactivity Disorder?

Sub Questions:

- 1- How can Group Creative Music Therapy aid in the development of social skills including impulse control, improved attention and increased social awareness?
- 2- How do the teachers experience the implementation of Group Creative Music Therapy sessions on the social skills of children diagnosed with ADHD?

3.3 Research design:

This research was a case study as I was aiming to conduct an in-depth exploration of a specific group (Lindegger, 2006:460). Case studies are intensive investigations of specific individuals, single families, units (e.g., a classroom of students), communities, or social policies (Blanche, Durrheim & Painter, 2006:460). A case study is designed to explore the characteristics of a small group of individuals and is therefore not easily generalizable. However, the findings can be compared to other similar cases (Ansdell & Pavlicevic, 2001). Four weekly sessions of group music therapy were offered to a classroom of second grade learners diagnosed with ADHD, who struggle with social skills. I explored the children's interactions as well as the teacher's experiences within the group.

3.4 Sample

My sample for my research consisted of a classroom of ten, second grade children diagnosed with Attention Deficit Hyperactivity Disorder. I originally stated I would be working with eight first and second graders but unfortunately the first grade class only had four students and they were unable to participate at the same time as the second grade class. It was also important ethically for me to work with the entire class of second graders, so that no learners were excluded. My sample was purposive as I chose to centralize this research at a specific remedial school, the School of Transformation in Boksburg, Johannesburg where many of the students are diagnosed with Attention Deficit Hyperactivity Disorder. I also wanted to work with a whole class to determine the influence of music therapy on their relationships within their class both within music therapy sessions, and in their school routines beyond music therapy. The class teacher was also a research participant, and joined in on the sessions with the children. The assistant teacher also participated in one of the sessions. This was important to the research, as the teachers were able to experience the children's social interaction both within and beyond music therapy sessions. The school's principal referred this classroom as the students showed particular difficulties in building meaningful friendships.

3.5 Data collection

I conducted weekly, 30-minute music therapy sessions with the participants. I had originally aimed to conduct eight sessions with the group but due to the school holiday schedule only four sessions were possible. My main method for collecting data involved conducting semi-structured interviews with the teacher of the participants prior to and after the music therapy process to determine her view about the influence of music therapy on the participant's social skills. Importantly, interviews considered the teacher's experiences of children within music therapy, including new social skills or ways of relating that children exhibit and whether she noticed any changes in other situations. The interviews also focused on whether she as a teacher could draw on experiences of the music therapy group to aid social interaction of children in other contexts.

Semi-structured interviews aim to obtain descriptions of the life of the world of the participants with respect to interpreting the meaning of the information described (Kvale, 2007:8). A semi-structured interview enables the researcher to use a few prepared open-ended questions, with the opportunity to explore new paths and any relevant information the participant offers beyond the scope of these questions that may not have been considered in advance (See Appendix A for interview questions) (Ansdell & Pavlicevic, 2001; Gray, 2004). This allows for flexibility and meaningful discussion with the teacher that may move beyond the initial interview template (Ansdell & Pavlicevic, 2001). Overall the interview questions are closely linked to the focus of the research questions.

The sessions were also filmed to document the process and the video footage was used as a secondary source of data collection. I selected and analysed three video excerpts that highlighted changes in social interaction between children in the group, which were chosen to confirm and/or challenge viewpoints of the teacher, to enhance the main data source. The video excerpts were carefully selected together with the guidance of my research supervisor. Video data allows for more thorough and complete analysis of the sessions as the researcher can re-visit verbal and nonverbal behaviours of participants, as well as relevant cues or moments that may have been missed during the actual sessions (Bottorff, 1994:246).

A primary advantage of video recording is permanence, making it possible to review the sessions as often as necessary in a variety of ways (e.g., real time, slow motion, frame by frame, forward or backward), this allows the researcher to direct his/her attention to different features of what is occurring (Bottorff, 1994:246). As I worked with a group of children trying to explore the influence of music therapy on their social skills the video data allowed me to view the events at different points in time to compare and contrast significant segments (Bottorff, 1994:246).

I also took session notes after each session to monitor my own personal reflections with the aim of reviewing my own role in collecting the data while also checking my interpretations. Qualitative researchers are advised to keep a reflexive journal as journaling helps the researcher develop greater insight, self-awareness and analytical thinking while the researchers own experiences can add depth to the other data sources (Barry & O'Callaghan, 2008:61).

3.6 Data preparations

The steps involved in preparing the video data was first to observe, then describe and then finally interpret the data (Ansdell & Pavlicevic, 2001:145). I selected three specific video excerpts with particular relevance to my research questions to describe and interpret through a method of indexing. Indexing is a process of writing down detailed descriptions of moment-by-moment shifts in the musical flow within and between the therapist and clients (Macdonald, Kreutz & Mitchell, 2012:206). The therapist then describes the data in detail - also known as a thick description (Macdonald, Kreutz & Mitchell, 2012:206). The semi-structured interviews were recorded and transcribed verbatim so the text could then be coded.

3.7 Data analysis

There were a number of steps that were followed in order to conduct significant data analysis. In order to present and interpret the data meaningfully I used a coding system, a form of analytical labelling to break up the data and transcriptions into meaningful units. A code in qualitative research is usually a word or short phrase that symbolically assigns a summative and salient attribute to describe a portion of the data or part of the

interview text (Saldana, 2009:3). Coding is the first step toward an even more rigorous analysis and interpretation of an interview as it provides the basis but is not the analysis itself (Coffey & Atkinson, 1996; Saldana, 2009:8;).

Coding is the method that enables the researcher to organize and group similarly coded data into categories that share some characteristic or beginning of a pattern (Saldana, 2009:8). Categories are mutually exclusive meaning clusters that may emerge into themes that allow for detailed comparisons and definitions (Ansdell & Pavlicevic, 2001:151). These themes may incorporate one category, many or all categories. As a researcher I needed to refine the contents of each category working directly and continually inferring from the data before I started comparing the categories with each other- to ensure that the meanings were not distorted (Rubin & Rubin, 1995:241 & 251).

3.8 Research quality

The process of this research was reflexive, functioning through every stage of its development (Maxwell, 2009:214). It was important for me to acknowledge and reflect on my own subjectivity as a researcher throughout the process before conducting my research and before drawing conclusions (Bruscia, 1995). I needed to assess my own perceptions during the actual study and while reviewing my research findings (Bruscia, 1995). I aimed to cultivate an ongoing self-reflexive and analytical stance on my involvement in the research activity, to help monitor the possibilities of excessive bias, and to serve as a resource within my study. Thick descriptions, self-reflexive journaling, peer review and triangulation using various forms of data (video excerpts, interviews and sessions notes) are some of the methods I used to ensure the trustworthiness of the data. It was my aim for the data presentation to be credible, transferable, dependable and confirmable (Ansdell & Pavlicevic, 2001:202).

Thick descriptions are the detailed account of moment-by-moment musical shifts, identified alongside a real-time continuum of the session (MacDonald, Kreutz & Mitchell, 2012:206). Self-reflexive journaling is a process of recording diary entries of personal thoughts, reactions and feelings that arise during the research process, “to help the researcher understand how personal perspectives may influence their research and interpretations of their research” (Barry & O’Callaghan, 2008:56). A peer review is the

review of the data and research process by someone else who is familiar with the research being explored. A peer reviewer provides support and challenges the researchers' assumptions (Lincoln & Guba, 1985). Triangulation is the process of comparing different types of data sets, or data from different participants, researchers or modalities (e.g., musical data, verbal data) in order to obtain a holistic picture (Bruscia, 1995).

To ensure credibility, I reviewed literature accounting for social problems faced by six and seven year old children diagnosed with ADHD and carefully evaluated how music therapy could possibly address these issues, showing that my research questions are relevant. The conclusions of this study offer information and further insight into specific individual's experiences and the conclusions may not apply to a general population. I have however, attempted to ensure a certain degree of transferability by providing explicit information about all of the research procedures, the research context and the choice of methods (Ansdell & Pavlicevic, 2001:204) so that an interested party can transfer and adapt the findings from this research within their own unique context. I have ensured dependability by providing a detailed account of the types of data collected, the methods of data collection and presentation as well as the theoretical basis of the data analysis (Ansdell & Pavlicevic, 2001:205). I was regularly supervised by a qualified music therapist throughout the clinical and research process, and also documented the process in detail to ensure the confirmability of the study and that the research followed a rigorous and relevant portrayal (Ansdell & Pavlicevic, 2001:205).

3.9 Ethical considerations

3.9.1 Informed consent

Before beginning the music therapy process I first needed to gain permission to conduct the music therapy sessions. I received a letter from the 'School of Transformation' (see Appendix B) enabling me to conduct the research there. Informed written and signed consent was obtained before the onset of the study from the teacher and all the parents or legal guardians of the students that participated in the music therapy sessions. I provided all participants and parents/guardians of participants with participant information letters and consent forms (see Appendix C - F) containing information

regarding the purpose and nature of the study as well as potential risks and benefits for the profession and for participants. I also required written consent in order to record and utilise video footage and interview data. The teachers and students were also verbally informed of the research process before it began. Participation in this study was voluntary and parents/guardians of participants were able to withdraw their child from the study at any time. Video data, although used as part of the research, was not available as part of the final dissertation document. This material will not be sold or distributed.

3.9.2 Confidentiality and anonymity

All information obtained during the research process was confidential. I have ensured anonymity by changing the names of all participants. I have also accounted for this in my research by informing readers that the names have been changed for ethical purposes (Ansdell & Pavlicevic, 2001:103). Only details pertinent to the research (such as diagnoses and gender of participants, for example) have been utilised. It was made clear that should a participant choose to withdraw from the study, any data pertaining to the participant would be destroyed in order to respect his/her privacy.

3.9.3 Therapist as researcher

As both therapist and researcher I fulfilled a dual role of collecting data while also ensuring the client's well-being throughout the research process (Ansdell & Pavlicevic, 2001:103). As both therapist and researcher I was required to take full responsibility for the quality, accuracy and trustworthiness of the data and findings (Aigen, 1993:22).

3.9.4 Archiving

The video recordings acquired during the research process will be kept secure and stored for archiving purposes at the University of Pretoria's Music Therapy Unit for a minimum of 15 years.

The findings of this research project may be published in the form of another publication at a later stage.

3.10 Conclusion

Children diagnosed with ADHD face a number of struggles in the early years of formal schooling often due to factors including poor social skills. This study explored the value of a creative music therapy group for these students specifically in first and second grade, offering creative improvisation as a means to work on improving social skills such as impulse control, attention and social awareness. The results of this study may offer further insight into this topic while also promoting music therapy as a valuable intervention that can be integrated into current support programs for children diagnosed with ADHD.

Chapter 4

Data analysis

4.1 Introduction

In order to find a school where I could explore Group Creative Music Therapy as a means to promote social skills in six and seven year old children diagnosed with ADHD, I contacted the School Of Transformation in Boksburg, Johannesburg as it caters primarily for this client group. This school works with many children diagnosed with ADHD and seemed excited about the research. I met with the students and teacher the second week in May 2016 and began data collection on Wednesday May 25, 2016. I first provided the teacher, parents and students with information about the study and gained written consent and assent before I began music therapy. I conducted four music therapy sessions with the group. I interviewed the teacher before the start of sessions and after completion of the sessions. As the assistant teacher participated in one music therapy session; I decided to interview her to hear about her experience as well. All the interviews were video and audio recorded and the sessions were video recorded.

4.2 Sample

My final sample for my research consisted of 10 students all in the second grade ranging in ages from 7 to 8 years old as this was deemed as the most suitable class for the research given their availability. I worked with the entire class of students even though this was a bigger group than anticipated for my research, as this seemed the best decision ethically as no one was excluded. The class has one head teacher and one assistant teacher. The main class teacher participated in all the music therapy sessions and the assistant teacher sat in on one (the third) session. The head teacher is also a musician and leads the music lessons at the school for all the grades. The teacher thus showed a good understanding of the potential benefits of music for these children and already makes use of many music-based techniques within her class.

The group is a diverse group of children from a variety of different backgrounds all diagnosed with ADHD. Some of the children do not speak English as a first language.

On first meeting the group I became aware of many behaviours symptomatic of ADHD such as distraction, impulsivity, some withdrawal and some attention seeking behaviours. The teacher informed me that a few of the children are not on any medication to treat ADHD, as their parents prefer them not to be on medication. After meeting the children and gaining an understanding of the music activities they already participate in, I began to design my session plans. I focused on musical elements that could possibly encourage social interactions among the students. In my sessions I incorporated a number of different activities including group drumming, movement, listening, singing, turn-taking, vocal improvisation and playing in pairs.

Two important elements of most music therapy sessions is introducing a unique 'hello song' and 'goodbye song' for the group to sing together at the start and end of each session. These songs help generate a safe and familiar space for the students. They also form a holding environment and create predictability. An anticipated structure can have a calming effect on children especially children with special learning needs (Sutton, 2002:190). There are a number of additional holding features of a music therapy group such as the meeting room, the number and regularity of sessions, the time boundary and the musical focus (Sutton, 2002:189). These features of the group are viewed as a container that can relieve anxieties for the clients by offering a solid musical structure and a pre-planned arrangement for the session (Sutton, 2002:189). These elements allow for group members responses and feelings to be expressed, thought about and attended to. Group size is another important holding factor as well as the actual structure of the session. I considered these elements in my sessions by setting up the space before the clients arrived and by opening each session with the same hello song and closing each session with the same goodbye song. As this was a larger group of ten students and due to the research focus on social skills, the emphasis was on the social nature of the group; encouraging the children to interact within the music (Sutton, 2002:189).

4.3 Group process

In the sessions we explored different musical elements in order to introduce the students to various social and musical interactions.

In session one the students all seemed very excited to take part in music therapy. At the start of the session I asked the students to form a circle, which seemed to be a challenge for many of them. I quickly realized that I needed to demonstrate to each student where to stand so I placed the djembe drums in a circle and explained that they should each stand behind a drum. In this session I demonstrated to the students loud sounds, soft sounds, fast sounds and slow sounds. I then asked everyone to demonstrate a loud sound together and a soft sound together. From the start of music therapy it was important to draw in the attention of students and offer everyone an opportunity to participate. In each session we sang a greeting song: 'come on everybody let's say hello' that included moments of group and individual singing. My goal was to give the students an opportunity to sing each of their names and have the group sing the their names back to them as if to personally acknowledge their presence in the group. We also added in different actions: clapping hands, waving, nodding heads and rolling our hands in order to add a variation for each child. I incorporated a number of musical and visual cues to encourage listening skills and to attract the students' attention. We then moved into a drumming exercise: first demonstrating different sounds on the drum over a simple predictable melody. I repeated the melody and offered each child an opportunity to do his/her own solo. Everyone had a turn to solo on the drum while I matched each student's beat by singing and playing on guitar. I also asked the students to sing along or clap along at certain times depending on the beat that the individual played. In this session I also included a 'follow the leader' movement activity where the student moved freely while listening to music, offering the students an opportunity to express themselves to the group and experience leading.

In session two, after the greeting song, I asked the students to clap their hands and sing together in order for the students to experience singing together as a group. I noticed that many of the students were not singing together and were easily distracted. I then decided it would be best to re-think and slow down the process by incorporating activities for the students to first try and play together in pairs. In this activity I helped facilitate the interactions using musical cues. There were a number of moments where the students would smile when they realized they were playing together. I also incorporated a vocal activity called the "funny sounds song" asking the students to offer their own ideas by expressing themselves and offering different funny sounds. After this activity I asked student's to reflect on what it is to be a friend and play together. After

video excerpt two (this activity was not a transcribed portion of the video), one of the students had remarked that an important aspect of trying to make a new friend is to listen and look at the other person so that he/she knows you are talking to him/her. One of the students also brought something up about bullying. So I asked the group what are some things that we do not like about bullying. During the discussion some of the students would call out responses or interrupt other students when they were speaking. I intentionally called on individual students to give each child a turn to contribute and reflect on the topic.

In session three I repeated some of the activities from previous sessions and added new activities. I included a new group drumming activity. The students were instructed to watch my hand and body movements carefully. The students were instructed to play one at a time using alternating hands on the drum only when pointed to. I would then point my finger at the students one by one - moving my hand in a clockwise motion around the group and then back. I would also move my hand from one student to another then back to the same student to practice turn taking. I would then sing a melody and lift my leg up in the air indicating to all students to play together. The students were now instructed to only play the drum with one hand - beating down when my foot touched the floor. My intention for this activity was for the group to focus on one element and experience playing together. When I stopped singing the melody the students struggled to play together. The inclusion of the melody is what seemed to help the students play together.

In session four, our final session, I repeated the movement game from session one - where students would follow a leader, in order to extend on this activity and offer the students another opportunity to experience leading. I also included an instrumental improvisation activity where children were placed into pairs and asked to play together. The students each took turns playing together and I matched each pair's rhythm while also including a melody, similarly to turn taking in the previous session. The rest of the group was then asked to play along with the pair in order to allow the students an opportunity to play together as a group. The children were all laughing and smiling during this activity especially during moments when they played together. My intention was to offer them an experience of leading their peers in a musical improvisation. In this session I also played a song called "listen". I asked the students to listen to the words of the song such as "I will listen and I won't interrupt, we all want to talk and we all want to

be heard” and then we sang the song together. After playing and singing the song we then talked about the meaning of the lyrics. I incorporated this lyric discussion as a way to reflect on everything we did over the four sessions. As this was our final session, after this activity I asked the group to talk about the highlights from music therapy or what activities they enjoyed most. Most of the student’s responded and said that they enjoyed the dancing activity where they had an opportunity to lead. The students also mentioned they enjoyed playing the drums and playing music together.

4.4 Data collection

The process of data analysis included a number of phases: transcribing interviews, video clip selection and thick descriptions, level 1 coding, higher order coding, categorizing codes, identifying themes and then discussing emergent themes.

4.4.1 Interview data

Before the first session I interviewed the main class teacher to hear about her experiences, her work with her class and her ideas about what music therapy might be (see appendix I, T1). As the interviews were semi-structured they enabled me to explore new pathways beyond the scope of the initial interview questions (Ansdell & Pavlicevic, 2001; Gray, 2004). When I found out that this teacher was a music teacher it was very interesting to explore her current views about music and how she used this with the children. The teacher had a lot of experience as a music teacher and therefore had a lot to say about what music she used and her views of music with these children. It was however difficult to balance between listening to this feedback and steering her towards the topic of music therapy specifically, as her understanding of the therapeutic value of music was directly aligned to what music therapy might be. I did find that her use of music held many similarities and some very clear differences to how a music therapist works, already suggesting that this research might include an additional consideration of how music therapists and music teachers can serve complementary roles.

After the final session I interviewed the teacher again. I asked the teacher a number of questions to find out about her experience of the music therapy sessions (see appendix J, T2). The teacher still struggled to differentiate between the intrinsically therapeutic

value of music that she draws on in her classroom, and her idea of how music therapy might use music differently. This may be due to her limited experience of music therapy after only four weeks and perhaps also that she recognised similarities between the way music therapists and music teachers used music. I also interviewed the assistant teacher as her insights might offer additional data of value to this project.

4.5 Data Preparation

Full interviews were audio and video recorded (as backup - with the camera facing away from teacher) to capture the full conversation. Interviews were transcribed verbatim from the video/audio recordings. Once transcribed - the interview was ready for the first stage of analysis. In order to become familiar with the text the interview was read a number of times. While reading and re-reading the text the right hand margin was used to make notes and comments on anything significant the participant said (see example 1).

Example of a transcribed interview:

Example 1:

Researcher: Are there any social benefits that you are aware of from the music?

Teacher: Yah I think so. Even in music they have to learn to, you know they take turns when they have to play the instruments, I don't always let them all play together. So now it's the sticks and the drums, and then it's the bells and the triangles, and while they are singing you have got to respect them, you can't sit and talk while you are busy with that. And yes I just think that music is always a joyful time for them. But also a discipline time I believe that you should have discipline in music as well, you can't just go wild. Yes we can enjoy ourselves for a while but then you need to calm down. We can't go wild the whole time. And leave them wild. We have to calm them down

Researcher: and bring them back to center

Teacher: Yah bring them back to reality.

Researcher: Okay. And do you, what is your understanding of music therapy? Have you heard about it before?

Teacher: No I mean I just go from my own experience. When I was a teenager, when I used to be upset I could sit in front of a piano and I could play and it would calm me down. If you listen to music, like also my husband and I, we also play music in church. So you know to me it is always such a soothing calming, relaxing, you just you just go into a world of peace, I think when you do music.

- Yael Gavronsky 8/2/16 10:24 PM
Comment [102]: T1.257-258 Code: Some children are easily distracted
- Yael Gavronsky 8/2/16 10:24 PM
Comment [103]: T1.266-267 Code: music encourages turn-taking
- Yael Gavronsky 8/2/16 10:24 PM
Comment [104]: T1.267 Teacher enforces turn-taking
- Yael Gavronsky 8/2/16 10:25 PM
Comment [105]: T1.268-269 Teacher requires children to be respectful
- Yael Gavronsky 8/2/16 10:25 PM
Comment [106]: T1.270 Code: Music is a joyful time for children
- Yael Gavronsky 8/11/16 2:11 PM
Comment [107]: T1.270-271 Code: children need to learn discipline during music-making as well
- Yael Gavronsky 8/2/16 10:26 PM
Comment [108]: T1.272 Code: children need to calm down sometimes in music lessons

4.5.1 Codes

After preparing the transcripts the interview was then coded line by line in detail, keeping as close as possible to the teacher's words, while trying not to make any interpretations

at this stage. Please refer to appendices I-K for the full interview transcripts. The extract below shows the first stage of analysis for a section of interview 1 (see example 2).

Example of stage 1 coding:

Example 2:

<p>247 248 Researcher: That's amazing 249 250 Teacher: We do what we can. 251 252 Researcher: And what benefits have you seen from their participation in music. 253 254 Teacher: You know what they always enjoy music. But there are children that don't really 255 participate, I don't know if its because they go into a world of their own. So you have to</p>	<p>Yael Gavronsky 8/2/16 10:23 PM Comment [96]: T1.254 Code: Children enjoy music</p> <p>Yael Gavronsky 8/2/16 10:23 PM Comment [97]: T1.254-255 Code: some children don't participate</p> <p>Yael Gavronsky 8/2/16 10:23 PM Comment [98]: T1.255 Code: children lose focus</p>
<p>256 draw them in all the time and ask them to participate and be part of it. And that's quite a 257 challenge because some of them will see a little stick on the floor and then that little stick 258 is more important than your voice and what you have to say. (Laughs) 259 260 Researcher: It sounds like they can get to distracted. 261 262 Teacher: Yah. 263 264 Researcher: Are their any social benefits that you are aware of from the music? 265 266 Teacher: Yah I think so. Even in music they have to learn to, you know they take turns 267</p>	<p>Yael Gavronsky 8/2/16 10:23 PM Comment [99]: T1.256 Teacher needs to draw children in</p> <p>Yael Gavronsky 8/2/16 10:24 PM Comment [100]: T1.256 Teacher needs to encourage participation</p> <p>Yael Gavronsky 8/2/16 10:24 PM Comment [101]: T1.257 Code: getting children to participate is challenging</p> <p>Yael Gavronsky 8/2/16 10:24 PM Comment [102]: T1.257-258 Code: Some children are easily distracted</p>

As seen in the excerpt, I did not code what the interviewer said. I focused on what the teacher said. I included this example because it shows how there were sometimes multiple codes within one line or sentence. The teacher often offered lists of important information all together so I added a lot of codes next to the transcript text to ensure this information was not lost. When questions were asked to clarify what the teacher was saying I sometimes coded the teachers comments based on these clarifications.

In parts of the interview the teacher would sometimes go on to discuss information that was not necessarily related to the interview questions. Even though it was informative of other aspects of the teachers work with the children, it was not relevant to the actual research. I chose not to code this information (see the example 3).

Example 3:

Teacher: And you know what the big problem is. I mean he is a very intelligent child, extremely intelligent. And he converses on things that other children don't even know about, you know what I'm saying, sometimes I don't even know the things he asks me, you know. His general knowledge is extremely good. And I think that sometimes frustrates him that the fact that he has this attention thing as well, because you know he will just pack up. Or he has lots of things to do but he doesn't feel like it today and then he wont do it.			
--	--	--	--

After the first stage of coding, I went back through the text checking over to make sure I did not leave out any codes or code anything irrelevant. Codes from each interview were carefully labelled so that I could differentiate and compare between the two. After completing this process for interview 1, I repeated the same process for interview 2 coding all descriptive codes line by line.

4.5.2 Higher Order Codes

To then prepare for the next stage I cut up all the codes and grouped them together to form higher order codes. I then added these higher order codes alongside the descriptive codes, to check that these were still closely linked to the data (see example 4). The extract below from interview 2 shows an example of how I formed the higher order codes. As mentioned in the methodology chapter, coding is the first step toward an even more rigorous analysis and interpretation of an interview as it provides the basis but is not the analysis itself (Coffey & Atkinson, 1996; Saldana, 2009:8). The descriptive codes were still very closely linked to the exact words of the teacher. Higher order codes served to condense whilst highlighting the most salient attribute of each code.

Example of higher order codes alongside the interview transcript from interview two:

Example 4:

<p>Teacher: Oh definitely the fact that they had to play together,</p> <p>dance together,</p> <p>so they, it wasn't a one thing, you know,</p> <p>and everybody got a turn, so I think that's very important in anything social, that you have to know that</p> <p>other people are also important.</p>	131	T2.131 MT social skills: playing/drumming together	T2.131 MT social skills: children play together
		T2.131 MT social skills: dancing together	T2.131 MT social skills: children play together
	132	T2.131-132 more than one thing in MT promoted social skills	T2.131 MT social skills: children play together
		T2.132 MT social skills: turn-taking	T2.132 MT social skills: turn-taking helps children recognize one another
	T2.133 MT social skills: recognize others as important	T2.133 MT social skills: turn-taking helps children acknowledge one another	

As seen in this example the higher order codes summarise and also help link different codes together. At this stage of coding I started to interpret the meaning of each code while still making sure to check each higher order code with the original interview text. At each stage of coding it was critical to refer back to the transcript to make sure I was interpreting a plausible meaning and valid interpretation in terms of what the teacher had said. I specifically included this example because it shows how some of the descriptive codes fit together within one higher order code.

4.5.3 Video Excerpts

The other main sources of data were my video clips. After each session I watched each of the full video recordings to review the session while also noting key moments of interaction between the students (see example 5)

Example of video excerpt:

Example 5:

Real Time:	Thick Description:	Line	Coding
00:00	Therapist begins to play a rhythm on the guitar. The therapist points to two of the students (C4 & C8) (as students were asked to play together in pairs with the instruments given to them). The therapist says to the group "everybody listen, listen."	1 2 3 4 5	V2.1-2 MT points to students to play V2.4-5 MT gives verbal cue to group
00:04	Teacher says to class "just the two of them". C4 starts to play a strong beat using his shaker in 4/4 meter at a fast speed about 130 BPM. C8 plays along with C4 but does not match C4's rhythm.	6 7 8 9	V2.6 T repeats MT's instructions V2.6-7 C4 plays a strong beat V2.8-9 C8 does not match C4's playing
00:08	Therapist sings a melody matching one of the student's rhythm and changes strumming on her guitar in the key of C.	10 11	V2.10-11 MT sings and strums a melody over students rhythms

4.5.4 Selection of video excerpts

After watching each video a number of times I marked the points in the video that appeared significant in terms of the research focus because they showed students interacting, paying attention or playing together. From these markers, I selected three excerpts that mostly closely related to my research questions showing, increased concentration, engagement or social interaction. I consulted with my supervisor throughout this process to make sure the clips offered meaningful data in terms of my research focus.

4.5.5 Thick descriptions

After selecting the video clips I then wrote thick descriptions of what was happening moment by moment in each excerpt. I focused on what the music therapist was doing, the student's responses to the music, and the interactions between the students. Descriptions highlighted shifts in the musical flow within and between the therapist and clients (Macdonald, Kreutz & Mitchell, 2012:206). The video clips were approximately two minutes each to give enough time to show changes in the music and interactions. The participants in the video were assigned numbers ex: C1 (child 1) instead of using their actual names in order to keep this information confidential (please note that participants were assigned the same letter and number for all video excerpts and interview transcripts).

4.5.6 Brief summaries of video excerpts (see appendices L-N for full thick descriptions)

The first video clip from session one shows a group movement activity where the music is used as a container for children to express themselves freely. I used a pre-recorded song: 'The Sound of Sunshine' by Michael Franti as the song has an upbeat tempo with a strong beat. It shows me demonstrating a free movement in the middle of the circle, then the teacher, and then some children taking turns to lead and move, as they want while the rest of the group follow. I chose to use this video clip as I observed the group cooperating, smiling, dancing and listening. I also witnessed the students not only following my directions but the directions of their fellow peers. The children were being encouraged to follow the unique movements and expressions of their peers.

In the second video clip from session two I asked the students to play together in pairs with the instruments given to them. I began to play a simple rhythm on the guitar and pointed to two students to play together. The clip shows me using a number of visual cues and musical cues to help the students play together. This excerpt also shows how the teacher tries to help the students play together by holding on to their wrists and playing the beat for them. I whispered to the teacher to let the students try on their own. In terms of my research I believe this clip indicates an important shift for the teacher in learning about music therapy. This clip also shows a few unique interactions where the students are matching each other and playing together. I observed that the students smile and laugh when they realize they are playing together.

In the third video clip from session three I am seen standing where all the students can see me. In the first part of the activity the students were instructed to play one at a time using alternating hands on the drum only when pointed to. In the second part of the activity I sang a melody and lifted my leg up in the air indicating to all students to play together. The students were instructed to only play the drum with one hand - beating down when my foot touched the floor. This video clip captured me using multiple cues such as visual (movements), verbal (instructions) and musical cues (pauses, or changes in dynamics and tempo) to draw the attention of students who were not following. I am seen slowing down my movements and adding in pauses to help students anticipate change. This clip captures an important moment between the teacher and I. When I stopped singing the melody the teacher recognised that the melody helped provide structure for the students to follow and asked me to sing the melody again for the students. In this clip the students have big smiles on their faces at the same time as their music is synchronized.

4.5.7 Becoming familiar with the text

I entered the thick descriptions into a table while marking the real time in the left column. I included two additional columns for line numbers and codes to be used at a later stage (See example 6). I then marked the table with notes when any significant interactions took place. Please refer to Appendices L-N for full thick descriptions of the video excerpts along with the codes. Each code was labelled in order to know exactly which video and line number it came from (ex: V1.25 meaning Video 1 line 25).

Example 6:

00:57	The therapist now begins to add/sing a melody with a clear marching beat at 60 BPM to match her body movements.	23	V3.23-24 MT sings melody with clear marching beat to match body movements
	All of the students immediately match the therapist's rhythm once they hear the melody.	24	V3.24-26 Students match the beat immediately once they hear melody
	The therapist continues to move her arms and leg while singing the melody.	25	V3.26-27 MT uses verbal and visual
		26	

The above example shows descriptive codes that are long and complex which did not help to break data into small enough segments. I therefore, created higher order codes that were still descriptive, but pulled together larger sections of data so that these codes were more manageable for the data analysis process.

4.5.8 Combining and comparing codes

After attempting to organize all my initial descriptive codes from the interview transcripts and video excerpts into categories I realized that my initial descriptive codes were far too long and complex (see example 7). I then attempted to simplify and group them together – by creating a set of descriptive codes that were more manageable for further analysis. These codes were then grouped into higher order codes that began to interpret the data based on my research focus, whilst still remaining close to the text.

Example of simplified codes:

Example 7:

Ref line #	Original Code	New Code
V1.84-85	Students are following C6 and smiling at her	In MT: children acknowledge one another
V1.107-108	C10 smiles and apologizes to therapist	
V1.95-96	Other students follow C10's movements for a few seconds	
V1.64	Students laugh playfully	Students free to laugh/be themselves in MT
V1.67-68	Students are smiling and giggling and follow teachers new movement In MT children can lead in their own way	

4.6 Categories

After re-coding the videos and interviews into this new format I then grouped the codes together into different categories. As mentioned in the literature review coding enables the researcher to organize and group similarly coded data into categories that share some characteristic or beginning of a pattern (Saldana, 2009:8). During this process of

analysis I tried to remain closely linked to the original data by referring back to the thick descriptions and re-watching significant moments from the clips when necessary.

After grouping all the codes into similar clusters on paper, I then typed up all codes sorting them into categories in a table. The table as shown below was made up of four columns. The first column was for the reference number, linking each code to the data source using distinctive colours to highlight different sources so that codes could be compared at a later stage. The second column for the descriptive codes, third for the new analytic codes, fourth for categories and a fifth column was added later for themes (see example 8). For the full table see (appendix O).

Example 8:

Ref line #	Descriptive Codes	Analytic Codes	Categories
V2.49-51 V2.52-53 V2.10-11 V3.77-78 V3.66-67 V3.72-74	MT adjusts the music to match child's playing (including them as they are)	MT adapts music so children feel heard/included as part of the group	MT adapts music to fit the child's individual expressions
V3.11-12 V3.45-46	MT slows down music or movement and waits for each student to play (also when children are not following)		
V2.34	MT encourages T to let students try play on their own (children to play without help)		
V2.17-18 V2.59-60	MT adds melody and adjusts guitar rhythm to help students follow the beat/play along with students beats	MT uses musical structures to help students follow/play together	
V3.23-24	Melody used in MT provides structure/helps students follow the beat		
V3.24-26	Melody provides structure for students to follow		
V3.65	T realizes that the inclusion of melody has drawn children to focus		
V3.27	Melody used in MT provides structure/helps students follow the beat		

V3.67-69	MT adds/sings melody to movements to help students follow the beat		
V3.69			
V3.74-75			
V3.75			
V3.13-14			
V3.26-27			
T2.133	MT social skills: turn-taking helps children recognise/ acknowledge one another		
T2.133			
T2.189	T learned in MT: to include individuals and encourage individual attention through calling out names within the music	T learned in MT: Call out names within the music to gain children's attention	
T2.190	T learned in MT: to use individual instruments to enhance children's participation	T learned in MT: Use individual instruments to help children feel involved/part of group	
T2.191	T learned in MT: acknowledge children within the music	T learned in MT: Acknowledge children within the music	
T2.191			
T2.192	T learned in MT: acknowledge children within the music		
T2.192-193	T will extend on MT technique in her classroom		

I chose not to include the initial descriptive codes in this table as it complicated the data and made it confusing when sorting into categories. Throughout the process of organizing codes into categories I needed to constantly refine the contents of each category working directly with the data before I started comparing the categories with each other - to ensure that the meanings were not distorted (Rubin & Rubin, 1995:241 & 251).

Throughout the process I was reflexive, by keeping a journal through every stage of development (Maxwell, 2009:214). Some of the repeated entries involved reflecting carefully about my own views about ADHD, the teacher, music education and the school setting in general. I needed to assess my own views in order not to impose any personal beliefs or thoughts into the research findings. It was important for me to acknowledge and reflect on my own subjectivity as a researcher before drawing conclusions (Bruscia, 1995). Please see (example 9) of an excerpt from one of my journal entries after the first session:

Example 9:

“Personal feelings and transference/countertransference: It seemed the group was all very happy and excited during the first session. Excited for music and having fun during the session. Words to describe feelings after the session: happiness, joy and fun.

I need to be aware of my own feelings in terms of having ADHD and working with children with ADHD. How my views impact the way I work with them and how I view them. I personally see a lot of musical potential within each of them. I also see some of the struggles they are facing and in some way can relate to them. I really want everyone to feel included. I need to make sure that I let the group flow naturally and observe their interactions.

As seen above there were a number of personal feelings, interpretations and beliefs I had to constantly assess and remain aware of throughout the process in order to know when a change in direction was necessary.

Please refer to (example 10) for a complete table of all the categories. Descriptions of each category will also be listed below the table.

Example 10:**4.6.1 Table of categories**

Category	Analytic Codes
Needs, struggles and characteristics of children with ADHD noted by the class teacher	Children with ADHD show irregular behaviours Children struggle with concentration Children are easily distracted Children hyperactive Children with ADHD sometimes lack empathy for others Children with ADHD have additional struggles Children impacted by home circumstances Children struggle with impulse control Medication influences behaviour Some children battle to express themselves Large variance in verbal participation Important not to always let extroverts have more attention
Teacher's views about music	Social awareness Impulse control Music can be calming

	<p>Music for educational objectives</p> <p>Music can be used therapeutically</p> <p>Music many potentials</p> <p>Children's responses to music- enjoyment</p> <p>Children respond to music</p>
Class teacher also experienced music teacher	<p>Music-making impacts everyday life</p> <p>Teacher also music teacher</p>
Teacher's current use of music the classroom	<p>Musical qualities offer children different ways of experiencing themselves and others</p> <p>Exposure to other cultures/music</p> <p>Exposure to diversity in music enables children new experiences</p> <p>Physical participation in musical activities can help to focus behaviour</p> <p>Listening skills</p> <p>Music to teach life skills</p> <p>Music time is limited</p>
MT adapts music to fit the child's individual expressions	<p>MT adapts music so children feel included as part of the group</p> <p>MT uses musical structures to help students follow</p> <p>T learned in MT: Call out names within the music to gain children's attention</p> <p>T learned in MT: Use individual instruments to help children feel involved</p> <p>T learned in MT: Acknowledge children within the music</p>
MT approach motivates spontaneous social awareness and interaction	<p>In MT: Children became more socially aware of others</p> <p>In MT children became recognised as part of the group</p> <p>In MT student's feel good about themselves when playing together</p> <p>MT offers children experience of connecting socially with others in a non-threatening way</p> <p>Children able to engage in a small group</p> <p>MT offers children experience of expressing themselves to others</p> <p>Student's focusing in MT: increased attention to others</p> <p>In MT- students listening and respecting each other</p> <p>Music used in MT helps children play together</p> <p>MT encourages playful interaction</p>
Music therapy enables new experiences of self and others	<p>MT allows students opportunity to lead/social group learning</p> <p>MT offered opportunities for children to feel included socially</p> <p>MT offers space for children to learn more about themselves</p> <p>T learned in MT: To engage children who are withdrawn in the music</p> <p>Sometimes children experience themselves as</p>

	disorganized MT offers reserved or disabled children opportunity to lead MT offers a different experience of self and of others
Teacher encourages children to fit in with the music	Teacher expects student's to match her playing Teacher wants children to learn to follow the beat Teacher requires students to participate Teacher wants to teach children to improve musical skills
Teacher's management of children in music classes (structure through rules, strict boundaries)	Children need individual attention Children respond differently to teacher Teacher enforces strict boundaries Teacher needs to manage/control difficult behaviours Teacher enforces turn-taking Teacher enforces strict boundaries Teacher encourages children's participation
MT's management of children during music therapy (verbal, bodily gestures and musical cues to draw group together towards music-making)	MT uses visual and verbal cues to draw in student's attention MT uses verbal cue to encourage listening skills MT makes eye contact/uses visual cues and calls out to students in music to draw them in MT uses musical cue to draw attention of students MT uses musical cue to encourage listening skills MT uses musical cue to help students focus/play together How and why MT needs to use different cues to draw children in
Musical structures MT uses can help to offer strong, safe boundaries	Music used in MT helps children play together MT draws in attention of students When students match each other connecting socially
The teacher noted the freedom within MT	Students free to be themselves in MT

4.7 Identification of themes

In the final column of the table (see appendix O) I noted the emerging themes.

Throughout the process of sorting through the codes and categorizing, I started to notice two main emerging themes.

The first theme that emerged was 'music itself is meaningful'. The second theme that emerged was 'Music Therapy as a complementary approach'. Please see Appendix O for a complete table of all the categories and themes.

Each of these themes is comprised of the specific categories listed above that led to the emergence of these themes. The first category however: 'Needs, struggles and characteristics of children with ADHD noted by the class teacher' is included within both themes.

The first theme focuses on the teacher's use of music within the classroom and her views on music in general. As this teacher is already a music teacher she has a background in music education and already uses music with her class. The first theme highlights how music in general is helpful for children with ADHD. The higher order code 'Music can be used therapeutically' was specifically included under this theme as it shows a key element in how the teacher views her use of music. The higher order code 'MT and music-making impact everyday life' was also included under this theme as it shows that music is already an important part of the teacher's life. As a music therapist I found similarities between my use of music and the teachers. This can be shown in the video excerpts where I used different kinds of music, changes in tempo and dynamics, movements, playing and singing.

The second theme focuses on how music therapy offers a complementary approach and new experiences of music for the children and teacher. The second theme also draws from categories that relate to the different goals and structures of the teacher and music therapist. The higher order codes 'Teacher wants children to learn to follow the beat' and 'MT adapts music so children feel included as part of the group' were sorted under this theme as it shows the different ways in which the teacher and music therapist use music. Both uses of music are beneficial for the children but the way in which it is used and the goals that are trying to be achieved are different.

4.7.1 List of categories with descriptions

Category included in both themes:

Needs, struggles and characteristics of children with ADHD noted by the class teacher: This first category is included within both themes as it described the struggles of children with ADHD and relates to how both the teacher and music therapist address these struggles. This category offers a 'starting point' as each of the themes discusses

how music in general and music therapy can address aspects mentioned in this category.

Categories supporting the first theme: **Music itself is meaningful**

Teacher's views about music: This category is particularly important to the research, as this educator is already sensitive to the value of music for children. The teacher describes the children's responses to music in general, how it can be used for educational objectives, social purposes and enjoyment.

Class teacher also experienced music teacher: This category links to the categories about the teacher's views about music and the teacher's current use of music in the classroom. This particular teacher is already a music teacher and believes music-making impacts everyday life.

Teacher's current use of music in the classroom: This category explores how the teacher's current use of music is already of particular social benefit for children with ADHD because music in general offers children different ways of experiencing themselves and others, music can expose children to different cultures, music itself can help with impulse control, hyperactivity and listening skills and music class in general offers time for social interaction.

Categories supporting the second theme:

Music Therapist adapts music to fit the child's individual expressions: This category explores how the music therapist adapts the music so the children feel heard and included. The analytic code 'MT slows down music or movement and waits for each student to play (also when children are not following)' is included under this category as it explains how the music therapy adapts the music to fit the child. This category also includes the higher order code 'Melody used in MT provides structure/helps students follow the beat'. This code describes how the music therapist uses musical structures to help students follow the music and play together.

Music Therapist's approach motivates spontaneous social awareness and interaction: The analytic codes included under this category relate to how the students

in music therapy became more aware of one another through spontaneous interactions motivated by music therapy activities. In music therapy the children were recognised as part of the group. There were also moments in music therapy where the students felt good about themselves when playing together and music therapy offered these children an experience of connecting socially with others in a non-threatening way.

Music therapy enables new experiences of self and others: Music therapy offered student's opportunities to lead and learn more about themselves. The teacher also recognised this and mentioned that she learned that it is important to engage children who are withdrawn in the music. Children with ADHD sometimes experience themselves as disorganized and music therapy may enable them an opportunity to experience themselves and others in a different way. Music therapy also enabled children who are disabled an opportunity to lead and experience a new sense of self or identity in the sessions.

Teacher encourages children to fit in with the music: This category explores a key difference between music education and music therapy. Music teachers are usually expected to meet educational criteria within music classes and are used to a framework that includes assessments and educational development. The teacher expects students to participate and follow a set beat and match the teacher's playing. When compared to the music therapist fitting music with the child motivating spontaneous participation, this highlights differences between music therapists and teachers use of music.

Teacher's management of children in music classes: The teacher has her own methods of structuring her classes and believes that children need strict boundaries and structure. She believes children need individual attention and reinforcement. The teacher explained that she feels that she needs to control difficult behaviour and that children's behaviour needs to be managed as a prerequisite to music participation. The children also respond differently to the teacher in music, as she is their teacher.

Music Therapist's management of children during music therapy: The music therapist manages the class by using visual, verbal, and musical cues to encourage listening skills and to draw the attention of the students. The music therapist makes eye contact with students and calls out to the students in the music. The music therapist also

uses music cues to help students focus and play together. The music therapist is intentional and uses multiple ways of indicating changes as the students do not follow sudden changes easily. In comparison with the previous category this highlights differences between the way the teacher uses music and the way the music therapist uses music.

Music Therapist uses musical structures that can help to offer strong, safe boundaries: This category links together with the category: 'Music Therapist's management of children during music therapy.' The music used in music therapy help children play together. The music itself also helps to create structure and creates a strong container for students.

The teacher noted the freedom within music therapy: This category highlights a topic often mentioned by the teacher. Music therapy seemed to offer the children a means of expression and a safe space to be themselves. Students often laughed in music therapy and were free to play when interacting with other students. The teacher also mentioned that she felt that children benefitted by being free in who they are and the assistant teacher stated that music therapy created a unity between the students. This indicated awareness of differences in participation within music therapy and music classes.

The categories and themes are discussed in detail in chapter 5.

Chapter 5

Discussion

5.1 Introduction

In this chapter I will describe the findings from the research process in relation to the research questions and incorporating literature searched for in this study. The main research question that guided this study is:

How can involvement in Group Creative Music Therapy promote social skills in six and seven year old children diagnosed with Attention Deficit Hyperactivity Disorder?

The sub questions that guided this research were:

1- How can Group Creative Music Therapy aid in the development of social skills including impulse control, improved attention and increased social awareness in children diagnosed with ADHD?

2- How do the teachers experience the influence of Group Creative Music Therapy sessions on the social skills of children diagnosed with ADHD?

A number of categories developed during the analysis process, with two main emerging themes. The first theme is 'music itself is meaningful' highlighting that music can be used as a tool to benefit the social skills of children with ADHD, whether the music is used by music therapists or other practitioners. The second theme, 'music therapy as a complementary approach' refers to how music therapy can be used to enhance the teacher's capacity to motivate the development of social skills through the use of music. The goals of music therapy differ in many ways to music education and can have complementary benefits. I will be discussing and linking these two themes to the categories introduced in the data analysis chapter.

5.1.1 Needs, struggles and characteristics of children with ADHD

The first category I will be discussing is 'Needs, struggles and characteristics of children with ADHD noted by the class teacher'. I am beginning with this category as it relates to

both main themes and is a starting point for the discussion as it describes the specific struggles of children with ADHD that need to be addressed.

The teacher's sense of her students concurred with literature in terms of the symptoms of ADHD such as inattentive, hyperactive and impulsive behaviour (American Psychiatric Association, 2013:59); trouble relating to peers, the negative effects of medication, and the lack of empathy for others (Matson, 2009; Sadock et al. 2015). Struggles in terms of children's social development experienced by the teacher include: children with ADHD show irregular behaviours (see Matson, 2009:169; appendix I, T1, line 5); struggle with concentration and sometimes have additional struggles (see Cordier, et al., 2010:191; appendix I, T1, line 6&94); are impacted by home circumstances (see Mulligan, Anney, Butler, O'Regan, Richardson, Tulewicz, Fitzgerald & Gill, 2013; appendix I, T1, line 55); and some children are withdrawn and battle to express themselves (see Mikami et al., 2007; appendix I, T1, line 93). The teacher further mentioned that it was important not to always let extroverts have more attention (see appendix I, T1, line 78-80b).

In the literature I explored the main struggles that impact on social skills, these include: inattention, hyperactivity, impulsivity and difficulty managing emotions (Matson, 2009). It is critical to deal with these social skills at an early age before these negative behaviours and accompanying reputations develop into permanent patterns, which may follow them through many years of school (Ladd & Price, 1987; Webster-Stratton & Reid, 2004).

I will now focus on how the categories and themes address the main research question and both sub-questions.

5.2 Music itself is meaningful

An important and valuable feature to this research was that I was able to work closely with a teacher who already has a broad and extensive knowledge of music. The teacher already uses music with her class and serves as the music teacher for the school. This was an unexpected but valuable component to the research as the teacher's use of music showed a number of similarities to the way a music therapist uses music. In this section I will therefore discuss how the use of music by both the music teacher and music therapist can be used to influence social skills – in response to the first sub-

question. I will also highlight the teacher's awareness of using music in this way - in response to the second sub-question.

5.2.1 Teacher's experience of using music in the classroom

In my research I had the opportunity to explore the teacher's views about music. In my findings I learned that the teacher appreciates and uses music in her own life and work (see excerpt 1 and 2).

Excerpt 1 (see Appendix I, T1, line 311-321):

"Teacher: I think that in any way you use music, there is therapy in music. I just don't always maybe have the know how. I think there are many areas to explore, to see what music can still do, and I would love to learn some more, maybe I can learn from you I don't know."

Excerpt 2 (see Appendix I, T1, line 279-286):

"Teacher: When I was a teenager, when I used to be upset I could sit in front of a piano and I could play and it would calm me down. If you listen to music, like also my husband and I, we also play music in church. So you know to me it is always such a soothing, calming, relaxing, you just you just go into a world of peace, I think when you do music."

In these excerpts the teacher describes how she has found music to be therapeutic in her own life.

The teacher also described her current use of music and this revealed that she uses music to address a number of skills in her class. Many of her music lessons also involve teaching life skills through music, for example using songs to teach children about road or fire safety, or using songs that correlate with what they are learning in the classroom (see appendix I, T1, lines 199-200 & 206-207). She noted that music has a number of benefits for children and specifically for children with ADHD (see appendix O). The following two excerpts from interview one demonstrate this:

Excerpt 3 (see Appendix I, T1, line 150-154):

"Teacher: We do contrasts high and low, fast and slow. And also going from lower to higher and they can do actions to that. They always do actions with everything because it just reinforces all the time. Okay. Then we just learn like other songs like listen to the ocean, that's just a usual melody."

And sometimes we just make them close their eyes and listen to a song being played like a peaceful song to calm them down.”

Music activities can benefit and encourage social skills such as turn-taking and respect for others. Turn-taking is used in music therapy as a helpful means to encourage interaction (please see appendix: N, thick description, session 3) for examples of how I used turn-taking during a drumming activity in session 3. The following excerpt highlights how the teacher also utilised turn-taking to benefit children socially:

Excerpt 4 (see Appendix I, T1, line 264-273):

“Researcher: Are there any social benefits that you are aware of from the music?”

Teacher: Yah I think so. Even in music they have to learn to, take turns, I don't always let them all play together... and while they are singing you have got to respect them, you can't sit and talk while they are busy. And yes I just think that music is always a joyful time, but also a discipline time. We can enjoy ourselves for a while but then need to calm down. We can't go wild the whole time. We have to calm them down.”

The teacher further addressed social skills in her music classroom by exposing the students to music from different cultures. The teacher described how she used different styles of music for the children to become familiar with (see appendix I, T1, line 120 & 145). This is beneficial to the children's social skills as it enables them to develop empathy and understanding for different people. In our music therapy sessions I also incorporated Afrikaans, Zulu and Xhosa songs. My aim of incorporating songs in all languages children spoke was to ensure all were included and felt a part of the group.

The teacher explained that she showed the children different singers and uses songs that represent different moods and emotions to allow students to feel and connect with these different emotions (see appendix I, T1, line 173-176 & 228-229). According to Gooding (2010) children need to learn life skills that enable them to participate socially in the world. In order to succeed in a classroom setting, children need to develop social skills that help them relate to others (interpersonal behaviours), help them regulate their own behaviours (self-related behaviours), and skills that help them complete assigned tasks (task-related behaviours) (Gooding, 2010). Some of these skills may be learned through musical activities, as music making is an inherently social activity where children

are often expected to work together. Some of the data findings suggest similarities between my use of music as a music therapist and that of the teacher, for example both the teacher and I used movement activities to encourage the children to work together (see appendix O: T1.144-145, T1.159, & V3.67-69).

These aspects of using music to benefit children with ADHD socially are shared between music therapists and music teachers. As noted in the literature - music can expose children to different cultures, help develop other life skills, offers time for social interaction and can enhance cohesion in school classrooms (Anderson & Campbell, 2010:3; Kokotsaki & Hallam, 2007; Hallam, 2015:15). Group music making can also contribute to feelings of social inclusion and can encourage tolerance (Hallam, 2016). It can support “co-operation, pro-social behaviour, belongingness, relationships, collaborative learning, social advancement, group identity, solidarity, taking turns, teamwork and helping others (Hallam 2015:15).” Cooperation, listening skills and turn-taking are some of the key elements of group music-making

It is clear that music is a powerful tool and this teacher has already discovered a number of values of using music with her students. Both the music teacher and myself, as the music therapist were aware of how music itself, through the way participation in musical activities can motivate children to work together. Some examples include how music can enable children to experience different cultures, different movements, different ways of being, and can calm children and help them focus – all of these can help aid in the development of social skills. For teachers with less experience in incorporating music in their classes, the support of a more experienced music teacher or music therapist might optimize the teacher’s ability to use music in class.

5.3 Music therapy as a complementary approach

Nordoff and Robbins (1971:135) explain that it is the music therapist’s role to complement the educational activities of the teacher with musical experiences that have psychological significance for the children. Music therapy also focuses on the importance of the relationships between clients and therapist (Rickson & McFerran, 2007). This relationship is established through musical interaction and joint participation in musical activities. Through this relationship, the intention of the therapist is to guide

the children towards therapeutic (often non-musical) goals. This describes an important distinction between music education and music therapy as this highlights some of the differing intentions between the two fields.

5.3.1 Teacher noted the freedom within Music Therapy

As the teacher noticed many uses of music that overlapped with how music therapists utilise music in their work, she also noted some important differences in the way music therapists approach their use of music with their clients. This teacher particularly observed a unique freedom within music therapy. The following two excerpts illustrate this freedom, which the teacher referred to in many instances:

Excerpt 5 (see Appendix J, T2, line 140-145):

“Researcher: Did you notice any changes over the process?”

Teacher: Oh I definitely saw that they are more free, and also they've learned to know...they need to know that they are safe and comfortable with somebody.”

Excerpt 6 (see Appendix J, T2, line 5-7):

“Teacher: I do think that they did enjoy it very much and they were very free to do what they wanted to do, so I think that gave them an opportunity.”

“Researcher: And can you describe any social benefits specifically?”

Teacher: That they have to interact... Interacting, and yes in being free in who they are.”

Music therapy seemed to offer the children a means of expression and a safe space to be themselves (see appendix L: V1.100-101). Students often laughed in music therapy and were free to play when interacting with other students (see appendix J: T2.131 & appendix L: V1.62-63). The teacher also mentioned that she felt that children benefitted by being free in who they are and the assistant teacher stated that music therapy created a unity between the students (see appendix J: T2.142 & 240; appendix K: AT1.3). This indicated awareness of differences in participation within music therapy and music classes for example, in relation to her struggle to always needing children to participate in education music classes ‘appropriately’. One of the key findings from Hibben’s (1991:187) research of a music therapist working with a classroom of 6-8 year

olds with hyper-active behaviours and learning disabilities described how the music provided structure for the group, which allowed the children freedom to interact and experiment safely within the musical boundaries. The findings from Rickson and Watkins' (2003:296) study, which explored music therapy as a means to promote pro-social behaviours in aggressive adolescent boys suggests that music therapy sessions might encourage individual growth by gradually encouraging more freedom of choice, spontaneity, and creativity.

5.3.2 Music Therapy enables spontaneous social interaction

When the teacher observed the freedom in music therapy she may have been referring to how music therapy offers the children an opportunity to engage freely with others in the music, encouraging spontaneous interaction. In the thick description from video excerpt one in session one, one of the children, C10, was offered a turn to lead a movement for the group. This child was moving freely, spinning around and his movements were slightly wild and chaotic (see appendix L, thick description, session 1, lines: 91-110). In terms of music therapy this was entirely acceptable as the therapist was intentionally offering this child a safe place to express himself. The therapist also encouraged the other children to follow his movements, allowing him an opportunity to experience leading and being acknowledged by his peers.

For a teacher whose goals are mostly 'educational' (whether this is learning to be calm, learning life skills, or learning how to move or sing) – this moment seems contrary to such aims. The goals in music therapy can be focused on non-musical aspects such as the development of social skills (in this case through offering one child an opportunity to express himself freely), while encouraging others to learn to work together by moving with him and acknowledging his contribution. The goals can be directly focused on developing social skills, as opposed to social skills being an additional outcome from participation in musical activities for educational aims.

In the following excerpt from the thick description of the second video clip from session two, I noticed another exceptional moment of spontaneous interaction between two students during the music therapy session, when the students were asked to play in pairs.

Excerpt 7 (Appendix M, thick description, session 2, line 47-73):

“C2 smiles as if she is recognizing they are playing together. The therapist continues to strum on the guitar and sings along following the student’s beat. Both C2 and C1 begin to smile. The therapist says Good job!” C2 seems very excited and looks at C1. C1 looks back at C2 and gives back a big smile as if to acknowledge her partner. C1 smiles and sits up on her knees and starts to shake her shaker a bit faster in excitement as if to see if C2 will respond. C2 immediately copies student C1’s beat and also sits up on her knees. Both students play together in time with big smiles on their faces.”

This video excerpt also shows a few unique interactions where the students are matching each other and playing together. I believe this shows how their spontaneous connections through music motivate awareness and recognition of each other, and enjoyment of a new way of socially interacting.

These two categories link to the second sub-question as the teacher experienced these specific moments of social interaction as *unique* to music therapy. The teacher noticed how music therapy enabled these spontaneous social interactions, and the influence this had on the children (see excerpt 8).

Excerpt 8 (see Appendix J, T2, line 147-156):

“Researcher: And in what ways did the music therapy process complement the work that you are currently already doing in class?”

Teacher: You know what, I think our/their whole life consists of rhythm, and music, and everything that you did, so I can only think that it had a positive affect on them, I think for some children it definitely, it definitely taught them more about themselves and their strengths and also their abilities you know, and that they don’t need to be scared to participate, you know, it doesn’t have to be perfect to be enjoyed, you know what I’m saying.”

In this excerpt the teacher was recalling how, in music therapy, all children are encouraged to participate in their own way. I believe that children need both music education and music therapy as they need to learn how they can structure their movements and follow the music but they also need to learn how to socialize through engaging freely, through having fun, and through experiencing others working together with them in music.

5.3.3 Differences between the teacher's management of children in music classes and the music therapist's management of children in music therapy sessions

In contrast to music therapists, it appears as if teachers are required to be less flexible in their approach, due to the different demands and dynamics of the classroom setting. This teacher's primary goal is to educate and expose children to different music styles, dynamics and contrasts (see appendix I, T1, lines:150-159). The teacher also described how her use of music in the classroom was unfortunately very limited as she faced constant pressure from the school to reach certain academic goals. In music therapy children may also learn musical skills but the main goal is to use music primarily to address non-musical goals.

There are a number of social skills children need to develop to participate in daily interactions – in and outside of the classroom. These skills include cooperation, communication (verbal and nonverbal), peer interaction, recognition and support of others, concentration and impulse control (Gooding, 2010). In the first theme I described how the teacher already uses some musical techniques to help create structure in her sessions. She spoke about using different breathing, vocal, rhythm and clapping exercises in her music classes (see appendix I, line 128-130 & 143-144). However, she mentioned that she still struggled with many of these aspects. In the following two excerpts from the first interview she mentioned some of the issues she faces:

Excerpt 9 (see Appendix I, T1, line 11-16):

“Teacher: Some of them are on medication, some of them don't take medication then they will also be different. When they are not on medication they can be totally hyperactive or totally lethargic depending on what the medication does for them. And they also get affected by change, they don't handle change easily, they like routine, but also you need to be strict with them, you need to be very strict with them. They need boundaries.”

Excerpt 10 (see Appendix I, T1, line 378-379):

“Teacher: Like as I said for instance if I do the $\frac{3}{4}$. I can't play a fast waltz: 1 step- stand, 1 step - stand -stand. And then they go the wrong way. They can't follow you. It's almost like a spatial orientation. They've got a lot of problems with spatial awareness”

In these excerpts the teacher described some of the struggles she faces when using music with her class related to general struggles of working with children with ADHD. As shown in the literature - children with ADHD often have trouble listening to instructions, are easily distracted and struggle with impulse control (Barkley, 2014:3). The teacher also described how many of her students struggled with coordination and spatial orientation. These excerpts portray common occurrences in many classroom settings with children with ADHD. These events are not exclusive to the music classroom. They also often occur in the general classroom and also in the therapy setting.

In the book “Music Therapy in Group Work” by Davies and Richards, Tyler (2002) explains that before working as a music therapist she worked as a music teacher. Similarly to the teacher's struggles to manage the children's behaviour, Tyler offers a parallel narrative: “All the teacher's efforts are taken up with managing his behaviour, rather than concentrating on the other children's creativity” (Tyler, 2002:217-218). This quote describes one of the challenges many teachers face and the feeling of needing to manage the class and create more structure therein.

What often happens in situations like this is that the teacher eventually becomes frustrated and sends the student out of the classroom into a 'time out' (Tyler, 2002). The teacher described this situation happening often with one particular student in the class, C9 (see excerpt 12).

Excerpt 12 (see Appendix I, T1, line 100-101):

“Teacher: C9 he talks all the time and never stops, so. You can see he always takes the class over. You just gotta, sometimes give him a chance so that he doesn't feel out. But you really got to slow him down, he will take the class over, he will be the teacher.”

In this excerpt the teacher is describing how this one student often takes over the class. In one of our music therapy sessions she asked him to leave the session to go into a 'timeout'. After the session we discussed some of the reasons why he may be acting this way. She mentioned to me that he would be moving schools the following week and was

having some issues at home. She recognised that he needed individual attention to work through these difficult emotions, but made it clear that this was very difficult for her as she was concerned with managing the whole class and meeting the demands of the curriculum. She mentioned that she often has to ask him to leave the class in order to prevent one child from sabotaging the rest of the students' learning.

When a child constantly receives negative attention, they may be viewed or labelled as the 'disruptive child' by the teacher and the rest of the class. Unfortunately, this often occurs at the expense of acknowledging their competencies and strengths in other areas (Varma, 2014:162). Once this child is labelled as difficult, others may start to focus on his negative characteristics. If it is not addressed early on this reputation may become a 'self-fulfilling prophecy' and may lead to negative consequences impacting the child socially throughout his years of schooling.

Tyler (2002) explains that even though behavioural issues occur equally in music therapy, a music therapist is trained with specific musical resources to call upon when thinking about how to respond. In the second interview with the teacher, after the music therapy sessions ended the teacher mentioned that she believed the music therapist handled difficult children well. In the following excerpt she related this:

Excerpt 13 (see Appendix J, T2, line 257-159 & 102-104):

"I think you are doing very well. And yes I think you have had a good schooling in children that are haywire, because C9 is haywire and he can be very challenging."

The teacher also observed an important difference in how the music therapist managed children labelled as difficult. The music therapist purposefully engaged all children including those seen as disruptive in order allow the students to see another side of these children. Tyler (2002:222) explains how the therapist's role is to provide the facilitating environment in which this balance between structure and freedom and order and chaos can be explored. Music therapists do not negate the need for structure and boundaries, especially with this client group. However, music therapists approach structure in their sessions by *negotiating* boundaries with the clients (Ansdell, 2002). A music therapist offers verbal, bodily, and musical cues and gestures to draw the group together towards music-making but may alter his/her music so that it includes timing and

phrasing to meet the playing of the group. The following excerpt from video three demonstrates the multiple cues used by the music therapist to draw the students together:

Excerpt 14 (Appendix N, thick description, session 3, line 23-36):

“The therapist now begins to add/sing a melody with a clear marching beat at 60 BPM to match her body movements. All of the students immediately match the therapist’s rhythm once they hear the melody. The therapist makes eye contact with the group, increases the dynamics of her voice/sings the melody louder while lowering her leg and then adds a long fermata/pause to the melody and movement to anticipate the music is going to stop. The students kept the beat going until indicated by MT to stop. The students are smiling as if acknowledging that they were playing together as a group.”

The music therapist used visual cues and called out to the students in the music to draw them in. The music therapist also used musical cues such as increasing or lowering the dynamics or adding pauses (see appendix N, line 28-29) to help the students focus and to encourage listening skills. The music therapist also carefully selected and used music that would help students play together. As shown in the above excerpt music therapy offers safe and secure boundaries while still remaining flexible to allow for the children to have more of an ability to express themselves. This links back to the first-sub-question as it demonstrates how the music therapist targets social skills such as inattention and impulsivity by using musical cues to focus the children’s attention. The therapist also uses musical cues to encourage students to play together which helps increase awareness of others.

In addition to using musical cues to motivate participation, I (as the music therapist) used musical activities to acknowledge and encourage participation of individual children. This also links to the second sub-question as the teacher experienced how I acknowledged children’s participation by addressing them individually in the music. The teacher noticed this as a social activity she could use in her music classroom: to acknowledge the children in the music (see excerpt 15).

Excerpt 15 (see Appendix J, T2, line 184-193):

“Researcher: Could you describe any new insights you have about the children that impacts how you approach them? Is there anything new that you saw in the sessions? So specific tools or techniques drawn from music therapy that could be helpful for you to use in the classroom?”

Teacher: I liked the name, you know when they called their names. We also do that, but also to use the instrument with that, you know, just to enhance the name, because their names are very important to them. And maybe in future I'll add the surname as well. Often they don't know their surnames, so yes I will definitely use that from the music that we did."

This excerpt from the second interview highlights one of the techniques the teacher noticed that could potentially be helpful in her own classroom – to draw in individuals using their names to offer a sense of belonging and to offer a space for individual focus. This is helpful in terms of the development of social skills with children with ADHD in particular as it encourages awareness of self and others. This activity also requires children to focus and acknowledge specific personal information about their peers.

5.3.4 Goals of music teacher and music therapist are different

In the music classroom children need to learn to structure their behaviour, pay attention and control their impulses in order to play in time with the music. This is an important prerequisite for appropriate social interaction, and yet, some children in this teacher's class struggled to do this. The following excerpt from the first interview highlights some of the teacher's thoughts about the children fitting in with the music:

Excerpt 16 (see Appendix I, T1, line 159-165):

"We also walk to the beat, walk and march and waltz, but you know they, we actually just do this, (gets up to demonstrates the steps) 1, 2, 3, 1, 2, 3 because for them to get that, I mean its really hard for them...you will see that their coordination is not that on par"

In this excerpt the teacher described how the students have trouble with coordination and fitting in with the music. When groups are out of time with one another this can emphasize the group's varied disabilities (Pavlicevic, 2003:117). When they are struggling to fit in with the beat, this does not provide an optimal social experience for the group, as they are focused on the fact that they are not in time with everyone else and perhaps even feeling that they are not *able* to be in time with everyone else (Pavlicevic, 2003:117).

In contrast, a central concept of Creative Music Therapy is that *the therapist must fit in with the child's music*. The point is not to focus on the client's musicianship but to the person portrayed by the playing (Pavlicevic, 1997:25). In the literature review I described the concept of "the Music Child" - the innate sensitivity to music that is inborn in every child (Nordoff and Robbins, 1977). This inborn musicality is linked to the emotional, communicative and social being. In the music therapy session the therapist can tap into this to build a relationship with the client. According to Pavlicevic (1997:117) the therapist is trained in "meeting and matching the client's music in order to give the client an experience of 'being known', through his sounds being responded to as being expressively and communicatively meaningful". Making music together in music therapy is often about creating and sustaining relationships by giving emotional, relational and social meaning to the act of being together in music (Pavlicevic, 2003). This relationship, through music has the intention of helping clients meet specific (often non-musical goals), such as helping improve social skills.

In a group setting the therapist is not only matching each individual but is also encouraging the rest of the group to play along with each member's expressions. This highlights a significant difference in how the teacher and music therapist work. This was highlighted in the group when during the sessions the teacher would sometimes hold the children's hands trying to help them to follow the beat. I encouraged the teacher to let the students try play on their own. The teacher wanted to help the children to learn how to play along, whereas I, as the music therapist wanted to accentuate the children's potential and ability by musically matching the way they played by themselves. I intentionally included each of the students by acknowledging each child's offering in the music. I wanted the students to experience sharing their own music and then be heard and responded to by others.

Another important aspect of music therapy is encouraging all children to participate - including those with physical disabilities. Ansdell (1995:8) explains that music can give a person access to a world of experience: from bodily experiences to emotional experiences and from intellectual to social experiences. The music therapy space offers children a safe and playful environment where they can safely establish a sense of control. The type of play that can occur in music therapy can allow even the most severely disabled child an opportunity to become an active participant in some way.

Music therapy offers these children the opportunity to contribute in whatever way they feel comfortable allowing them to feel as if they have some control over their environment. In the example above the teacher might have thought that by holding the child's hands she was helping that child who is less able to participate 'correctly', whereas the music therapist finds what a child is able to do and incorporates that into the music – so that he/she is included.

An example of the music therapist *fitting the music with the child* is shown in this portion of the thick description of the second video clip from session two (see excerpt 17).

Excerpt 17 (Appendix M, thick description, session 2, line 47-60):

"C2 begins to play the rhythm on her djembe drum using two hands tapping the tips of her fingers on the drum. The therapist changes the key on the guitar and matches C2's rhythm. The MT now starts to sing higher and says: "we are going to change the key, ready!" Therapist changes the key to key of D and strums lightly to adjust to students playing... C1 looks at C2 and starts to shake along to her beat. C2 smiles as if she is recognizing they are playing together. The therapist continues to strum on the guitar and sings along following the students' beat."

In this example I am tuning in to the expressions of each individual and adapting my music to fit in with their offerings. This offers the children a social experience of being heard and acknowledged by another person. It also influences their impulse control and listening skills, as they need to adjust their impulses to play together with another person.

By adapting the music to fit the children, the children are made aware of their own behaviours. The students also then feel included and a sense of belonging to the group. In the first category I mentioned some of the social struggles the teacher mentioned that were specific to her students. The music therapist is able to use techniques such as matching to address each child's individual expressions even those who display irregular behaviours or who struggle with hyperactivity and impulse control. The children also experienced clear moments of joy when they knew they were being matched (see appendix O, V1:64-65;69 & V3:35-36;75-76). This also gave the children who battle to express themselves an opportunity to be heard and feel included.

The teacher also added that she noticed this in the music therapy sessions - that the music therapist engaged children who were withdrawn. In the following excerpt she relates this:

Excerpt 18 (see Appendix J, T2, line 195-201):

“Researcher: Are there any other approaches or things you noticed from any of the sessions?”

Teacher: You know what, that you always have to engage all the ones that are withdrawn. When I did practical teaching they always said you need to look at all the children and ask all the children, especially the ones that are withdrawn. And that I felt you did very well.”

In this excerpt the teacher recognised that the music therapist engaged all the children allowing each child an opportunity to feel included, socially in the group.

5.3.5 Music Therapy enables new experiences of self and others

As a music therapist I am not only *fitting the music with the child* but I am also using a music therapy technique referred to as ‘extending’ (e.g. where I change the key) which is a clinical intervention to offer the children alternative experiences (Pavlicevic, 2002, n.p.). This technique is used to help the client start experimenting within the musical relationship. This is where the social interaction takes place. As stated by Brown and Pavlicevic (1997:398):

“A music therapist is a highly competent musician whose improvisational skills can be more than just musical – they are clinical improvisational skills. This means that the therapist is trained in clinical musical techniques (pioneered by Nordoff & Robbins) which enable the client and therapist to form and work with a dynamic, interpersonal relationship through music.”

In a music therapy group the therapist needs to work with the group energy. Once the therapist has offered predictability in the musical structure where the group is able to follow for example a steady pulse, she may choose to add in variations (such as changes in metre, musical style or key) to shift the group to a new relational mode (Pavlicevic, 2003:73-74).

Tyler (2002) explains how a music therapist also offers opportunities for all students to lead and encourages students to take turns leading - this includes those who are reserved and those with disabilities. In relation to the first sub-question this requires children to focus their attention on the task of leading while offering the other children an opportunity to improve their listening skills and their ability to follow the leader. Children are also therefore experiencing new ways of being through following the unique expressions of each individual.

Trying out different ideas when making or interacting with music is a form of playing in music therapy and can also help children express themselves and explore their feelings while possibly helping them learn how to manage their impulses (Van Fleet, Sywulak, & Sniscak, 2010:9). According to Van Fleet, et al. (2010:9):

“Play offers children an experience of power and control rarely afforded them in other situations...through play, they experience a sense of control while learning to manage or regulate their feelings and impulses. As they become socialized, children learn to handle power and control in adaptable ways, and play offers them a safe climate in which to do this.”

The following example from the thick description of the first video excerpt from session one, demonstrates how this idea of ‘playing’ within a music therapy session can enable this experience (see excerpt 19).

Excerpt 19 (Appendix L, thick description, session 1, line 124-134):

“The teacher whispers to the therapist to give C1 a turn. (The teacher had told the therapist before that this student C1 loves to dance but is usually shy around the other students and is treated as an outcast by the rest of the class.) The therapist calls on C1 to have a turn. C1 jumps into the middle on the circle and seems very energetic and excited. She starts jumping and skipping boldly moving even more freely than the students before her. Her smile is beaming and the other students are smiling back at her. The students immediately follow her movements and seem to be moving in time with her. She is moving to the beat and completely present in the movement. C1 is giving a lot of energy and enthusiasm to her dancing.”

This example demonstrates how in music therapy when a child is recognised musically by her peers, not only is she able to experience herself in a different way, but the

children are given an opportunity to acknowledge her and her strengths. This particular child seemed to enjoy music therapy as the sessions seemed to offer her a space where she could feel socially included and valued as an important contributor to the group.

Tyler (2002:217) argues “group music therapy has a specific contribution to make for children with special needs, diagnostically, as an intervention which can complement and support the work of teachers and as a treatment in its own right.” Tyler (2002:229) justifies that due to their cognitive, behavioural, and emotional needs, children with special learning needs are faced with a particularly unpredictable world. A music therapy group can offer these children a place where they can feel acknowledged and valued (Tyler, 2002:228). As seen in the example within a music therapy framework these children were able to work, play and relate more effectively within their peer group (Tyler, 2002: 228). The teacher described this occurrence as well in the second interview in the following excerpt:

Excerpt 20 (see Appendix J, T2, line 7-10):

“Especially C1, she comes totally out of her shell when she does music. And to me that’s a form of getting rid of all of her emotions. I do think for her she definitely benefits from it.

The teacher noticed that a number of children in music therapy seemed to have similar experiences to that of C1 shown above. Children were given an opportunity to experience themselves in a new way, and were able to be themselves within the music.

Nicholls (2002:233) describes how relating to others musically can be easier and less frightening than verbal communication. C1, the student mentioned in the previous excerpt and C6 (see appendix I, T1, lines: 94-100), struggle significantly when communicating to their teacher and other classmates. Both of these students’ first languages are not English and they battle to use words to express themselves. The teacher also indicated to me before the start of music therapy that the other students treated C1 as an outcast (see appendix I, T1, line 112). The teacher thus experienced the positive social influence of music therapy on both of these students. When asked about her thoughts and experiences of the influence of the music therapy sessions, the teacher described the following:

Excerpt 21 (see Appendix J, T2, line 73-77):

“I think its good when they do things together, because it forces them to do things with a friend, because many of the children are very reserved and, like C1, she had to dance with someone and she wouldn’t dance with someone outside. I think she knows what she wants to say but she hasn’t got the language to express herself. She can’t communicate things to you, she hasn’t got comprehension, she can’t comprehend, and she can’t tell you.”

Excerpt 22 (see Appendix J, T2, line 29-31):

“Researcher: Ok, and what potentials? What things are you aware of now? What strengths of theirs do you notice?

Teacher: C6 she’s always very reserved and she has come out of her shell definitely,”

The excerpts illustrates how both these children benefitted from music therapy, as they were able to experience and express themselves in a new way. Many children with ADHD generally struggle with verbal communication and comorbid language disabilities (Cohen, Vallance, Barwick, Im, Menna, Horodezky & Isaacson, 2000). Music therapy offers an alternative option for them to communicate and express themselves through the use of music.

5.4 Discussion conclusion

In this chapter I have discussed how music therapy, both through the use of music itself as a therapeutic tool, and through the specialised skills of a music therapist has a positive influence on the development of social skills for children with ADHD. I have also highlighted some of the teacher’s experiences of music therapy’s influence on the social skills of her students. In the final chapter I will conclude this dissertation by summarizing these findings. I will also be discussing some of the limitations of this study and the contribution of this study to the research area of using Group Creative Music Therapy to potentially improve social skills in children diagnosed with ADHD.

Chapter 6

Conclusion

People are receptive to music because it matches up with our basic functions, such as the rhythms of our bodies and can therefore reach our innermost core (Ansdell, 1995:8). Music is deeply connected to who we are as people and music therapists use music as a therapeutic tool to address individualized clinical goals with their clients.

This study explored a number of ways in which Group Creative Music Therapy benefitted children with ADHD, particularly in terms of promoting social skills such as impulse control, improved attention and increased social awareness.

An interesting component of this research was working with a teacher who already had a wealth of experience of using music in her own life and with her classroom. This highlighted the value of music generally (including socially) for these children. There were also many similarities between how the teacher and music therapist used music to benefit children socially, such as exposing the children to music from different cultures or using turn-taking or movement activities to encourage the children to work together.

This study also highlighted the differences between the work of music therapists and music educators – some of these differences were recognised by the teacher herself. These included different aims. Aims of music therapy are often non-musical and therapeutic, and in this case focused directly on the development of social skills rather than on educational goals as in music teaching. Music therapists and music teachers also manage children in different ways. *The music therapist fitted the music with the children rather than requiring the children to fit in with the music* – to allow children to become aware of their potential to participate. In music education, children need to learn to fit with the music, to learn how to sing, move and dance in specific ways along with the music. In music therapy the therapist used specialised clinical techniques to target social skills such as inattention, impulsivity and social awareness. The music therapist used multiple gestures including verbal, bodily and musical cues to focus the children's attention and help students play together. This helped increase students' awareness of self and others and encouraged children to adjust their impulses in order to play together

with another person. Music therapy also allowed for freedom and spontaneity, and enabled opportunities for the children to interact and experience themselves in a new way. This occurred in a relaxed and nonthreatening environment that the children experienced as enjoyable.

The research suggests that music therapy and music education can complement one another. Through experiencing music therapy with the class, the music teacher can help children transfer the development of social skills during music therapy sessions into the classroom – benefitting their social relationships, and thus working environment. Similarly, receiving a grounded music education can offer children a broader palette of musical options to draw from when participating in music therapy. Relating to a familiar tool may also serve as reinforcement to help to build a sense of containment and safety. As the teacher already used music substantially in her class for educational purposes, this suggests that educators are able to learn skills to use music themselves as a means of benefitting children socially, personally and cognitively through their learning process. A teacher or music teacher who is less experienced in using music in this way may be able to learn skills for using music in the classroom through observing sessions or consulting with a music therapist.

Music therapists can also offer teachers specialised guidelines for learners within a class (e.g. as shown in this research when the music therapist asked the teacher to let the children play on their own). A class teacher could also help the music therapist (e.g. as shown in this research when the teacher suggested to the music therapist to give a specific child a chance because this child was usually withdrawn). I personally believe that music therapy as a complementary approach to music teaching held a number of positive and beneficial possibilities for this group.

Given the large number of children diagnosed with learning disabilities such as ADHD, the likelihood that music teachers will encounter these students along with the social struggles they experience is high (Gooding, 2010). This highlights the importance of this research, as there are many children who could benefit from a music therapy intervention as well as intentional use of music techniques in the classroom that can promote positive social skills within the class. The study also strongly advocates for

both music education and music therapy, as both fields are beneficial for this client group.

Limitations of the study

This study had certain limitations. The main limitation was the short time frame and number of sessions. Even though this research set out to explore short-term music therapy, four sessions allowed very little time to build relationships with students. More sessions would have allowed more time to study changes in interactions between group members noticed by both the therapist and the teacher over time. Another limitation involved the small sample size, as data was gathered from a small number of participants. Although this enabled more in-depth study, further research could benefit from multiple case studies of groups of children in different contexts (e.g. a classroom where the class teacher is not a music teacher or working with different age groups).

Recommendations for future research

Further investigation firstly with a larger sample would be beneficial as there is still limited research in this area. More studies with a larger sample could emphasise or challenge these findings.

Secondly, the teacher highlighted specific music techniques from music therapy that she could incorporate into her classroom. Further research into how music therapists can assist teachers (who have little experience with music education) to utilise these musical tools themselves can be explored. Feedback from the teacher also indicated that she welcomed new methods to help address some of the specific social struggles of her learners. In light of this a Creative Music Therapy Group could serve as a valuable and important asset in school settings to help address social struggles for children with ADHD.

Lastly, there were also a number of interesting findings that emerged as a result of working with a music teacher. Additional analysis into the relationships between music teachers and music therapists and how these fields complement each other could benefit both the field of music therapy and music education – particularly specialised education. Although the initial aim of this research was to explore the influence of music

therapy on the social skills of children with ADHD, the study highlighted that an exploration of collaboration may be beneficial. Further studies documenting the benefits of a complementary relationship between music therapists and music teachers specifically could offer valuable contributions to this research area. I personally believe that a music teacher and music therapist could potentially form a strong team when working to address these issues.

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Appendix A 1

Interview Questions

Section 1

Interview guide: first interview

Study Title: Exploring Group Creative Music Therapy as a means to promote social skills in six and seven year old children diagnosed with Attention Deficit Hyperactivity Disorder

1. ADHD - Social Skills

- 1.1 How would you describe your student's?
 - 1.1.1 Prompt question: what struggles are you aware of amongst learners in your class?
 - 1.1.2 Prompt question: how would you describe the strengths of your learners?
 - 1.1.3 Prompt question: could you say a little about social skills – impulsivity/attention/social awareness?
- 1.2 What techniques/approaches have you found helpful for addressing challenges?
 - 1.2.1 Prompt question: can you refer to social skills in particular?

2. Music Therapy

- 2.1 In what ways do your learner's participate in music-making at school?
- 2.2 What benefits have you noticed from their participation in music activities?
 - 2.2.1 Prompt question: what social benefits have you been aware of?
- 2.4 What is your understanding of music therapy?
- 2.5 How would you propose music-making within a therapeutic context might benefit the children?

Appendix A 2

Interview Questions

Section 2

Interview guide: second interview

Exploring Group Creative Music Therapy as a means to promote social skills in six and seven year old children diagnosed with Attention Deficit Hyperactivity Disorder

1. ADHD – Social Skills

- 1.1 Can you describe any changes in behaviour in your students in class noticed over the process of receiving music therapy?
 - 1.1.1 Prompt question: what struggles are you aware of now?
 - 1.1.2. Prompt question: what potential are you aware of now?
 - 1.1.3. Prompt question: could you say a little about social skills in particular – impulsivity/attention/social awareness?

2. Music Therapy

- 2.1 What was your experience of your children's participation in music therapy sessions?
 - 2.1.1 Prompts: what aspects of MT promoted social skills, what hindered development of social skills, what changes did you notice over the process?
- 2.2 In what ways did the music therapy process complement the work that you are doing with your children in class?
 - 2.2.1 Prompts: could you describe any new insights you have about the children that impacts how you approach them? What tools, techniques or approaches drawn from music therapy could be helpful to use in the classroom?

2.3 What is your understanding now of the benefits of music therapy?

2.3.1 Prompt question: can you describe any social benefits specifically?

Appendix B

Letter of Consent - School



This letter is to confirm that I have given my consent on behalf of the School of Transformation for Yael Gavronsky to conduct 8 music therapy sessions at The School of Transformation with a classroom of our first or second grade learners starting in the beginning of the school term for January 2016. This research study is conducted for the purpose of submitting a mini-dissertation in partial fulfillment for the degree of MMus (Music Therapy) at the University of Pretoria.

The music therapy sessions will be about 30 minutes (45 minutes including set up) once a week for about 8-10 weeks during school hours. The classroom teacher will also attend and participate in the sessions.

I understand that the following conditions, as explained in the participant information letter, apply:

- The participants' privacy, anonymity and confidentiality will be protected.
- It is the participants' personal choice to attend group music therapy sessions and the participants' may choose to withdraw at any time.
- I give my consent for the music therapy sessions to be video recorded, and for video material/excerpts to be used as data in this research study. The recordings acquired during the research process will form part of the training archives and will become property of the Music Department, University of Pretoria, and will thus also be kept secure. This material will not be sold or distributed. Video data, although used as part of the research, will not be available as part of the final dissertation document

With full acknowledgement of the above, I agree / do not agree to my school's participation in this study on this 27 (day) of this October (month) and this 2015 (year).

Mr. Johan Bloem

Principal of The School of Transformation

Email: principal@schooloftransformation.co.za

Signature: 

316 Trichardt Street, Parkdene, Boksburg | P.O. Box 2322, Boksburg, 1460 | tel: 011 892 5597 | fax: 086 616 1100

Directors | Dr. J.M. Meyer - Managing (M. Tech Hort) (BA) | Mrs G. Mokechane - Financial (national Dip F&C Tech) | Mr E. Mokechane - Chair (NDT Comp. Tech; MBA Wits) | Mrs T. Meyer
Principal | Mr. Johan Bloem | **Deputy Principal** | Mrs. Carlyn Stevens

Appendix C

Participant Information (Child and Guardian)

FACULTY OF HUMANITIES
 MUSIC DEPARTMENT
 TEL (012) 420-2316/3747
 FAX (012) 420-2248

MUSIC THERAPY PROGRAMME
TEL (012) 420-2614
FAX (012) 420-4351
www.up.ac.za/academic/music/music.html



UNIVERSITY OF PRETORIA
 UNIVERSITEIT VAN PRETORIA

Participant Information (Learners)

Title: Exploring the influence of Group Creative Music Therapy on the social skills of six and seven year old children diagnosed with Attention Deficit Hyperactivity Disorder

Dear Parent/s or Guardian,

I would like to invite your child to participate along with his/her class in a research project that explores how music therapy may be able to help promote social skills in children diagnosed with ADHD. Creative music therapy is the use of music within clinical, educational and social situations to support and encourage physical, mental, social and emotional well-being. Much of the therapy involves spontaneously making music together on a range of percussion instruments (such as drums). No musical skills are required to participate in this group.

This research study is conducted for the purpose of submitting a mini-dissertation in partial fulfilment for the degree of MMus (Music Therapy), and your child's participation would thus be highly valued. Your child will be invited to receive 8 group music therapy sessions (1 session of 30 minutes per week), from _____ to _____ during school hours. Your child's class teacher will attend each session and will be involved as a participant.

Please note that/note the following:

- All music therapy sessions will be video recorded, and video excerpts may be used as data in this research study. The recordings acquired during the research process will form part of the training archives and will become property of the Music Department,

University of Pretoria, and will thus also be kept secure. Video data, although used as part of the research, will not be available as part of the final dissertation document. This material will not be sold or distributed.

- Confidentiality and anonymity will be kept at all times as pseudonyms will be used for participant names, and only background or contextual details particularly relevant to the study (such as diagnoses and gender of participants, for example) will be used.
- Participation in this research study is voluntary. You may choose to withdraw your child from the study at any point. Should you withdraw your child from this study, any data pertaining to your child will be destroyed in order to respect his/her privacy.

As a registered music therapy intern, I will work to a high ethical standard, using my clinical knowledge to offer your child an optimally beneficial experience within a safe environment.

I would greatly appreciate your child's participation in this study. If you give consent, please complete the attached consent form.

You are welcome to contact me if you have any further queries regarding the research at any point.

Mrs. Yael Shapiro (Gavronsky)

Researcher / Student / Student Therapist

E-mail: yael.gavronsky@gmail.com

Cell: 073.614.1413

Clinical Supervisor

E-mail: _____

Appendix D

Participant Consent Form

FACULTY OF HUMANITIES
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UNIVERSITY OF PRETORIA
UNIVERSITEIT VAN PRETORIA

Title: Exploring the influence of Group Creative Music Therapy on the social skills of six and seven year old children diagnosed with Attention Deficit Hyperactivity Disorder

I, _____, hereby give / do not give my consent for _____ to participate in this research study through attending 8 group music therapy sessions from _____ to _____.

In agreeing for my child to participate in this research, I understand that:

- It is my personal choice to allow my child to participate in the study and to attend group music therapy sessions, and I may choose to withdraw my child at any given time.
- Music therapy sessions will be video recorded and video excerpts will be used as data for this research study. Recordings will be kept secure in the University of Pretoria’s training archives, and will not be distributed, sold or included in the final dissertation.
- Confidentiality and anonymity will be kept at all times as pseudonyms will be used for participant names at all times, and only background or contextual details about the participants particularly relevant to the study will be used.
- As a registered music therapy intern, the therapist/researcher will work to a high ethical standard, using her clinical knowledge to offer your child an optimally beneficial experience within a safe environment.

With full acknowledgement of the above, I agree / do not agree to my child’s participation in this study on this _____(day) of this _____(month) and this _____ (year).

PARTICIPANT DETAILS:

Parent/Guardian name: _____ Parent/Guardian Signature: _____
Parent/Guardian Contact No: _____ Date: _____

RESEARCHER & SUPERVISOR SIGNATURE:

Researcher Name: _____
Researcher Signature: _____ Date: _____
Supervisor Name: _____
Supervisor Signature: _____ Date: _____

Appendix E

Participant Information (Teachers)

FACULTY OF HUMANITIES
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UNIVERSITY OF PRETORIA
UNIBESITHI VAN PRETORIA

Title: Exploring the influence of Group Creative Music Therapy on the social skills of six and seven year old children diagnosed with Attention Deficit Hyperactivity Disorder

Dear Teacher,

I would like to invite you to participate along with your class in a research project that explores how music therapy may be able to help promote social skills in children diagnosed with ADHD. Creative music therapy is the use of music within clinical, educational and social situations to support and encourage physical, mental, social and emotional well-being. Much of the therapy involves spontaneously making music together on a range of percussion instruments (such as drums). No musical skills are required to participate in this group.

This research study is conducted for the purpose of submitting a mini-dissertation in partial fulfilment for the degree of MMus (Music Therapy), and your participation would thus be highly valued. As a participant in this research, you and your students will be invited to attend 8 group music therapy sessions (1 session of 30 minutes per week), from _____ to _____ during school hours.

Please note the following:

- As the class teacher, you will be required to participate in group sessions. Prior to the start and after completion of 8 music therapy sessions, I will conduct a semi-structured interview with you, discussing your expectations and experiences of the music therapy process.
- All music therapy sessions will be video recorded, and video excerpts may be used as data in this research study. The recordings acquired during the research process will form part of the training archives and will become property of the Music Department,

University of Pretoria, and will thus also be kept secure. Video data, although used as part of the research, will not be available as part of the final dissertation document. This material will not be sold or distributed.

- Confidentiality and anonymity will be kept at all times as pseudonyms will be used for participant names at all times, and only background or contextual details about the participants particularly relevant to the study (such as diagnoses and gender of participants, for example) will be used.
- As participation in this research study is voluntary, you may withdraw at any stage. Should you withdraw from this study, I will complete the music therapy process with the learners of the particular class in order to ensure that the music therapy process is ethically sound. However, any data pertaining to you will be destroyed in order to respect your privacy.

As a registered music therapy intern, I will work to a high ethical standard, using my clinical knowledge to offer you and your students an optimally beneficial experience within a safe environment.

While learners of the class have the direct benefit of participating in at least 8 sessions of music therapy, results of the study can potentially benefit all learners and teachers at this school and many more learners with ADHD.

Please do not hesitate to contact me should you have any questions or concerns.

I would greatly appreciate your willingness to participate in this study. If you give consent, please complete the attached consent form.

Mrs. Yael Shapiro (Gavronsky)

Researcher / Student / Student Therapist

E-mail: yael.gavronsky@gmail.com

Cell: 073.614.1413

Clinical Supervisor

E-mail: _____

Appendix F Teacher Consent Form

FACULTY OF HUMANITIES
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UNIVERSITY OF PRETORIA
UNIBESITHI VAN PRETORIA

Title: Exploring the influence of Group Creative Music Therapy on the social skills of six and seven year old children diagnosed with Attention Deficit Hyperactivity Disorder

I, _____, hereby give / do not give my consent to participate in this research, through participating in 8 group music therapy sessions with my class during school hours and by partaking in semi-structured interviews before and afterwards from _____ to _____.

In agreeing to participate in this research, I understand that:

- It is my personal choice to participate in the study and to attend group music therapy sessions, and I may withdraw at any given time.
- Music therapy sessions will be video recorded and video excerpts will be used as data for this research study. Recordings will be kept secure in the University of Pretoria’s training archives, and will not be distributed, sold or included in the final dissertation.
- Confidentiality and anonymity will be kept at all times as pseudonyms will be used for participant names at all times, and only background or contextual details about the participants particularly relevant to the study will be used
- As a registered music therapy intern, the therapist/researcher will work to a high ethical standard, using her clinical knowledge to offer you and your learners an optimally beneficial experience within a safe environment.

With full acknowledgement of the above, I agree / do not agree to participate in this study on this ____ (day) of this _____(month) and this _____ (year).

PARTICIPANT DETAILS:

Participant Name: _____ Participant Signature: _____

Contact No: _____ Date: _____

RESEARCHER & SUPERVISOR SIGNATURE:

Researcher Name: _____

Researcher Signature: _____ Date: _____

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

Appendix G

FACULTY OF HUMANITIES
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www.up.ac.za/academic/music/music.html



Child Participant Information Form and Assent Form

Title: Exploring Group Creative Music Therapy as a means to promote social skills in six and seven year old children diagnosed with Attention Deficit Hyperactivity Disorder

Hello _____, my name is Yael and I'm a music therapy student.



I am going to do a study at your school – which means that I want to learn something about how music therapy can help children at your school. In a music therapy group with your whole class and teacher, I'll be making music with a group of children to help us to get to know each other better and to learn things that might help us to make better friends and work together with others in our school.



In our music therapy sessions together we will play different instruments like drums and tambourines, we will also dance, sing and write songs together. You do not need to know how to play any of the instruments, as I will show you in our sessions.

1. The study will last about 4-8 weeks. We will meet _____ a week on a _____ and _____ in classroom _____.



2. I will also be videotaping our sessions together. Those will only be for me or your teacher to look at, and maybe as a class we might

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have a look at some parts of our group together if you want.

What if you have any questions?

You can ask questions any time, now or later. You can also talk to your teacher or your family.

Who will know what I did in the study?

Any information you give to the study will be kept private (*or secret*). Your name will not be in the study.

Do you have to be in the study?

If you and your parents aren't happy about you joining in this study, you can talk with your parents and your teacher about it, and you might choose together with them not to join in.

Do you have any questions?

Researcher: Yael Gavronsky E-mail: yael.gavronsky@gmail.com

Tel: 073-614-1413 Student number: 14287872

Supervisor: Helen Oosthuizen

Appendix H

FACULTY OF HUMANITIES
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Child Assent Form

I want to take part in this study.

_____ Verbal assent given Yes

Print name of child

Me and my parents can choose if I join in the study – so I'm not being forced to join in.

_____ Verbal assent given Yes

Print name of child

Written assent if the child chooses to sign the assent.

_____ _____ _____
Signature of Child Age Date

For the researcher:

I confirm that I have explained the study to the participant to the extent compatible with the participants understanding, and that the participant has agreed to be in the study.

_____ _____ _____
Name of Researcher Signature Date

Appendix I

Teacher first interview (T1) - transcript

Interview 1 Teacher - May 25, 2016	#	Codes	Higher Order Codes
<p>Researcher: What I am trying to explore is how music therapy can promote social skills, awareness, concentration especially children diagnosed with ADHD. So how would you describe your students?</p> <p>Teacher: Well I would say they, they are definitely not like normal children. Some of them have twitches. Some of them have physical disabilities.</p> <p>Researcher: Okay</p> <p>Teacher: (Goes to close door, noise outside classroom) and... it depends on what they are like on a certain day. Because some of them are on medication,</p> <p>some of them don't take medication then they will also be different. When they are not on medication they can be totally hyperactive or totally lethargic depending on what the medication does for them.</p> <p>And they also get affected by change, they don't handle change easily, they like routine,</p> <p>but also you need to be strict with them, you need to be very strict with them.</p> <p>They need boundaries.</p> <p>Researcher: They need boundaries, okay. What are the main struggles that you notice that they have?</p> <p>Teacher: Well definitely hyperactivity and</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>21</p>	<p>T1.5 not like normal children</p> <p>T1.6 code: some children have twitches</p> <p>T1.6 code: some children have physical disabilities</p> <p>T1.11 children act differently at different times</p> <p>T1.11 code: some children on medication</p> <p>T1.12 medication can influence behaviour</p> <p>T1.13a code: medication influences behaviour</p> <p>T1.13b code: children can be hyperactive</p> <p>T1.13c code: children can be lethargic</p> <p>T1.14 code: children struggle with change</p> <p>T1.15 code: teacher needs to be strict</p> <p>T1.16 code: children need boundaries</p> <p>T1.21a code: children hyperactive</p> <p>T1.21b code:</p>	<p>T1.5 Children with ADHD show irregular/unusual behaviours.</p> <p>T1.6 Children with ADHD show irregular/unusual behaviours.</p> <p>T1.6 some children with ADHD have additional disabilities/struggles</p> <p>T1.11 Children with ADHD show irregular/unusual behaviours.</p> <p>T1.11 Medication influences behaviour</p> <p>T1.12 Medication influences behaviour</p> <p>T1.13a Medication influences behaviour</p> <p>T1.13b Children hyperactive</p> <p>T1.13c Medication influences behaviour (negatively)</p> <p>T1.14 children with ADHD struggle w/ change</p> <p>T1.15 Teacher enforces strict boundaries</p> <p>T1.16 Teacher enforces strict boundaries</p> <p>T1.21a Children</p>

<p>concentration. Their concentration is not as long as any other child you know, their concentration span is very short.</p>		<p>children short concentration span</p>	<p>hyperactive</p>
<p>And they also don't remember very well. I mean next week you might come and find that they don't remember anything that you've taught them. So they often forget what they have learnt and</p>	<p>23</p>	<p>T1.23 code: children not good memory</p>	<p>T1.21b Chn struggle with concentration/memory</p>
<p>you have to reinforce all the time and they very,</p>	<p>24</p>	<p>T1.24 code: children forgetful</p>	<p>T1.23 Chn struggle with concentration/memory</p>
<p>you must have one on one contact with them, and personal input into every child because they can't just do things by themselves and on their own.</p>	<p>25</p>	<p>T1.25 code: children need reinforcement</p>	<p>T1.24 Chn struggle with concentration/memory</p>
<p>Some of them can but as I say depending on the mood they are in, on that specific day.</p>	<p>26</p>	<p>T1.26 code: children need individual attention</p>	<p>T1.25 Children need reinforcement</p>
<p>Researcher: Okay, and what would you describe their strengths. What do you think their strengths are?</p>			<p>T1.26 Children need individual attention</p>
<p>Teacher: Um... I think the fact that we are a family in this, in the class,</p>	<p>33</p>	<p>T1.33 code; class like a family</p>	<p>T1.33 Children encouraged to work together</p>
<p>and that they work closely together, and that we are very strict on bullying, they not allowed bullying each other and calling children names, so yes and</p>	<p>34</p>	<p>T1.34 code: children work closely together</p>	<p>T1.34 Teacher enforces strict boundaries</p>
<p>some of them have musical abilities, some of them</p>	<p>35</p>	<p>T1.34 code: teachers strict on bullying</p>	<p>T1.34 Teacher manages difficult behaviours</p>
<p>have beautiful voices, others can play rhythm and beat very well,</p>	<p>36</p>	<p>T1.35 code: some children have musical abilities</p>	<p>T1.35 children have a range of musical abilities</p>
<p>others can't keep a tune at all you know, so so there are some of them that can, who can do certain things.</p>	<p>37</p>	<p>T1.36 code: some children can sing</p>	<p>T1.36 children have a range of musical abilities</p>
<p>Researcher: Okay, and what would you say, can you say a little bit about their social skills? Like Impulsivity? Attention?</p>		<p>T1.36 code: some children can play rhythms</p>	<p>T1.36 children have a range of musical abilities</p>
<p>Teacher: Oh yes, you know they, I think they are</p>	<p>43</p>	<p>T1.37 code: some children can't keep a tune</p>	<p>T1.37 children have a range of musical abilities</p>
<p>Researcher: Okay, and what would you say, can you say a little bit about their social skills? Like Impulsivity? Attention?</p>		<p>T1.43 code: children are impulsive</p>	<p>T1.43 Children struggle with</p>

<p>very impulsive,</p> <p>and sometimes if they get cross they will hit somebody you know, or they'll they are very impulsive when it comes to that. Some of them defend themselves all the time. Like I'm never wrong and its everybody,</p> <p>blame everybody else you know. Often you will find that amongst these children,</p> <p>Researcher: Hmm.</p> <p>Teacher: but not all of them.</p> <p>Researcher: Ok so some of them.</p> <p>Teacher: I think also depending on home circumstances.</p> <p>Researcher: Ya, I'm sure. Okay. Umm... And what techniques and approaches have you found helpful for addressing the challenges? So what have you used in your classes that you find...</p> <p>Teacher: You know what, I think that every individual is different, one child would respond if you speak softly, another child would respond if you talk a little bit louder.</p> <p>Another child would respond if you praise them all the time.</p> <p>Another one would respond if you reprimand. So every child is very different in this group, so you can't really say I am doing this and it all works for all of them. NO you have different strategies for every child.</p> <p>Researcher: Um... and what about their social skills in particular? What kind of things have you found helpful for addressing the impulsivity and the social skills?</p> <p>Teacher: I think doing things together,</p> <p>and teaching them to respect each other, and to give some children,</p> <p>you know now its this ones turn, put up your hand. To have respect for one another. That's very important.</p>	<p>44</p> <p>46</p> <p>51</p> <p>55</p> <p>61 62</p> <p>63</p> <p>64</p> <p>65 66</p> <p>71</p> <p>72</p>	<p>T1.44 code: children may hurt others impulsively</p> <p>T1.46 code: children blame others</p> <p>T1.51 code: not all children blame others</p> <p>T1.55 Code: children impacted by different home circumstances</p> <p>T1.61-62 Code: Children respond differently to teacher/teaching methods</p> <p>T1.63 Some children respond to praise</p> <p>T1.63-64 Some children respond to reprimand</p> <p>T1.65-66 Code: Children need different strategies</p> <p>T1.71 Code: children need to do things together</p> <p>T1.71 Code: children need to be taught to respect each other</p> <p>T1.72 Code: children need to learn to take turns</p>	<p>impulse control</p> <p>T1.44 Children struggle with impulse control</p> <p>T1.46 some children with ADHD lack empathy for others?</p> <p>T1.51 some children with ADHD lack empathy for others?</p> <p>T1.55 Children impacted by home circumstances</p> <p>T1.61-62 Children respond differently to teacher</p> <p>T1.63 Children respond differently</p> <p>T1.63-64 Children respond differently</p> <p>T1.65-66 Children need individual attention and reinforcement</p> <p>T1.71 Teacher enforces strict boundaries (Teacher feels class needs to do things together)</p> <p>T1.71 Teacher enforces strict boundaries</p> <p>T1.72 Children need to interact/learn together</p>
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<p>Researcher: Ya, we saw they all raised their hand. Haha</p> <p>Teacher: Ya, because they all want to talk together, and sometimes they shout out, so you do need to say now today its this ones turn,</p> <p>and the children who are more extrovert they will always be on the foreground. So you also need to draw in the ones that are in the background and that really can't. So you also have to be very opportunistic.</p> <p>Researcher: Like, what's the little girl, you said she was speaking really softly.</p> <p>Teacher: Oh yes</p> <p>Researcher: and you could see the other boy, I forgot his name</p> <p>Teacher: Uh C9.</p> <p>Researcher: Yah and he was just taking over, and I said wait I want to hear what she has to say. You must have to constantly do that.</p> <p>Teacher: Its all.. She really battles to express herself, you can't really hear what she is saying.</p> <p>Many of them have language disabilities as well. You will also see</p> <p>C4 he's very he really battles to tell you something and you can hardly hear what he tells you.</p> <p>Researcher: Okay</p> <p>Teacher: And C6, I am trying to get, the one that wanted to speak, she tries, she speaks very softly, but she can talk sense you know, its not that we don't understand her, but and C9 he talks all the time and never stops, so. You can see</p> <p>Researcher: (giggles), you can see. He just wants to talk. Its attention yah</p> <p>Teacher: He always takes the class over. You just gotta, sometimes give him a chance so that he doesn't feel out.</p> <p>But you really got to slow him down,</p> <p>he will take the class over, he will be the teacher.</p>	<p>78</p> <p>79</p> <p>80</p> <p>93</p> <p>94</p> <p>95</p> <p>99</p> <p>100</p> <p>101</p> <p>105</p> <p>106</p> <p>107</p>	<p>T1.78 Code: teacher needs to reinforce turn-taking</p> <p>T1.78-80a Code: Teacher needs to be inclusive</p> <p>T1.78-80b Code: extroverted children are in the foreground</p> <p>T1.93 Child battles to express herself</p> <p>T1.94 Code: many children have language disabilities</p> <p>T1.94-95 Child battles to express himself</p> <p>T1.99-100 Some children speak very softly</p> <p>T1.101 Some children talk all the time</p> <p>T1.105-106 Code: teacher needs to give child a chance</p> <p>T1.106 needs to slow down some children</p> <p>T1.106-107 need to manage children who want to take over</p>	<p>T1.78 Teacher enforces turn-taking</p> <p>T1.78-80a Teacher encourages inclusiveness</p> <p>T1.78-80b Important not to always let extroverts have more attention</p> <p>T1.93 Some children battle to express themselves</p> <p>T1.94 Children have additional struggles</p> <p>T1.94-95 Some children battle to express themselves</p> <p>T1.99-100 Large variance in verbal participation</p> <p>T1.101 Large variance in verbal participation</p> <p>T1.105-106 Teacher encourages inclusiveness</p> <p>T1.106 Teacher manages difficult behaviours</p> <p>T1.106-107 Teacher manages</p>
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<p>Researcher: Are there any specific kids that are struggling more socially, with the other group?</p> <p>Teacher: C1?</p> <p>Researcher: How do you spell her name?</p> <p>Teacher: Spelling the name.</p> <p>Researcher: So you are also the music teacher?</p> <p>Teacher: Yes, so just to show you what we did, we also do Afrikaans songs</p> <p>Researcher: okay</p> <p>Teacher: breathing exercises, like blowing a balloon, blowing a feather.</p> <p>Researcher: that's amazing</p> <p>Teacher: And that (shhhh sound) all those, breathing exercises,</p> <p>we do voice exercise, "Ma Ma Ma Ma Ma Ma Ma , , Lo Lo Lo Lo" Ascending scale. We do quite a few of those.</p> <p>Clapping to 4/4 ¾ 2/2 beat. Um... Afrikaans songs.</p> <p>Percussion instruments.</p> <p>We also let them listen to music,</p> <p>like classical music to hear the orchestra to hear the trombone or trumpet, or sometimes listen to a dvd, that we did in the past. We couldn't do it now, because they took our tv away. We were supposed to do that but we didn't. I also do concerts with them.</p> <p>Researcher: Oh great.</p> <p>Teacher: Every child gets a turn to sing,</p> <p>they can choose their own song, then</p> <p>I play the piano and then they sing with me.</p>	<p>112</p> <p>118</p> <p>120</p> <p>124</p> <p>128</p> <p>130</p> <p>131</p> <p>132</p> <p>133 134</p> <p>138</p> <p>139</p>	<p>T1.112 One child – particular social struggle</p> <p>T1.118 code: Teacher also music teacher</p> <p>T1.120 Teacher plays Afrikaans songs</p> <p>T1.124 Teacher uses different breathing exercises</p> <p>T1.128 Teacher does music breathing exercises</p> <p>T1.128 Teacher does voice exercises</p> <p>T1.130 Teacher uses clapping rhythms</p> <p>T1.130 Teacher uses percussion instruments</p> <p>T1.130-131 Teacher lets children listen to music</p> <p>T1.131-132 Teacher plays classical music</p> <p>T1.133-134 Teacher does concerts with children</p> <p>T1.138 Teacher gives children turns to sing</p> <p>T1.138 Teacher allows children to choose own songs</p>	<p>difficult behaviours</p> <p>T1.112 Children need to interact/learn together</p> <p>T1.118 Teacher also music teacher</p> <p>T1.120 T uses music from different cultures/ Afrikaans and English songs</p> <p>T1.124 T uses breathing and voice exercises</p> <p>T1.128 T uses breathing and voice exercises</p> <p>T1.128 T uses breathing and voice exercises</p> <p>T1.130 T uses different rhythm exercises with clapping</p> <p>T1.130 T uses different active ways of engaging with music</p> <p>T1.130-131 T makes use of receptive exercises/music listening to expand repertoire</p> <p>T1.131-132 T makes use of receptive exercises/music listening to expand repertoire</p> <p>T1.133-134 T makes use of receptive exercises/music listening to expand repertoire</p> <p>T1.138 T encourages children's participation</p> <p>T1.138 T encourages</p>
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<p>Researcher: that's amazing.</p>		<p>T1.138-139 Teacher plays piano and sings and children sing along</p>	<p>children's participation</p>
<p>Teacher: okay voice exercises, clap rhythms, we also do their names, my name is C10 da da, the so mi la drill.</p>	<p>143 144</p>	<p>T1.143-144a Teacher uses rhythm clapping with names</p>	<p>T1.138-139 Teacher encourages children's participation</p>
<p>Um and then you know I just repeat those things,</p>		<p>T1.143-144b Teacher uses singing using 'so mi la'</p>	<p>T1.143-144a T uses different rhythm exercises with clapping</p>
<p>Ok course then the dances, we do Afrikaans and English. We've got one, (sings bit of Afrikaans song) so left and right. And then they do the dances.</p>	<p>145</p>	<p>T1.144 Teacher repeats some activities</p>	<p>T1.143-144b T uses breathing and voice exercises</p>
<p>Researcher: that's great, so you are doing lessons as well within the music.</p>		<p>T1.144-145 Teacher uses dancing</p>	<p>T1.144 T reinforces/repeats activities</p>
<p>Teacher: Oh yes. And then we do contrasts high and low, fast and slow. And also the going from lower to higher and they can do actions to that.</p>	<p>150</p>	<p>T1.145 Teacher uses Afrikaans and English dances</p>	<p>T1.144-145 T uses different active ways of engaging with music</p>
<p>They always do actions with everything because it just reinforces all the time. Okay. Then we just learn like other songs like listen to the ocean, that's just a usual melody. And sometimes we just make them close their eyes and listen to a song being played like a peaceful song to calm them down.</p>	<p>151</p>	<p>T1.150-151 Teacher uses contrasts in music</p>	<p>T1.145 T uses music from different cultures/Teacher uses Afrikaans and English songs</p>
<p>And relax them</p>		<p>T1.151-152 Code: actions reinforce</p>	<p>T1.150-151 T incorporates different elements of music creatively into classes</p>
<p>Researcher: That's great</p>	<p>154</p>	<p>T1.154-155 Music can calm down</p>	<p>T1.151-152 Music can encourage learning</p>
<p>Teacher: and then we also walk to the beat, walk and march and waltz, but you know they, we actually just do this, (gets up to demonstrates the steps) 1, 2, 3, 1, 2, 3</p>	<p>155</p>	<p>T1.155 Music for relaxation</p>	<p>T1.154-155 Music can be calming</p>
<p>Because for them to get that, I mean its really hard for them.</p>	<p>159</p>	<p>T1.159 Teacher uses movement with rhythm</p>	<p>T1.155 Teacher incorporates different elements of music creatively into classes</p>
<p>Researcher: Yah</p>		<p>T1.161 Code: children struggle to walk with the beat</p>	<p>T1.159 Teacher uses movement</p>
<p>Teacher: You will see that their coordination is not that on par</p>	<p>161</p>	<p>T1.165 Code: children struggle with coordination</p>	<p>T1.161 Children struggle with coordination/movement and timing</p>
<p>Researcher: That may have to do with ADHD.</p>		<p>T1.171 Code:</p>	<p>T1.165 Children struggle with coordination/movement</p>
<p>Teacher: Absolutely, so that we do.</p>			
<p>And I repeat a lot of the things, I also at some stage</p>	<p>171</p>		

<p>I show them the music signs, the right hand and the left hand key, and I also clap ta ta ta ta. Clap rest clap rest. Those exercises.</p>	<p>172</p>	<p>Teacher need to repeat/reinforce</p>	<p>ment and timing</p>
<p>Then at one stage I set up the monitor and played a dvd of different singers, but proper singers, you know like, I've got a dvd of...ahh...David Foster.</p>	<p>173</p>	<p>T1.171-172 Teacher uses visual cues to help music learning</p>	<p>T1.171 T reinforces/repeats activities</p>
<p>And all of different people that he has brought through already. Like Charice and all those singers and that little other girl that sings... whats her name.</p>	<p>174 175 176</p>	<p>T1.173-176 Teachers shows children different singers</p>	<p>T1.171-172 T uses different active ways of engaging with music</p>
<p>You know just to show them different ways of singing</p>	<p>177</p>	<p>T1.177 Teacher shows children different ways of singing</p>	<p>T1.173-176 T incorporates different elements of music creatively into classes</p>
<p>Researcher: That's great</p>			
<p>Teacher: Boccelli he is blind but he can sing, just to show them that you can still do music even though you have a disability.</p>	<p>181</p>	<p>T1.181-182 Code: teacher tells children people with disabilities can still do music</p>	<p>T1.177 T uses different active ways of engaging with music</p>
<p>Researcher: Exactly, yah</p>	<p>182</p>		
<p>Teacher: Then we do nursery rhymes. Hey diddle diddle the cat and the fiddle. You know we do a whole lesson</p>	<p>186</p>	<p>T1.186 Teacher uses nursery rhymes</p>	<p>T1.181-182 teacher tells children that people with disabilities can still do music</p>
<p>Researchers: And they are okay with that, age-wise, its appropriate?</p>			
<p>Teacher: Oh yes, you know some of them will know it others wont know it, you know its hit and go, maybe they will know it, maybe they wont know it.</p>	<p>191</p>		<p>T1.186 T incorporates different elements of music creatively into classes</p>
<p>They all know hickory dickory dock, the mouse ran up the clock, so we do things that they will know. Or humpty dumpty sat on the wall. Ok then we do Gallop and skipping.</p>	<p>192</p>	<p>T1.191 Teacher – nursery rhymes can be age-appropriate for group</p>	<p>T1.191 T incorporates different elements of music creatively into classes</p>
<p>Researcher: The movement is so great, that you do movement.</p>	<p>193</p>	<p>T1.191-192 Code: children know different music</p>	<p>T1.191-192 children know different music</p>
<p>Teacher: Yah we do lots of movement. And songs with a lot of repetition. And Mulberry bush.</p>	<p>198</p>	<p>T1.193 Teacher uses songs children know</p>	<p>T1.193 T uses music children can relate to</p>
<p>And then also we do like things like road safety, with songs like, I'm riding in my motor car what do I see, the robot with three colours, you can also introduce the colours, or I'm riding in my ambulance,</p>	<p>199</p>	<p>T1.198 Code: children need repetition</p>	<p>T1.198 T reinforces/repeats activities</p>
<p>you know you ask them, to participate and give you the different</p>	<p>200</p>	<p>T1.199-200 Teacher uses music to teach life skills</p>	
<p>Researcher: Hmm... that's great</p>	<p>201</p>		<p>T1.199-200</p>

<p>Teacher: the different things they have to write. Then I try and often correlate it with the themes that we do in class.</p>	<p>206 207</p>	<p>T1.201 Teacher encourages participation</p>	<p>Teacher uses music to teach life skills</p>
<p>You know like if we do wild animals I try to bring in a song, elephant, and crocy the croc and sings songs that they can relate to. Then we have a theme people who help us. Then we do a song about a fire engine, postman pat, miss polly had a dolly was sick and then talk about the doctor and all that. Um.. then just fun songs and counting songs, this old man he played one,</p>	<p>208</p>	<p>T1.206-207 Code: music can correlate with class lessons</p>	<p>T1.201 Teacher encourages participation</p>
<p>you know that kind of thing, and also farm, you can do old McDonald and let them participate, you can also do the movement you know. (Teacher gets up to demonstrate the movement)</p>	<p>210 211</p>	<p>T1.208 Teacher uses songs children can relate to</p>	<p>T1.206-207 Music can encourage learning</p>
<p>Researcher: Like walk like a duck... and so on...</p>	<p>212</p>	<p>T1.210-211 Code: teacher uses fun songs</p>	<p>T1.208 Teacher uses music children can relate to</p>
<p>Teacher: and do this action, so that they can move to the music. And for many of them it is very very difficult to do those things.</p>	<p>217 218</p>	<p>T1.212 Code: teacher lets children participate</p>	<p>T1.210-211 Teacher uses music children can relate to</p>
<p>Researcher: really.. okay?</p>	<p>222</p>	<p>T1.217-218 Code: children struggle with movement activities</p>	<p>T1.212 Teacher encourages participation</p>
<p>Teacher: Oh yes. Some of them it is really not easy.</p>	<p>227</p>	<p>T1.222 Some children struggle to move with the music</p>	<p>T1.217-218 Children struggle with coordination/movement and timing</p>
<p>Researcher: They can't follow along with different rhythms.</p>	<p>228</p>	<p>T1.227-228 Teacher uses different types of music/instruments</p>	<p>T1.222 Children struggle with coordination/movement and timing</p>
<p>Teacher: Then we do our country, we learn songs about our country, they also sing the national anthem. Ummm.. and also just instead of doing a classical music, ordinary music, where somebody is playing the guitar, or the piano,</p>	<p>229</p>	<p>T1.228-229 Code: Teacher uses music with different moods</p>	<p>T1.227-228 Teacher uses different active ways of engaging with music</p>
<p>or and also the moods of music, is it peaceful or is it exciting music or is it sad music, or whatever, yah so moods.</p>	<p>234</p>	<p>T1.234 Teacher – music can be powerful, vibrant</p>	<p>T1.228-229 Teacher makes use of receptive exercises/music listening to expand repertoire</p>
<p>Researcher: That's great, so they can see the difference in their moods as well. That's great.</p>	<p>235 236</p>	<p>T1.234-235 Teacher uses music to encourage listening</p>	<p>T1.234 Children enjoy music</p>
<p>Teacher: Then is it powerful, is it vibrant, how many instruments are playing,</p>	<p>237</p>	<p>T1.235-237 Teacher uses Christmas carols</p>	<p>T1.234-235 Teacher uses music to teach life skills</p>
<p>can you hear many, can you hear, you know, okay I think that's it.. And then we do Christmas carols at Christmas time, we sing a lot of Christmas carols. Sometimes we also, one year we also had a Christmas carol evening.</p>	<p>237</p>	<p>T1.235-237 Teacher uses Christmas carols</p>	<p>T1.234-235 Teacher uses music to teach life skills</p>
<p>Researcher: so you teach them the Christmas carols as well.</p>	<p>237</p>	<p>T1.235-237 Teacher uses Christmas carols</p>	<p>T1.234-235 Teacher uses music to teach life skills</p>
<p>Teacher: Yes all the time.</p>	<p>237</p>	<p>T1.235-237 Teacher uses Christmas carols</p>	<p>T1.234-235 Teacher uses music to teach life skills</p>

<p>Researcher: Oh wow so you are the vocal coach, the music teacher.</p> <p>Teacher: Yah everything, but you know we just have a half an hour on a Thursday so we can't really do very much in that time, but yes something is better than nothing</p> <p>Researcher: That's amazing</p> <p>Teacher: We do what we can.</p> <p>Researcher: And what benefits have you seen from their participation in music.</p> <p>Teacher: You know what they always enjoy music.</p> <p>But there are children that don't really participate, I don't know if its because they go into a world of their own.</p> <p>So you have to draw them in all the time and ask them to participate and be part of it.</p> <p>And that's quite a challenge because some of them will see a little stick on the floor and then that little stick is more important than your voice and what you have to say. (Laughs)</p> <p>Researcher: It sounds like they can get too distracted.</p> <p>Teacher: Yah.</p> <p>Researcher: Are their any social benefits that you are aware of from the music?</p> <p>Teacher: Yah I think so. Even in music they have to learn to, you know they take turns when they have to play the instruments,</p>	<p>245</p> <p>246</p> <p>254</p> <p>255</p> <p>256</p> <p>257</p> <p>258</p> <p>266</p>	<p>T1.245-246 Code: Music time is very limited</p> <p>T1.254 Code: Children enjoy music</p> <p>T1.254-255 Code: some children don't participate</p> <p>T1.255 Code: children lose focus</p> <p>T1.256 Teacher needs to draw children in</p> <p>T1.256 Teacher needs to encourage participation</p> <p>T1.257 Code: getting children to participate is challenging</p> <p>T1.257-258 Code: Some children are easily distracted</p> <p>T1.266-267</p>	<p>T1.235-237 Teacher uses music children can relate to</p> <p>T1.245-246 Music time is limited</p> <p>T1.254 Children enjoy music</p> <p>T1.254-255 Some children do not participate</p> <p>T1.255 Children lose focus/are easily distracted</p> <p>T1.256 Teacher needs to force child to participate?</p> <p>T1.256 Teacher encourages participation</p> <p>T1.257 Some children do not participate</p> <p>T1.257-258 Children lose focus/are easily distracted</p>
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<p>I don't always let them all play together. So now it's the sticks and the drums, and then it's the bells and the triangles,</p>	267	Code: music encourages turn-taking	
<p>and while they are singing you have got to respect them, you can't sit and talk while you are busy with that. And yes I just think that</p>	268 269	T1.267 Teacher enforces turn-taking	T1.266-267 Music encourages turn-taking
<p>music is always a joyful time for them.</p>	270	T1.268-269 Teacher requires children to be respectful	T1.267 Teacher enforces turn-taking
<p>But also a discipline time I believe that you should have discipline in music as well, you can't just go wild.</p>	271	T1.270 Code: Music is a joyful time for children	T1.268-269 some children with ADHD lack empathy for others?
<p>Yes we can enjoy ourselves for a while but then you need to calm down. We can't go wild the whole time. And leave them wild. We have to calm them down</p>	272	T1.270-271 Code: children need to learn discipline during music-making as well	T1.270 Children enjoy music
<p>Researcher: and bring them back to center</p>			
<p>Teacher: Yah bring them back to reality.</p>			
<p>Researcher: Okay. And do you, what is your understanding of music therapy? Have you heard about it before?</p>			
<p>Teacher: No I mean I just go from my own experience. When I was a teenager, when I used to be upset I could sit in front of a piano and I could play and it would calm me down.</p>	283	T1.283-284 Music calms teacher down	T1.272 Music can be calming
<p>If you listen to music, like also my husband and I, we also play music in church.</p>	284		
<p>So you know to me it is always such a soothing calming,</p>	285	T1.284 Teacher uses music in her own life	T1.283-284 Music is calming for teacher
<p>relaxing,</p>		T1.285 Music is soothing/calming for teacher	T1.284 Music is part of teachers life
<p>you just you just go into a world of peace, I think when you do music.</p>	256	T1.285 Music is relaxing for teacher	T1.285 Music is calming for teacher
<p>Researcher: Whats your background, where did you start with music?</p>	290	T1.285-286 Music makes teacher feel at peace	T1.285 Music is calming for teacher
<p>Teacher: Oh, well I haven't got a fantastic music background. I just did syncopation, I did that since I was about eight years old. Then I did a little bit of classical but not the exams. I didn't even do an exam in classical. But I did do the music course in college when I studied, I did do the music part. And then most of it, most of my life I have been involved in worship ministry, playing in church and</p>	291		T1.285-286 Music is calming for teacher
<p></p>	293	T1.290-291 Teacher started	

<p>Researcher: So you played piano.</p> <p>Teacher: Yes</p> <p>Researcher: Okay</p> <p>Teacher: and a little bit of guitar. Not much</p> <p>Researcher: and singing.</p> <p>Teacher: Yes and singing</p> <p>Researcher: and how would you propose music-making in a therapeutic context might help these children?</p> <p>Teacher: I think that in any way you use music, there is therapy in music. I just don't always maybe have the know how.</p> <p>I think there are many areas to explore, to see what music can still do, and</p> <p>I would love to learn some more, maybe I can learn from you I don't know.</p> <p>Researcher: I think we can learn from each other.</p> <p>Teacher: Its just. I just think it is an endless road if you start with music because you can never say this is now the end of the road with music. There is always new things, there is always new singers, there is always new genres, new things that come up you know. So I don't think there is an end of the road, and you can say this is it and put it in a box. I don't think you can say this is it and put it in a box because music might upset some children.</p> <p>You don't know. It depends on what the child's problem is. I mean the cat might have died yesterday and you play music that's sad and the child falls apart totally. So you I think you need to know...</p> <p>Researcher: Its starting to sound like you are already a music therapist! I mean you are a music teacher but you are doing some very therapeutic things with the music. It's amazing. I think I am going to learn a lot from you as well. So we will do the classes, but anything you want to add as well will be great.</p> <p>Teacher: Yes</p> <p>Researcher: So just to give you a little bit of an idea of what we will be doing. So music therapy has only been around in South Africa for fifteen years. The University of Pretoria started the masters program</p>	<p></p> <p>311</p> <p>312</p> <p>313</p> <p>318</p> <p>319</p> <p>321</p> <p>322</p> <p>323</p> <p></p>	<p>music early</p> <p>T1.293 Teacher involved in music most of her life</p> <p>T1.311 Music in any way is therapeutic</p> <p>T1.312-313 Music has potential that can be explored</p> <p>T1.313 Teacher wants to learn more about the potential of music</p> <p>T1.318-319 Music has many possibilities</p> <p>T1.321 Can't limit what music is</p> <p>T1.322-323 Music might upset some children</p> <p>T1.323 Music can impact people differently</p>	<p>T1.290-291 Music is part of teachers life</p> <p>T1.293 Music is part of teachers life</p> <p>T1.311 Music can be used therapeutically</p> <p>T1.312-313 Music has many potentials</p> <p>T1.313 Teacher interested in potential of music therapy</p> <p>T1.318-319 Music has many potentials</p> <p>T1.321 Music has no limit</p> <p>T1.322-323 Music can influence children differently</p> <p>T1.323 Music can influence children differently</p>
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<p>there and they have an honours course. They brought it over from England. Its been in England and the USA for many many years, but they have only recently brought it to South Africa. And what it is. You study both psychology and music and we work with children with disabilities, adults with dementia, children in hospitals, all different settings using music in a therapeutic way. So it's not about teaching, it's a little bit different. It's about using music in a way to connect and express yourself. Um.. We often work with children with special needs, Autism, ADHD and kind of meet them where they are. So if they can't do something, you are not going to push them ahead. You are really going to stop and they don't have to be good in any way. They don't have to meet any specific requirement by the end. And its about really just being with them and getting to know them as a group. So if I am working with an individual client, what I will often do is. I will let them start and see where they are comfortable playing and kind of meet them there and extend that music using improvisation, using different techniques like singing umm sometimes with a group its about the cohesiveness of the group. So working with them and trying to build a cohesive group and express themselves as group. (We are going to only have a few sessions, so we wont be able to do a whole long thing) But it will just be about getting them to work together. Giving them all a chance, similar to what you do already. Making them feel like, wow I can do this even with a disability. So that kind of thing. Also just to explore, we also improvise with them, give them some freedom to make music together.</p> <p>Teacher: And I think you will also feel the group as you go. You know we have had super groups where everybody could sing beautifully.</p> <p>And then we would get a year where there are few children who can sing in tune.</p> <p>But they love singing.</p> <p>Researcher: And that's fine, if they don't sing in tune that's the whole thing in music therapy. Like often when we work with a child, say they have cerebral palsy...they</p> <p>Teacher: they can't even pronounce the words sometimes I'm sure..</p> <p>Researcher: And we don't always realize, like say I'm working with a patient with Dementia their pulse, beat or tempo is very slow, and often when we talk to them we are racing ahead and they are going like this. So the actual music needs to go slow and let them catch up to it, it is all about meeting them where they are. And ADHD a lot of them (their bodies rhythms) are all over the place.</p>	<p>357 358</p> <p>359</p> <p>364</p>	<p>T1.357-358 Some children can sing beautifully at different times</p> <p>T1.358-359 Some children can't sing in tune</p> <p>T1.359 Children love singing</p> <p>T1.364 Some children can't pronounce words of songs</p>	<p>T1.357-358 Children have a range of musical abilities</p> <p>T1.358-359 children have a range of musical abilities</p>
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<p>Teacher: And not all of them, some of them are just slow. They are slow like..</p> <p>Researcher: I am going to have to find a balance between the two. Like doing little bit of movement with the jumping and then... slow.</p> <p>Teacher: Like as I said for instance if I do the ¾. I can't play a fast waltz. 1 step stand 1 step stand. And then they go the wrong way. They can't follow you. It's almost like a spatial orientation.</p> <p>They've got a lot of problems with spatial awareness.</p> <p>Researcher: and what you said, I think that's exactly what you are saying, they need to meet them where they are. And they need to come back to calm.</p> <p>Teacher: and they do you know because they have been practicing.</p> <p>Researcher: Thank you so much for sitting and talking to me. Its so great to get to know you and its also so great to hear what you are doing its amazing.</p> <p>Teacher: It's a pleasure</p> <p>Researcher: and hopefully it will be helpful and hopefully it will be a fun experience for them and I am looking forward to learning from you as well.</p> <p>Teacher: Okay, Yah, Yah. I'm sure it will be.</p> <p>(teacher teaches music to all the grades as well)</p>	<p>372</p> <p>378</p> <p>379</p>	<p>T1.372 Some children are slow</p> <p>T1.378 Children can't follow a fast beat</p> <p>T1.379 Children have problems with spatial awareness</p>	<p>T1.359 Children enjoy music</p> <p>T1.364 Large variance in verbal participation</p> <p>T1.372 Children struggle with coordination/movement and timing</p> <p>T1.378 Some students struggle to follow the beat</p> <p>T1.379 Some students struggle to follow the beat</p>
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Appendix J

Teacher second interview (T2) - transcript

Interview 2 Teacher June 15, 2016	#	Code	Higher Order Code
Researcher: Are there any changes in the behaviour of the students in class that you noticed over the process of receiving music therapy?	1 2		
Teacher: You know what I think it is very difficult to say whether it is music or not music because	3 4	T2.4 Difficult to say change is due to music therapy or not music therapy	T2.4 Difficult to say change is due to music therapy or not music therapy
they have their on and off days , you know, in class as	5	T2.5 Children have on and off days	T2.5 Children have on and off days
well, but I do think that they did enjoy it very much and	6	T2.6 children enjoyed MT very much	T2.6 Children enjoyed MT
they were very free to do what, you know, what they wanted to do , so I think that gave them an opportunity.	7	T2.6-7 MT children free to do what they want T2.7-8 Child came out of shell when doing MT	T2.6-7 MT offers children independence T2.7-8 MT provides safe space for children to feel comfortable
Especially C1, she comes totally out of her shell when she does music .	8	T2.8-9 MT helps children release/express emotions	T2.8-9 MT provides space for children to release emotions
And to me that's a form of getting rid of all of her emotions . I do think for her she definitely benefits from it.	9	T2.9-10 MT - disabled child can enjoy	T2.9-10 MT - disabled child can enjoy
And then also C5 who is a little bit disabled that she can also enjoy what there is to enjoy .	10		
Researcher: And what struggles are you aware of now? Are there other things that you noticed that they struggle with now from observing?			
Teacher: Oh, definitely, C10, I know he is slow in everything, you know what I'm saying, so when you want him to play the correct beat, I noticed its gotta be a slower beat, he battles with the faster beat .	15	T2.15 MT- struggle/ teacher noticed child needs slower beats	T2.15 some children struggle to fit their playing within musical structures
C3 also battles with the beats , but you know	17	T2.17 MT struggle - child/children struggle with beats	T2.17 some children struggle to fit their playing within musical structures
some of them are maybe not that musical ,	18	T2.18 MT struggle- children not all musical (teacher's perspective)	T2.18 even children who are not musical enjoy MT
		T2.18 MT Struggle -non-musical children still enjoy music therapy	T2.18 even children who are not musical enjoy MT
		T2.18-19 non-	T2.18-19 even

but they still enjoyed it you know and they participated.		musical children still participated (T's perspective)	children who are not musical enjoy MT
Researcher: and it's also about their attention			
Teacher: And I also noticed that at a start of the lesson the concentration is good	23	T2.23 MT Struggle-Childrens concentration good at start of music session	T2.23 MT struggle-children concentrate well at start of session
and towards the end of the lesson you can see the concentration goes.	24	T2.24 MT Struggle - children's concentration goes towards the end of music session	T2.24 MT struggle: children lose concentration later in session
Researcher: Ok, and what potentials? What things are you aware of now? What strengths of theirs do you notice?			
Teacher: Well I do think that some of them, like C6 she's always very reserved and she has come out of her shell definitely, and C8 he is not a very, yah he doesn't always participate freely but I can see that he also come out of his shell.	29 30 31	T2.29-31 MT Potential - some children came out of shells	T2.29-31 MT Potential- reserved children participate in MT
Researcher: I remember when C6 got the ball and she got the one where it said make a very loud sound. She said "Wahhhh" and we were all like where did that come from?			
Teacher: She was actually really scared,	36	T2.36 MT Potential - child trying new ideas despite being scared	T2.36 MT offers children safe space to explore new possibilities
as she has never done that before,		T2.36 MT Potential-child did something new despite being reserved	T2.36 MT Potential-child did something new despite being reserved
she is usually very reserved in the class.	37	T2.36-37 MT Potential - reserved child trying new ideas	T2.36-37 MT Potential - reserved child trying new ideas
Researcher: So reserved			
Teacher: She is very reserved and she doesn't speak out loudly when she reads, a bit louder, but you will also see that her participation in music wasn't always loud.	42 43	T2.42-43 MT Potential - reserved child able to express herself	T2.42-43 MT Potential - reserved child able to express herself
Researcher: Yes it is very interesting			
Teacher: But her mom is extremely outgoing, and apparently her father is like she is very reserved			
Researcher: It might be a result of that in some way.			
Teacher: Yes it is in her genes. Her mom is very overpowering. Very over powering			
Researcher: So you think she doesn't get a chance.			
Teacher: She is very aware of things. And I don't think she always knows how to express herself but she knows inside of her what she...	56 57	T2.56-57 child does not always know how to express what she is thinking/feeling inside	T2.56-57 MT includes a broader range of possibilities for participation

<p>Researcher: She was like with the dancing she knew exactly what to do. Maybe she needs different ways of expressing herself.</p>			
<p>Teacher: And maybe the opportunity to do that, and I think the fact that it was a small group that also helped because when we do music we are in a group of thirty children. So it does make a big difference. And they were with their peers, with the children they are with everyday, so they are more comfortable to perform as well because they know their friends. So that makes a difference.</p>	<p>62 63 64 65 66</p>	<p>T2.62 MT- offered child different way of expressing herself T2.62-63 MT - being in a small group is helpful T2.63 teacher often does music in large groups of thirty children T2.64 MT- small groups make a big difference T2.64-66a MT - offers peers a comfortable/safe place to interact T2.64-66b MT- offers class to interact in different way</p>	<p>T2.62 MT- offers different way of expressing self T2.62-63 small group MT – offers more opportunities for children to engage T2.63 MT – offers smaller groups than school music T2.64 MT – offers more focus on individual expressions within a safe space T2.64-66a MT - offers peers a comfortable/safe place to interact T2.64-66b MT- offers class to interact in different way</p>
<p>Researcher: Yes that is actually a really important part of it. Could you say a little more about social skills in particular, so impulsivity, attention, social awareness?</p>			
<p>Teacher: Um.. I think its good when they do things together, because it forces them to do things with a friend, because most of them are, or many of them, many of the children are very reserved and, like C1, she had to dance with someone and she wouldn't dance with someone outside, so she, shes like one side,</p>	<p>71 72 73 74</p>	<p>T2.71 MT- encourages children to interact with each other T2.71-72 MT: encourages children to do things with a friend T2.72-73 MT- encourages reserved children to interact with others T2.73-74 In MT: child danced with someone she wouldn't dance with outside music T2.74-75 MT- children who struggle verbally</p>	<p>T2.71 MT- encourages interaction (social awareness) T2.71-72 MT encourages social interaction T2.72-73 MT encourages social interaction for reserved children T2.73-74 MT encouraged new social connections T2.74-75 MT encourages new way of expression</p>

<p>she can't communicate things to you, she hasn't got comprehension, she can't comprehend, and she can't tell you,</p> <p>I think she knows what she wants to say but she hasn't got the language to express herself.</p>	<p>75</p> <p>76 77</p>	<p>can express themselves through music</p> <p>T2.76-77 MT- music offers child different way of expressing herself</p>	<p>for children who struggle with verbal expression</p> <p>T2.76-77 MT offers different means of expression</p>
<p>Researcher: I wonder why that is</p>			
<p>Teacher: and you know what she reads almost fluently and not an easy book, difficult books, but she doesn't know what she is reading</p>			
<p>Researcher: There also seems to be some sensory sensitivity I noticed.</p>			
<p>Teacher: Oh yes, she often holds her ears. And sometimes she just cuts out in class.</p> <p>She will just sit and stare. And you have to almost force her to do, come.</p>	<p>86</p> <p>87</p>	<p>T2.86 MT- child who interacted in MT cuts out in class/must be forced to participate in class</p> <p>T2.87 child sometimes does not participate in class</p> <p>T2.87 teacher needs to force child to participate</p>	<p>T2.86 reserved child participates in MT</p> <p>T2.87 reserved child more easily able to participate in MT</p> <p>T2.87 teacher needs to force child to participate</p>
<p>Researcher: And you can see she is a little bit of an outsider in a way. I noticed in the music group. She wanted to do it but they didn't want to choose her. That is interesting to see. It is also important for them to recognise that she has strengths. That's why I said: Look at C1 and how she can dance. So they can recognise.</p>			
<p>Teacher: Yes that she also has positive. And she is she is quite good at that.</p>	<p>94</p>	<p>T2.94 In MT: children can recognise other child's strengths</p>	<p>T2.94 In MT: children can recognise other child's strengths</p>
<p>Researcher: So what was your experience of the children's participation in the music therapy sessions?</p>			
<p>Teacher: I think they participated well.</p> <p>Of course C9 had his moments, and he always has his moments so that's not something that was different to me, because he does that in class as well.</p> <p>You know withdraws totally, has a headache, its not something new to me. You know the music didn't cause the headache.</p>	<p>99</p> <p>101 102</p>	<p>T2.99 children participated well in MT</p> <p>T2.99-101 MT - some children can behave similarly to class behaviour in MT</p> <p>T2.101-102a child withdraws totally in class</p> <p>T2.101-102b child has headaches in class</p>	<p>T2.99 children participated well in MT</p> <p>T2.99-101 MT- Some children's class participation same as in MT</p> <p>T2.101-102a Some children's class participation same as in MT</p> <p>T2.101-102b Some children's class participation same</p>

<p>You know what I'm saying, its just a general thing that happens in his life. Attention seeking,</p> <p>I do think so, he needs a lot of emotional attention.</p>	<p>103</p> <p>104</p>	<p>T2.101-102c music did not cause the headache</p> <p>T2.103 child is attention seeking</p> <p>T2.104 child needs a lot of emotional attention</p>	<p>as in MT</p> <p>T2.101-102c MT- Some children's class participation same as in MT</p> <p>T2.103 child is attention seeking</p> <p>T2.104 child needs a lot of emotional attention</p>
<p>Researcher: It is hard for you to do that when you have the whole class. He is going to need that.</p>	<p>106 107</p>	<p>T2.106-107 child likes to stand out in MT</p>	<p>T2.106-107 child likes to stand out in MT</p>
<p>Teacher: And you know what the big problem is. I mean he is a very intelligent child, extremely intelligent. And he converses on things that other children don't even know about, you know what I'm saying, sometimes I don't even know the things he asks me, you know. His general knowledge is extremely good. And I think that sometimes frustrates him that the fact that he has this attention thing as well, because you know he will just pack up. Or he has lots of things to do but he doesn't feel like it today and then he wont do it.</p>			
<p>Researcher: Well what was interesting in the group from observing him musically, often times when everyone else was playing the drum, he would refuse, or do something different,. It is almost like he is rebelling, like he wants to stand out. He wants to stand out, even in the music, when he was playing a simple thing.</p>			
<p>Teacher: but it is in everything, in his life. It is going to be very difficult for him.</p>	<p>122</p>	<p>T2.122 child will struggle socially</p>	<p>T2.122 difficulties children experience in class reflected in MT</p>
<p>Researcher: What aspects of music therapy promoted social skills? What hindered development of social skills and what changes did you noticed over the process?</p>			
<p>Teacher: Ok lets do the first one again?</p>			
<p>Researcher: What aspects of music therapy do you think promoted social skills?</p>			
<p>Teacher: Oh definitely the fact that they had to play together,</p> <p>dance together,</p> <p>so they, it wasn't a one thing, you know,</p> <p>and everybody got a turn, so I think that's very important in anything social,</p>	<p>131</p> <p>132</p>	<p>T2.131 MT social skills: playing/drumming together</p> <p>T2.131 MT social skills: dancing together</p> <p>T2.131-132 more than one thing in MT promoted social skills</p> <p>T2.132 MT social skills: turn-taking</p>	<p>T2.131 MT social skills: children play together</p> <p>T2.131 MT social skills: children play together</p> <p>T2.131 MT social skills: children play together</p> <p>T2.132 MT social skills: turn-taking helps children recognise one</p>

<p>that you have to know that other people are also important.</p>		<p>T2.133 MT social skills: recognise others as important</p>	<p>another T2.133 MT social skills: turn-taking helps children acknowledge one another</p>
<p>Researcher: What hindered the development of social skills?</p>			
<p>Teacher: I don't think so. Except maybe C9's behaviour, but that's not the music to blame, it's the child with all his complexities, that hindered.</p>	<p>137</p>	<p>T2.137 MT did not hinder the development of social skills T2.137 still difficult for some children to socialize with others in MT</p>	<p>T2.137 children's behaviour difficulties reflected in MT T2.137 children's behaviour difficulties reflected in MT</p>
<p>Researcher: Did you notice any changes over the process? I know its only four sessions.</p>			
<p>Teacher: Oh I definitely saw that they are more free, you know. And also maybe because they've learned to know you the first one was very tight, and they didn't know what to expect. As they get to know you, and that's children, they need to know that they are safe and comfortable with somebody.</p>	<p>142 143 144 145</p>	<p>T2.142 teacher saw that children are more free in MT T2.143 difficult when children don't know therapist/unsure what to expect T2.144-145 children need to know that they are safe and comfortable with someone</p>	<p>T2.142 teacher saw that children are more free in MT T2.143 MT has build a relationship with children to provide a safe space T2.144-145 MT has build a relationship with children to provide a safe space</p>
<p>Researcher: And in what ways did the music therapy process complement the work that you are currently already doing in class?</p>			
<p>Teacher: You know what, I think our/their whole life consists of rhythm, and music, and everything that you did, so I can only think that it had a positive affect on them, you know but we can't see into the deep of their inner most being to see what changes took place but yes I think for some children it definitely, it definitely taught them more about themselves and their strengths and also their abilities you know,</p>	<p>150 151 152</p>	<p>T2.150 our whole lives consist of rhythm and music T2.151 music therapy had a positive affect on the children T2.152 can't see exactly what changes took place in each child T2.153-154a music therapy helped teach children more about themselves T2.153-154b music therapy helped show children their</p>	<p>T2.150 MT and music-making impact everyday life T2.151 MT and music-making impact everyday life T2.152 can't see exactly what changes took place in each child T2.153-154a MT helped teach children more about themselves T2.153-154b MT helped show children their</p>

<p>and that they don't need to be scared to participate, you know, it doesn't have to be perfect to be enjoyed, you know what I'm saying.</p>		<p>strengths and abilities</p> <p>T2.154-156a In music therapy children don't need to be scared to participate</p> <p>T2.154-156b music therapy participation doesn't have to be perfect to be enjoyed</p>	<p>strengths and abilities</p> <p>T2.154-156a In MT children don't need to be scared to participate</p> <p>T2.154-156b MT participation doesn't have to be perfect to be enjoyed</p>
<p>Researcher: Even if you can't do something, doesn't mean.</p>			
<p>Teacher: You can still enjoy it. And I think it's the same with singing.</p> <p>Even though you can't sing in tune it doesn't mean you mustn't sing. You know what I am saying because often we are in situations, and I think especially in church, you know, God is not interested whether you can sing or whether you can't sing but with attitude you do it with, and the love you do it with. And when you are amongst others they don't hear that you are off tune, well only the musical ones will hear, but you don't notice that when everybody is busy praising God.</p>	<p>160</p> <p>161</p>	<p>T2.160 Even if children can't do something in music therapy they can still enjoy it</p> <p>T2.160-161 even if a child can't sing it does not mean they should not sing in MT</p>	<p>T2.160 MT participation doesn't have to be perfect to be enjoyed</p> <p>T2.160-161 MT participation doesn't have to be perfect to be enjoyed</p>
<p>Researcher: Yes, I think its great that you did that thank you at the end, to say thank you for the music at the end, to make it that they think about it afterwards, and they leave taking it inside, saying I was thankful for this.</p>			
<p>Teacher: Absolutely, its so important I think, you know. And yes, they can't learn it by themselves, they need skilled people to teach it to them. And they need to be thankful</p>			
<p>Researcher: And structure, that's what I noticed from you, you have so much structure.</p>			
<p>Teacher: I do, and you know what, I say rather be more strict, and be a bit more lenient afterwards. But, if they don't have that they will just run right over you.</p>	<p>178</p>	<p>T2.178 if teacher is not strict children will run right over her</p>	<p>T2.178 Teacher enforces strict boundaries</p>
<p>Researcher: Strong children</p>			
<p>Teacher: They are very strong</p>			
<p>Researcher: Could you describe any new insights you have about the children that impacts how you approach them? Is there anything new that you saw in the sessions? So specific tools or techniques drawn from music therapy that could be helpful for you to use in the classroom?</p>			
<p>Teacher: I liked the name, you know when they called their names.</p>	<p>189</p>	<p>T2.189 teacher liked MT technique -sounding children's names using music/rhythm</p>	<p>T2.189 T learned in MT: to include individuals and encourage individual attention through calling out names within the music</p>
<p>We also do that, but also to use the instrument with that, you know, just to enhance the name,</p>	<p>190</p>	<p>T2.190 teacher liked using instruments to enhance children's</p>	<p>T2.190 T learned in MT: to use individual instruments to enhance children's</p>

<p>because their names are very important to them.</p> <p>And maybe in future I'll add the surname as well, you know.</p> <p>Often they don't know their surnames, so</p> <p>yes I will definitely use that from the music that we did.</p>	<p>191</p> <p>192</p> <p>193</p>	<p>names</p> <p>T2.191 T learned in MT: important to musically acknowledge children's names</p> <p>T2.191 Teacher will add surnames in future</p> <p>T2.192 children don't know each others surnames</p> <p>T2.192-193 teacher will use technique from music therapy</p>	<p>participation</p> <p>T2.191 T learned in MT: acknowledge children within the music</p> <p>T2.191 T learned in MT: acknowledge children within the music</p> <p>T2.192 T learned in MT: acknowledge children within the music</p> <p>T2.191-193 T will extend on MT technique in her classroom</p>
<p>Researcher: Are there any other approaches or things you noticed from any of the sessions?</p>			
<p>Teacher: You know what, that you always have to engage all the ones that are withdrawn. I did practical teaching they always said you need to look at all the children and ask all the children, especially the ones that are withdrawn.</p> <p>And that I felt you did very well.</p>	<p>198</p> <p>199</p> <p>200</p>	<p>T2.198-199 T learned in MT: T needs to engage children who are withdrawn</p> <p>T2.200-201 T learned in MT: MT engaged children who are withdrawn very well</p>	<p>T2.198-199 T learned in MT: T needs to engage children who are withdrawn</p> <p>T2.200-201 T learned in MT: MT engaged children who are withdrawn very well</p>
<p>Researcher: Thank you. I wanted to do more, one of the other things, was, you know we always say in the songs we say hello to everyone, but not for me to recognise but for them to take charge, for them to really get a chance to lead, for them say "oh we left our C1". For them to start noticing. I don't think we had enough time for that.</p>			
<p>Teacher: But one day, we did something and you didn't ask me, and some, I don't know who said "you didn't ask my teacher" they said. So they did notice it.</p>	<p>209</p>	<p>T2.209 children noticed when another person was left out</p>	<p>T2.209 children were socially aware in MT</p>
<p>Researcher: That's good.</p>			
<p>Teacher: But you know we do it in class as well. We have 10 children and every morning a different child has the opportunity to open in prayer and close in prayer in the afternoon and they take out the towel and the soap, for hand washing, so that's their duty for that day. So they know that and you know, if I say whose turn is it they know exactly because they have a specific order that they stand in, also for safety and security reasons when we do our fire drill they have to stand in that order, into alphabetical order, and then we know, and so they know, they don't fight about who is first in the queue or last in the queue, they know this is the way we line up, that structure needs to be in a school.</p> <p>because if something happens, they need to because if a different one is in front everyday there is going to be chaos, if there is an emergency and so</p>	<p>217</p> <p>220</p> <p>221</p> <p>222</p>	<p>T2.217 T already uses some of techniques introduced in MT in class</p> <p>T2.220-221 children need structure in a school</p> <p>T2.221-222 children need structure to prevent</p>	<p>T2.217 T already incorporates elements of MT in class</p> <p>T2.220-221 children need structure in a school</p> <p>T2.221-222 children need structure to prevent chaos</p>

they know, if tomorrow is my turn to do this, and after me comes that child, so they all get turns.		chaos	
Researcher: And they were also, in the dancing, I saw that they were leading, they were actually leading a whole dance sequence, which is great to see. So this is just the last two...What is your understanding now of the benefits of music therapy, from now seeing since the first time.			
Teacher: Yah, you know what, actually I can't really comment on that, because I have always believed that music is a form of therapy.	231	T2.231 music is a form of therapy	T2.231 music is a form of therapy
And I think that this enhanced whatever they've learned before,	232	T2.231-232 MT enhanced whatever children learned before T2.232 MT: builds on what teacher does in class	T2.231-232 T already incorporates elements of MT in class T2.232 MT: builds on what teacher does in class (T mindset)
and whatever we've done before this is a plus plus on top of that.			
Researcher: And can you describe any social benefits specifically?			
Teacher: Yah, didn't we say that just now, that they have to interact.	236	T2.236 In MT: children benefitted socially in music therapy from interacting together	T2.236 In MT: children benefitted socially in music therapy from interacting together
Researcher: I mean overall			
Teacher: Interacting,	240	T2.240 In MT: children benefitted from interacting T2.240 In MT: children benefitted by being free in who they are	T2.240 In MT: children benefitted from interacting T2.240 In MT: children benefitted by being free in who they are
and yes in being free in who they are.			
Researcher: And getting a chance to express themselves.			
Teacher: Yes.	244	T2.244 In MT: children had a chance to express themselves	T2.244 In MT: children chance to express themselves
Researcher: Anything else you would like to add?			
Teacher: No just thank you very much.	248	T2.248 teacher was thankful for music therapy	T2.248 Don't need to code
Researcher: Thank you!			
Teacher: Yah unfortunately it was a very busy time for us, they were busy with lots of tests and things.			
Researcher: Any recommendations you have for me?			
Teacher: No I don't think so, I think you are doing very well. And yes I think you have had a good schooling in children that are haywire, because C9 is haywire and	258	T2.258 A MT is skilled in working with children who present difficult behaviour	T2.258 MT skilled working w/ difficult behaviours
he can be very challenging.	259	T2.259 MT is skilled to work with child that can be very challenging	T2.259 T noticed MT engages participation of children who are difficult
Researcher: In the classroom it must be very hard			
Teacher: With him, you just have to be extremely strict or else he is very very disruptive. And you know what you are going to get different situations all the time, wherever you go, its never going to be the same, so you learn to handle every situation at its merit.			

Researcher: Thank you so much for having me. I learned so much from them. It was great. It was enjoyable working with them.			
Teacher: We really appreciate you coming.	270	T2.270 teacher very appreciative of the music therapy sessions	

Appendix K

Assistant teacher (AT1): interview transcript

Assistant Teacher Interview	#	Codes	Higher Order Codes
<p>Researcher: What was your experience of the music therapy session?</p> <p>Assistant teacher: I only sat in on it once, but it creates like a unity, you know like, everyone is trying to listen otherwise everyone doesn't benefit.</p> <p>And it teaches them group and teamwork.</p> <p>It teaches them to, yah if they are going to misbehave it is going to spoil it for the whole group, so everyone tries to behave.</p> <p>Researcher: Thank you for having me. I will definitely go and thank the principal as well.</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>7</p> <p>8</p>	<p>AT1.3 MT creates unity between students</p> <p>AT1.4 In MT all children trying to listen and respect each other</p> <p>AT.4-5 MT teaches students group and teamwork</p> <p>AT1.5-6 MT teaches all children to respect the whole group</p>	

Appendix L

First video excerpt (V1): thick descriptions

Real Time:	Thick Description:	Line	Codes:	Higher Order:
	This activity takes place after a drum improvisation towards the end of the session about 21 minutes into the video recording. The group is now standing in a circle –there are 10 students, one teacher and the therapist. The therapist starts to give the group instructions on a movement activity. The therapist explains to the group that everyone is going to get a turn to go into the middle and do their own dance/movement (the therapist then goes into the middle to demonstrate an example of a free/fun movement the students can do. The therapist turns on a pre-recorded song 'The Sound Of Sunshine' by Michael Franti. The song has an upbeat tempo with a strong beat.	1 2 3 4 5 6 7 8 9 10		
00:00	<p>The therapist moves into the middle of the circle and says "everybody copy me, ready!".</p> <p>The therapist starts to sway her hands side to side and lift her feet up.</p> <p>The students are all looking at the therapist and all students begin to copy her movement.</p>	11 12 13 14	<p>V1.11- MT stands all can see her</p> <p>V1.11-12 MT asks group to copy her</p> <p>V1.12-13 MT leads group with a movement</p> <p>V1.13 students look at MT</p> <p>V1.14 students following directions</p> <p>V1.13-14 all students copy MTs movement</p>	<p>V1.11- MT stands all can see her</p> <p>V1.11-12 MT uses verbal cue to indicate to students when to start</p> <p>V1.12-13 MT uses multiple ways of drawing focus of children</p> <p>V1.13 students participating in MT</p> <p>V1.14 students able to follow MT's directions</p> <p>V1.13-14 students able to follow</p>

				MT's movement
00:07	<p>The therapist continues with the same movement and says again "copy me, good."</p> <p>Most of the students seem to now have the movement and are copying the therapist.</p> <p>The teacher and many of the students start smiling when they get the movement</p> <p>except for C1 who seems distracted.</p> <p>Most of the students are looking at the therapist</p> <p>but students C1, C4, C6 & C7 are looking away but they still continue to do the movement.</p>	<p>15 16 17 18 19 20</p>	<p>V1.15-16 MT repeats instructions while demonstrating</p> <p>V1.16-17 Students copying the therapist</p> <p>V1.17-18 Teacher and many students smile when they get movement</p> <p>V1.18 C1 is distracted</p> <p>V1.18-19 Most students are looking at therapist</p> <p>V1.19-20 Students C1, C4, C6 & C7 are looking away</p>	<p>V1.15-16 MT uses multiple ways of demonstrating</p> <p>V1.16-17 Students able to follow MT's movement</p> <p>V1.17-18 Students enjoy being able to participate in music together</p> <p>V1.18 Children lose focus/are easily distracted</p> <p>V1.18-19 children participated in MT</p> <p>V1.19-20</p>

				some students lose focus/easily distracted
00:14	<p>The therapist now changes the movement, moving her hands in a wiper motion.</p> <p>The therapist says to the students "look at my hands, look at my hands" to indicate to the students that the movement has changed.</p>	21 22 23	<p>V1.21 MT shows new movement</p> <p>V1.22-23 MT verbally describes her movement</p>	<p>V1.21 MT uses visual cues to indicate change</p> <p>V1.22-23 MT uses verbal cues to indicate mvt</p>
00:17	<p>The therapist now lifts her feet higher turning around saying "one foot up".</p> <p>Most of the students are following the hand motion and start to lift their feet but C1 is not lifting her feet.</p> <p>The students are all looking at the therapist and seem to be trying hard to concentrate.</p>	24 25 26 27	<p>V1.24 MT leads verbally and uses movements together</p> <p>V1.25 Most students follow the MT</p> <p>V1.25 C1 is not following movement</p> <p>V1.26 students are all looking at the therapist</p> <p>V1.27 students trying hard to concentrate</p>	<p>V1.24 MT uses multiple ways of drawing focus of children)</p> <p>V1.25 most students able to follow MT</p> <p>V1.25 some children lose focus</p> <p>V1.26 students participating in MT</p> <p>V1.27 students participating in MT</p>
00:24	<p>The therapist then stops and says "now watch me, I am standing still" and starts to tap her hands on her shoulders to the beat of the song.</p> <p>The student's immediately follow the therapist's movement and seem to be</p>	28 29 30	<p>V1.28 therapist is using both verbal and visual instructions (multiple ways of</p>	<p>V1.28 MT uses multiple ways of drawing focus of children</p>

	<p>listening carefully to the music and the beat.</p> <p>C6 and C7 are struggling to tap along with the beat and are tapping faster than the beat and seem to not be concentrating.</p> <p>The other students seem to be trying hard to concentrate.</p>	<p>31</p> <p>32</p> <p>33</p> <p>34</p>	<p>drawing focus of children)</p> <p>V1.29-30 students are following MT's movement</p> <p>V1.31 students are listening carefully to the music and the beat</p> <p>V1.31-32 C6 and C7 are struggling to tap along with the beat</p> <p>V1.32 C6 and C7 are tapping faster than the beat</p> <p>V1.32-33 C6 & C7 seem to not be concentrating</p> <p>V1.33-34 The other students are trying hard to concentrate (not C6 & C7)</p>	<p>V1.29-30 students able to follow MT's movements</p> <p>V1.31 Music used in MT helps children follow the beat</p> <p>V1.31-32 Some students struggle to follow the beat</p> <p>V1.32 Some students struggle to follow the beat</p> <p>V1.32-33 some students lose focus easily</p> <p>V1.33-34 students participating in MT (students made effort to try focus in MT)</p>
<p>00:38</p>	<p>The therapist says "good, now we are going to do.." and starts to move her right foot forward with her right hand following the motion of her foot.</p> <p>The students look at the therapist and immediately change the movement and copy the therapist.</p>	<p>35</p> <p>36</p> <p>37</p> <p>38</p>	<p>V1.35-36 MT gives verbal instructions while demonstrating movement</p> <p>V1.37-38 Students looking at therapist</p>	<p>V1.35-36 MT uses multiple ways of drawing focus of children</p> <p>V1.37-38 students able to follow MT's</p>

			and copy her movement	movements
00:46	<p>The therapist says "and now, other side" and now starts to move her left hand forward with her left hand following the motion of her left leg/foot.</p> <p>Most of the students switch their foot to the other side but C4 and C8 do not switch their feet.</p> <p>C4 and C8 do not seem to be concentrating.</p>	39 40 41 42	<p>V1.39-40 Therapist changes movement/ gives verbal instructions while demonstrating movement</p> <p>V1.41-42 Most students follow movement change except for C4 and C8</p> <p>V1.42 C4 and C8 are not concentrating</p>	<p>V1.39-40 MT uses multiple ways of drawing focus of children</p> <p>V1.41-42 most students participated in MT</p> <p>V1.42 some students distracted easily</p>
00:58	<p>The therapist now asks the teacher to go into the middle to demonstrate a movement.</p> <p>The teacher begins to clap side to side.</p> <p>The teacher is clapping to the beat of the music.</p> <p>C7 is distracted and is not looking at the teacher.</p> <p>The other students start to clap along and follow the teacher's movement but C7 is delayed.</p>	43 44 45 46 47	<p>V1.43-44 Therapist asks teacher to go into middle to demonstrate movement</p> <p>V1.44 teacher demonstrates simple movement</p> <p>V1.44-45 teacher is clapping to beat of the music</p> <p>V1.45-46 C7 is distracted and not looking at teacher</p> <p>V1.46-47a</p>	<p>V1.43-44 MT involves T in activities</p> <p>V1.44 MT involves T in activities</p> <p>V1.44-45 MT involves T in activities</p> <p>V1.45-46 some students distracted easily</p> <p>V1.46-47 students</p>

			students follow teacher's movement	participating in MT
			V1.46-47b C7 delayed in following movements	V1.46-37b some students mvts delayed
1:07	The teacher changes the movement suddenly and puts her hands up in the air and pats her shoulders.	48	V1.48-49 Teacher changes movement suddenly	V1.48-49 T changes mvt suddenly
	The teacher does not use verbal instructions to indicate changes.	49	V1.49-50 Teacher does not use verbal instructions to indicate changes	V1.49-50 T does not draw in students when changing mvt
	Teacher's movement changes are sudden and quick.	50	V1.50-51 Teachers movement changes are sudden and quick	V1.50-51 T mvts are difficult to follow
	A few of the students follow her change	51	V1.51 A few of the students follow teachers movement change	V1.51 not all students follow T's changes
	but C3, C4 and C7 continue to clap.	52	V1.51-52 C3, C4 and C7 do not follow teachers movement change	V1.51-52 some students do not follow T's changes
1:12	Teacher continues with her movement. Now all the students seem to be following her movement.	53	V1.53-54 After short delay students follow teachers mvt	V1.53-54 students delayed follow T's changes
		54		
1:17	The teacher now changes her movement again suddenly to moving around in a circle tapping one hand on her head.	55	V1.55-56 Teacher changes movement suddenly	V1.55-56 T mvts are difficult to follow
	The teacher does not use verbal instructions to indicate change.	56	V1.56-57	

	<p>Teacher's movement change is sudden.</p> <p>All of the students follow except for C3 who taps two hands on his head.</p> <p>Many of the student's reactions seem to be delayed.</p>	<p>57</p> <p>58</p> <p>59</p>	<p>Teacher does not use verbal instructions to indicate change</p> <p>V1.57-58 Teachers movement change is sudden</p> <p>V1.58 All students follow teacher's change except for C3</p> <p>V1.59 Many students reactions delayed</p>	<p>V1.56-57 T does not draw in students when changing mvt</p> <p>V1.57-58 T mvts are difficult to follow/sudden</p> <p>V1.58 most students follow T's changes</p> <p>V1.59 many students delayed follow T's changes</p>
1:20	<p>The teacher changes her movement again suddenly now patting her hands on her backside.</p> <p>The teacher smiles as if she is showing a free/fun/joking move.</p> <p>The therapist and the students start to smile and giggle playfully.</p> <p>The therapist says "is that funny" and the students laugh playfully.</p> <p>All the students are smiling and following the beat and the teachers movement.</p>	<p>60</p> <p>61</p> <p>62</p> <p>63</p> <p>64</p> <p>65</p>	<p>V1.60 Teacher changes movement again suddenly</p> <p>V1.62-63 Teacher smiles indicating playful move</p> <p>V1.62-63 Therapist and students smile and giggle playfully</p> <p>V1.63 Therapist comments on teachers playful change</p> <p>V1.64</p>	<p>V1.60 T's changes difficult to follow/sudden</p> <p>V1.62-63 T free to be playful during MT/positive interaction with children</p> <p>V1.62-63 MT encourages playful interaction</p> <p>V1.63 MT encourages playful interaction</p>

			<p>Students laugh playfully</p> <p>V1.64-65 Students are smiling and following the beat and the movement</p>	<p>V1.64 students free to laugh/be themselves in MT</p> <p>V1.64-65 students smile when feel included/participating in MT</p>
1:28	<p>The teacher changes the movement again. Now swaying her hips side to side.</p> <p>The students are still smiling and giggling and start to follow the teacher's new movement.</p> <p>The students are all looking at each other as if they are sharing the experience together.</p>	<p>66</p> <p>67</p> <p>68</p> <p>69</p>	<p>V1.66 Teacher changes movement again</p> <p>V1.67-68 Students are smiling and giggling and follow teachers new movement</p> <p>V1.68-69 Students are all looking at each other</p> <p>V1.69 Students are sharing the experience together</p>	<p>V1.66 T's changes mvt to suddenly</p> <p>V1.67-68 students free to laugh/be themselves in MT</p> <p>V1.68-69 children were socially aware in MT</p> <p>V1.69 In MT: children sharing an experience?</p>
1:33	<p>The teacher continues her movement. The therapist now asks C4 to take a turn.</p> <p>C4 seems shy and shakes his head.</p> <p>C4 seems as if he is not comfortable to be the first student to go into the middle.</p>	<p>70</p> <p>71</p> <p>72</p>	<p>V1.70 Therapist asks C4 to take a turn</p> <p>V1.71 C4 does not want to be first to take a turn</p> <p>V1.71-72 C4 is nervous</p>	<p>V1.70 MTher encourages students to lead</p> <p>V1.71 MT offers possibility for reserved children to</p>

	<p>The therapist now changes the movement again moving one leg to the side while looking at the students.</p>	<p>73 74</p>	<p>V1.72-74 Therapist changes movement while making eye contact with students and uses visual cues</p>	<p>lead/participate V1.71-72 reserved children encouraged to participate in MT not forced V1.72-74 MT uses multiple ways of drawing focus of children</p>
<p>1:45</p>	<p>The therapist calls out "Now who wants to get a turn?"</p> <p>C6, C7, C9 and C10 raise their hands.</p> <p>Many of the students still seem to be shy to be the first to go into the middle.</p> <p>The therapist picks C6 of the student's who have raised their hands. The teacher had said to the therapist in the interview that this student was particularly shy.</p> <p>The therapist intentionally chose C6 to include her as she was brave to raise her hand.</p>	<p>75 76 77 78 79 80</p>	<p>V1.75-76 Therapist offers students to take a turn V1.75-76 C6, C7, C9 and C10 respond to being offered a turn V1.76-77 Many students do not respond to being offered a turn V1.78-79 Therapist chooses C6 to be the first student to take a turn/as she raised her hand and she is</p>	<p>V1.75-76 MTher encourages students to take-turns V1.75-76 some children excited to take turn/lead in MT V1.76-77 some students reserved in MT V1.78-79 In MT reserved child able to participate</p>

			usually shy V1.79-80 Therapist intentionally chooses C6 as she is usually shy and was brave to raise her hand	e V1.79-80 MThera creates safe space for children to explore new possibilities
1:52	<p>C6 moves into the middle of the circle and begins her movement.</p> <p>C6 sways timidly from side to side and sways her hands.</p> <p>Her movements are somewhat reserved and restricted. C6 is smiling shyly and seems nervous.</p> <p>The other students are following/mirroring her movements and smiling (as if to give her reassurance).</p>	81 82 83 84 85	<p>V1.81 C6 moves into middle of circle and starts her movement</p> <p>V1.81-82 C6 nervous but leads</p> <p>V1.82-83 C6's movements are reserved</p> <p>V1.84-85 Students are following C6 and smiling at her</p>	<p>V1.81 MT offers possibility for reserved children to lead/participate</p> <p>V1.81-82 MT offers possibility for reserved children to lead/participate/(express themselves authentically)</p> <p>V1.82-83 In MT children acknowledge one another</p> <p>V1.84-85 In MT: children acknowledge one another</p>

<p>2:09</p>	<p>The therapist looks and nods at C6 and says "very good".</p> <p>The therapist asks the group "who wants a turn?"</p> <p>C10, C5, C7 and C9 immediately raise their hands very enthusiastically.</p> <p>C10 jumps up saying "me!"</p> <p>The therapist points and chooses C10.</p> <p>C1 now jumps up delayed raising both hands as if she wants a turn.</p>	<p>86</p> <p>87</p> <p>88</p> <p>89</p> <p>90</p>	<p>V1.86 Therapist looks and nods at C6 and says very good</p> <p>V1.87 Therapist asks the group "who wants a turn"</p> <p>V1.87-88 C10, C5, C7 and C9 immediately raise their hands enthusiastically</p> <p>V1.88-89 C10 jumps up saying "me!" (I want a turn)</p> <p>V1.89 Therapist chooses C10</p> <p>V1.89-90 C1 delayed response</p>	<p>V1.86 MTTher recognises children's participation</p> <p>V1.87 MTher encourages students to lead</p> <p>V1.87-88 some children excited to take turn/lead in MT</p> <p>V1.88-89 child excited to take turn/lead in MT</p> <p>V1.89 MT encourages student's participation</p> <p>V1.89-90 some students struggle with coordination and timing</p>
<p>2:14</p>	<p>C10 moves into the middle smiling as if he is proud to be chosen.</p> <p>The student starts moving freely moving his feet and spinning around.</p> <p>His movements are slow and slightly chaotic.</p>	<p>91</p> <p>92</p>	<p>V1.91 C10 moves into middle smiling</p> <p>V1.92 C10 moves freely</p>	<p>V1.91 MT offers child means of expression</p>

	<p>He makes eye-contact with the other students for a few brief seconds and is smiling at them as if to invite them to dance with him.</p> <p>The other students seem to be following his movement for a few seconds.</p> <p>C10 looks at C7 and when he sees he is able to follow he changes his movement immediately.</p>	<p>93</p> <p>94</p> <p>95</p> <p>96</p> <p>97</p>	<p>spinning around</p> <p>V1.92-93 C10's movements are slow but chaotic</p> <p>V.1.93-94 C10 makes eye-contact with other students for a few brief seconds and smiles</p> <p>V1.95-96 Other students follow C10's movements for a few seconds</p> <p>V1.96-97a C10 changes movements quickly</p> <p>V1.96-97b C7 hard to follow movements</p>	<p>V1.92 MT - offers child safe place to express himself</p> <p>V2.92-93 some children's movements are chaotic</p> <p>V1.93-94 student is social aware in MT</p> <p>V1.95-96 In MT children acknowledge one another</p> <p>V1.96-97a In MT student aware of others following him</p> <p>V1.96-97b some students mvts hard to follow</p>
<p>2:24</p>	<p>Many of the other students start smiling and laughing with C10.</p> <p>C10's movements are disorganized he moves forwards and then backwards and then to the right and to the left.</p> <p>C1 and C2 start laughing loudly at random as if they are very excited.</p>	<p>98</p> <p>99</p> <p>100</p>	<p>V1.98 students smile and laugh with C10</p> <p>V1.98-100 C10's movements are disorganize</p>	<p>V1.98 In MT children laughing together</p> <p>V1.98-100 some students</p>

	<p>C5 is also jumping up and down at random as if she is happy and excited.</p> <p>The students are not following C10's movements as C10's movements are disorganized.</p> <p>However, they do seem to be enjoying themselves.</p> <p>Most of the students are looking at his feet carefully trying hard to mirror his movements except for C1 who seems to be distracted.</p> <p>The therapist smiles at C10 and says "wow such hard movements"</p> <p>C10 smiles and looks at the therapist and says "I'm sorry" the</p> <p>therapist says to the student "No its good you are doing great, thank you" to reassure him.</p>	<p>101</p> <p>102</p> <p>103</p> <p>104</p> <p>105</p> <p>106</p> <p>107</p> <p>108</p> <p>109</p>	<p>d</p> <p>V1.100-101 C1 and C2 laugh loudly</p> <p>V1.101-102 C5 jumps up and down unrelated to activity</p> <p>V1.102-103 C10's movements are disorganized</p> <p>V1.104 Students enjoying themselves</p> <p>V1.104-106a Students try to follow leader</p> <p>V1.104-106b C1 distracted</p> <p>V1.106-107 MT reflects difficulty of movements to C10</p> <p>V1.107-108 C10 smiles and apologizes to therapist</p> <p>V1.108-109 MTh reassures and thanks student for participating</p>	<p>mvts hard to follow</p> <p>V1.100-101 In MT children safe space to be themselves</p> <p>V1.101-102 Some student's distracted easily</p> <p>V1.102-103 some students mvts hard to follow?</p> <p>V1.104 students enjoying themselves in MT</p> <p>V1.104-106a MT-students interacting with peers</p> <p>V1.104-106b some students easily distracted</p> <p>V1.106-107 MTh acknowledges individual</p>
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				<p>students</p> <p>V1.107-108 In MT children acknowledge one another</p> <p>V1.108-109 MTh reassures students in MT</p>
2:33	<p>C10 spins and ends his movement suddenly/erratically.</p> <p>Only C9 follows C10's spin.</p> <p>The therapist says "lets give somebody else a turn" and points to C7 who is raising his hand.</p>	<p>110</p> <p>111</p> <p>112</p>	<p>V1.110 C10 ends movement suddenly</p> <p>V1.110-111 Only C9 follows C10's sudden movement</p> <p>V1.111-112 MTh chooses C7 who is raising his hand to take a turn</p>	<p>V1.110 students feels good about himself in MT when leading</p> <p>V1.110-111 most students do not follow sudden changes</p> <p>V1.111-112 MTh encourages students participation</p>
2:36	<p>C7 moves into the middle of the circle confidently and starts to clap his arms together in a big/wide straight motion.</p> <p>C7 moves back and forward very quickly switching his movements often, spinning and sliding his feet,</p> <p>he is looking down at his feet and not making eye-contact with the other students.</p>	<p>113</p> <p>114</p> <p>115</p> <p>116</p>	<p>V1.113-114 C7 confident clear movements</p> <p>V1.114-115 C7 changes movements often</p> <p>V1.116-117 C7 no eye</p>	<p>V1.113-114 MT offers safe space for child to be confident</p> <p>V1.114-115 some students</p>

	<p>C7 seems to be enjoying himself.</p> <p>C9 calls out "C7's name" as if he is trying to indicate to C7 that movements are very fast/erratic.</p> <p>C7 is moving very freely but quickly and seems to be trying to show off to the group.</p> <p>The other students are looking at the student and seem to be trying hard to follow his movements.</p> <p>They are moving side-to-side, front to back and spinning around but at different times.</p> <p>All the students are smiling and laughing. They seem to be enjoying the activity.</p>	<p>117</p> <p>118</p> <p>119</p> <p>120</p> <p>121</p> <p>122</p> <p>123</p>	<p>contact</p> <p>V1.117 C7 seems happy</p> <p>V1.117-119 C9 calls out to C7 calling his name (as if to indicate his movements are too fast)</p> <p>V1.119 C7 is moving freely but quickly</p> <p>V1.120 C7 seems to be trying to show off to group</p> <p>V1.120-122 Other students are trying to follow C7</p> <p>V1.122-123 Students are moving around at different times</p> <p>V1.123 All students are smiling and laughing</p>	<p>mvts hard to follow</p> <p>V1.116-117 some students distracted easily</p> <p>V1.117 student enjoying himself in MT</p> <p>V1.117-119 Verbal interaction between students in MT</p> <p>V1.119 student free to express himself in MT</p> <p>V1.120 child likes to stand out in MT</p> <p>V1.120-122 students participating in MT</p> <p>V1.122-123 students free to be themselves in MT</p> <p>V1.123</p>
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				students enjoying/ having fun in MT
2:53	<p>The teacher whispers to the therapist to give C1 a turn. (The teacher had told the therapist before that this student C1 loves to dance but is usually shy around the other students and is treated as a bit of an outcast by the rest of the class.)</p> <p>The therapist calls on C1 to have a turn.</p>	124 125 126 127	<p>V1.124 Teacher whispers to therapist to give C1 a turn</p> <p>V1.127 Therapist calls on C1 to take a turn</p>	<p>V1.124 T recognises in MT: to engage child who is withdrawn</p> <p>V1.127 MTh encourages reserved student to take-turn</p>
2:55	<p>C1 jumps into the middle on the circle and seems very energetic and excited.</p> <p>She starts jumping and skipping boldly moving even more freely than the students before her.</p> <p>Her smile is beaming and the other students are smiling back at her.</p> <p>The students immediately follow her movements and seem to be moving in time with her.</p> <p>She is moving to the beat and completely present in the movement.</p> <p>C1 is giving a lot of energy and enthusiasm to her dancing.</p>	128 129 130 131 132 133 134	<p>V1.128-129 C1 jumps into the middle/very energetic/excited</p> <p>V1.129-130 C1 moves boldly and freely (more bold than students before her)</p> <p>V1.130-131 C1 is smiling and other students are smiling back at her</p> <p>V1.131-132 Students immediately follow C1's movements and are moving in time with her</p> <p>V1.132-133 C1 is moving to</p>	<p>V1.128-129 MT encourages self-expression/inclusion for reserved child</p> <p>V1.129-130 MT offers reserved child space for free expression</p> <p>V1.130-131 MT offers child opportunity to feel included w/peers</p> <p>V1.131-132 MT encourages social connections</p>

			the beat and is present in the movement	V1.132-133 student is participating in MT
			V1.133-134 C1's dancing has a lot of energy and enthusiasm	V1.133-134 child able to express herself in MT
3:04	<p>C1 continues to move freely in the middle-</p> <p>she now changes the movement boldly and moves her feet side to side while clapping.</p> <p>The other students follow her change.</p> <p>C7 follows her change but seems to be doing his own variation.</p> <p>C1 looks back at C7 and seems to notice that he is moving differently.</p> <p>C1 changes her movement boldly again now turning around while holding her hands in the air flickering her fingers.</p> <p>The other students follow her change again.</p> <p>The student has a big smile on her face.</p>	<p>135</p> <p>136</p> <p>137</p> <p>138</p> <p>139</p> <p>140</p> <p>141</p>	<p>V1.135 C1 moves freely in the middle</p> <p>V1.135-136 C1 changes her movement boldly</p> <p>V1.137-138 Students follow C1's change</p> <p>V1.138-139 C7 follows C1's change but does his own variation</p> <p>V1.138-139 C1 looks back at C7 and seems to notice that he is moving differently</p> <p>V1.139 C1 changes her movement boldly</p> <p>V1.140 Students follow C1's</p>	<p>V1.135 child able to express herself in MT</p> <p>V1.135-136 MT offers safe space for child to be bold/try new things</p> <p>V1.137-138 Children work together/follow the leader in MT</p> <p>V1.138-139 child free to be himself in MT</p> <p>V1.138-139 child socially aware in MT</p>

			change	
			V1.140-141 C1 has a big smile on her face	V1.139 leader changes movement to challenge others V1.140 Student acknowledged by peers/peers follow leader V1.140-141 student smiles in MT when feels acknowledged by peers
3:20	<p>The therapist shouts out "now somebody else" and points to C2.</p> <p>C2 immediately jumps into the middle and jumps up and down and side to side to the beat of the music.</p> <p>The other students follow her and jump up and down copying her movement.</p> <p>The student is smiling and laughing.</p> <p>The other students, the teacher and the therapist smile and laugh along</p>	<p>142</p> <p>143</p> <p>144</p> <p>145</p> <p>146</p> <p>147</p>	<p>V1.142 Therapist now calls for another student to take a turn and points to C2</p> <p>V1.142-144 C2 immediately jumps into the middle and moves to the beat</p> <p>V1. 144-145 Students follow C2's movement</p> <p>V1.145-146 C2 is</p>	<p>V1.142 MTher offers opportunities for all students to lead</p> <p>V1.142-144 some students excited to lead in MT</p> <p>V1.144-145 Children work together/follow the</p>

	<p>with her.</p>		<p>smiling and laughing</p> <p>V1.146-147 The students, teacher and therapist smile and laugh along with C2</p>	<p>leader in MT</p> <p>V1.145-146 students smile in MT when feel acknowledged by peers</p> <p>V1.146-147 students smile and laugh together in MT when feel involved</p>
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Appendix M

Second video excerpt (V2): thick descriptions

Real Time :	Thick Description:	Line	Coding	Higher Order Codes
00:00	Therapist begins to play a rhythm on the guitar. The therapist points to two of the students (C4 & C8) (as students were asked to play together in pairs with the instruments given to them). The therapist says to the group "everybody listen, listen."	1 2 3 4 5	V2.1-2 MT points to students to play V2.4-5 MT gives verbal cue to group	V2.1-2 MT uses visual cue V2.4-5 MT uses verbal cue to encourage students to listen to each other
00:04	Teacher says to class "just the two of them" . C4 starts to play a strong beat using his shaker in 4/4 meter at a fast speed about 130 BPM. C8 plays along with C4 but does not match C4's rhythm.	6 7 8 9	V2.6 T repeats MT's instructions V2.6-7 C4 plays a strong beat V2.8-9 C8 does not match C4's playing	V2.6 T repeats MT's instructions V2.6-7 student participates in MT V2.8-9 Some students struggle to follow each other's beat
00:08	Therapist sings a melody matching one of the student's rhythm and changes strumming on her guitar in the key of C. C8 is still not matching student C4's rhythm. C4 is looking at the therapist while C8 is looking away to the side. The therapist says to the students "play together." C8 looks at the therapist and continues shaking the shaker - for about 2 seconds the students rhythms match.	10 11 12 13 14 15 16	V2.10-11 MT sings and strums a melody over students rhythms V2.11-12 C8 not matching C4's rhythm V2.12-13 C4 looks at therapist V2.13 C8 distracted V2.13-14 MT gives students verbal instructions V2.14-15 C8 looks at MT after MT gives verbal instructions V2.15-16 C4 & C8 rhythms match briefly	V2.10-11 MT's music matches what student is doing/including them as they are V2.11-12 some students struggle to follow each other's beats V2.12-13 Student is making eye contact with MT V2.13 some students are distracted easily V2.13-14 MT uses verbal cue to reinforce instructions V2.14-15 student is drawn in by MT's cues V2.15-16 In MT students match one another's music
00:14	The therapist continues to play and sing along with C4's dominant rhythm. C4 continues to play a strong rhythm.	17 18 19	V2.17-18 MT plays guitar and sings along with students V2.18 C4 continues strong	V2.17-18 MT adds melody and adjusts guitar rhythm to help students follow the beat V2.18 student

	<p>C8 turns his head away as if distracted loses the rhythm. The therapist says again "together."</p> <p>The therapist holds her right hand in front of the guitar now to model the rhythm imitating the movement of the shaker.</p> <p>The students look at the therapist's hand for a brief second and then look away.</p> <p>The students are looking in different directions away from each other.</p>	<p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>	<p>rhythm</p> <p>V2.18-19 C8 distracted and C8 not following C4's rhythm</p> <p>V2.20 MT gives verbal cue to students to play together</p> <p>V2.20-21 MT models rhythm with visual cue</p> <p>V2.22-23 C4 & C8 distracted</p> <p>V2.23-24 C4 & C8 looking away</p>	<p>participates in MT</p> <p>V2.18-19 some students are distracted easily</p> <p>V2.20 MT uses verbal cue to reinforce instructions</p> <p>V2.20-21 MT uses visual cues</p> <p>V2.22-23 some students are distracted easily</p> <p>V2.23-24 some students are distracted easily</p>
00:17	<p>The therapist whispers to the students "slow it down" and holds her right hand closer to the students to show them the rhythm.</p> <p>C4 starts to play faster and C8 starts to play slower now matching the therapist and C4's original beat.</p>	<p>25</p> <p>26</p> <p>27</p> <p>28</p>	<p>V2.25 MT cues C4 & C8 to slow down</p> <p>V2.25-26 MT models rhythm with visual cue</p> <p>V2.27 C4 not following MT</p> <p>V2.27-28 C8 matches MT</p>	<p>V2.25 MT changes music to draw group to focus</p> <p>V2.25-26 MT uses multiple ways of drawing in children when not following</p> <p>V2.27 some students struggle to follow the beat</p> <p>V2.27-28 MT slowing the music helps children follow and match her playing</p>
00:24	<p>The teacher who was sitting next to student B walks behind both students and holds on to their wrists.</p> <p>While holding their wrists she starts to shake their hands for them back to the original 4/4 rhythm. The therapist continues to shake her hand and sing the rhythm.</p>	<p>29</p> <p>30</p> <p>31</p> <p>32</p> <p>33</p>	<p>V2.29 Teacher holds C4 & C8's wrists</p> <p>V2.30 Teacher holds C4 & C8's wrists and plays beat for them</p>	<p>V2.29 T holds students hands to get them to follow music correctly</p> <p>V2.30 T tries to help children play</p>
00:34	<p>The therapist whispers to the teacher "let them try" the teacher lets go of both of the students wrists.</p> <p>The students continue to play the beat in time together for a few seconds.</p> <p>C8 is playing a strong beat like C4.</p> <p>The therapist holds her right hand in front of the students following the beat.</p> <p>Therapist says to the students "good"</p>	<p>34</p> <p>35</p> <p>36</p> <p>37</p> <p>38</p> <p>39</p>	<p>V2.34 MT indicates to T to let students try on their own</p> <p>V2.35-36 C4 & C8 play in time briefly</p> <p>V2. 36-37 C8 matches C4's beat</p>	<p>V2.34 MT encourages T to let students try play on their own/ children to play without help?</p> <p>V2.35-36 In MT students following peers</p> <p>V2.36-37 In MT children make music together (match in the music)</p>

			V2.37-38 Therapist uses visual cue to model beat for students V2.38-39 MT acknowledges students playing verbally	V2.37-38 MT uses multiple ways of drawing in focus of children V2.38-39 MT acknowledges students participation
00:38	Both students start to play different beats for about 2 seconds. The therapist motions her hand and head to the students to play together. The students play the beat together for a few seconds now both looking at the therapist concentrating on the rhythm.	40 41 42 43 44	V2.40 C4 & C8's beats do not match briefly V2.41-42 MT uses visual cue for students to play together V2.42-43 C4 & C8 play beat together briefly V2.43-44 C4 & C8 looking at MT	V2.40 some students struggle to follow the beat V2.41-42 MT uses multiple ways of drawing in children V2.42-43 In MT students match one another's music V2.42-43 students focused on MT's instructions
00:48	The therapist says to the students "good job guys" and points to two different students C1 & C2 .	45 46	V2. 45-46 MT acknowledges students playing verbally	V2.45-46 MT acknowledges students participation
	CLIP SPLIT IN TWO TO SHOW TWO PARTS			
2:35	Now C1 & C2 are playing together. C2 begins to play the rhythm on her djembe drum using two hands taping the tips of her fingers on the drum The therapist changes the key on the guitar and matches C2's rhythm. The MT now starts to sing higher. says "we are going to change the key, ready!". Therapist changes the key to key of D and strums lightly to adjust to students playing.. C2 looks at C1 as if to motion her to play along. C1 starts to shake her shaker slower than C2 and is looking intently at the therapist.	47 48 49 50 51 52 53 54 55	V2.47-48 C2 plays timidly V2.49-51 MT changes the key V2.51 MT gives verbal cue to students that music is changing V2.52-53 MT changes key to key of D V2.53-54 C2 looks at C1 (inviting her to play) V2.54 C1 plays slower than C2 V2.55 C1 looks at	V2.47-48 reserved child still able to participate in MT V2.49-51 MT adjusts the music to match child's playing V2.51 MT uses verbal cue to indicate change in music V2.52-53 MT adjusts the music to match child's playing V2.53-54 students

	<p>The therapist says to the students “together” loudly matching their playing.</p>	56	<p>MT</p> <p>V2.55-56 MT gives student verbal cue to play together</p>	<p>acknowledge each other in MT</p> <p>V2.54 some students struggle to follow the beat</p> <p>V2.55 student is focusing in MT</p> <p>V2.55-56 MT uses verbal cue to reassure student/reinforce instructions</p>
2:44	<p>C1 looks at C2 and starts to shakes along to her beat.</p> <p>C2 smiles as if she is recognizing they are playing together.</p> <p>The therapist continues to strum on the guitar and sings along following the students beat.</p>	57 58 59 60	<p>V2.57 C1 looks at C2 and plays with her beat</p> <p>V2.57-58 C2 smiles when C1 matches her beat</p> <p>V2.59-60 MT strums and sings along following students beat</p>	<p>V2.57 In MT students make eye contact/acknowledge each other in the music</p> <p>V2.57-58 student smiles in MT when feels acknowledged by peers</p> <p>V2.59-60 MT adds melody and adjusts guitar rhythm to play along with students beat</p>
2:52	<p>Both C2 and C1 begin to smile.</p> <p>The therapist says Good job!”</p> <p>C2 seems very excited and looks at C1.</p> <p>C1 looks back at C2 and gives back a big smile as if to acknowledge her partner.</p>	61 62 63	<p>V2.61 C2 and C1 smiling</p> <p>V2.61 MT verbally acknowledges students playing</p> <p>V2.62 C2 smiling at C1</p> <p>V2.62-63 C1 looks back at C2 with big smile</p>	<p>V2.61 students smile in MT when feel acknowledged by peers</p> <p>V2.61 MT verbally acknowledges students participation</p> <p>V2.62 students smile in MT when feel involved</p> <p>V2.62-63 students smile in MT when feel acknowledged by peers</p>

2:58	<p>C1 smiles and sits up on her knees and starts to shake her shaker a bit faster in excitement as if to see if C2 will respond.</p> <p>C2 immediately copies student C1's beat and also sits up on her knees.</p> <p>Both students play together in time with big smiles on their faces.</p>	64 65 66 67 68	<p>V2.64-65 C1 changes position and plays faster rhythm</p> <p>V2.66-67 C2 copies C1's beat and posture/position</p> <p>V2.67-68 C2 and C1 play together in time with big smiles</p>	<p>V2.64-65 student changes position and rhythm to see if other student will respond to her?</p> <p>V2.66- In MT student clearly follows lead of another</p> <p>V2.67-68 students smile in MT when feel acknowledged by peers?</p>
3:10	<p>C1 sits back down while continuing to play her shaker and reaches her one arm over (the hand without the shaker) to pat C2 on the back smiling.</p>	69 70 71	<p>V2.69-71 C1 pats C2 on back smiling</p>	<p>V2.69-71 student interacts with peer in MT (interaction initiated by children)</p>
3:16	<p>C2 looks at C1 and smiles. Both seem to be acknowledging one another.</p>	72 73	<p>V2.72 C2 looks at C1 and smiles</p>	<p>V2.72 students smile at each other in MT when feel acknowledged by peers</p>


Appendix N

Third video excerpt (V3): thick descriptions

Real Time:	Thick Description:	Line	Codes	Higher Order Code
00:00	This activity is right after an instrumental improvisation in the middle of the session. Approximately 16:00 minutes into the video recording of the full session. All students were given a Djembe drum. The students were instructed to watch the therapist's hand and body movements carefully. Students were instructed to play one at a time using alternating hands on the drum only when pointed to. The therapist would then point her finger at the students one by one - moving her hand in a clockwise motion around the group and then back. The therapist would also move her hand from one student to another then back to the same student to practice turn taking. The therapist would then sing a melody and lift her leg up in the air indicating to all students to play together, now the students were instructed to only play the drum with one hand - beating down when the therapist's foot touches the floor. The therapist had already done two rounds where the students played with two hands when pointed to.			
00:00	The therapist is standing up in the middle of the circle. She is standing in view where all the students can see her. The therapist asks the teacher to join the students and participate in the group activity.	1 2 3 4	V3.1-2 MT standing where all students can see her V3.2-4 MT gets teacher involved in group as a co-participant	V3.1-2 MT stands all can see her V3.2-4 MT gets teacher involved in group as a co-participant
00:45	Therapist says to the group "And together!" while lifting her right leg and both her arms up in the air. All the students lift their hands. The therapist slowly drops her foot to the floor and lowers her hands down at the same time and says "Boom!" (Indicating to the students to bang the drum with one hand at the same time as her foot touches the ground). Some of the students bang down on the drum at different times. The therapist now slows down the movement lifts her leg again and as she lowers her leg to the ground	5 6 7 8 9 10 11 12 13	V3.5-6 MT uses visual and verbal cue to indicate change V3.7-8 MT uses visual and verbal cue V3.10-11 Some of the students playing at different times V3.11-12 MT	V3.5-6 MT uses visual and verbal cue to indicate change V3.7-8 MT uses multiple ways of drawing focus of children V3.10-11 some students struggle to

	<p>she adds a pause and says “And...” and as it touches the ground she says “Boom”.</p> <p>The students are all banging at different times.</p> <p>The therapist slows it down again and lifts her leg again adding a pause and says “And...” and as she lowers her leg and hands she clicks her fingers and says “Boom”.</p> <p>The teacher says “look at her foot!”</p> <p>Some of the students look at the therapist’s leg.</p> <p>A few of the students turn to look at the teacher.</p> <p>The therapist lifts her foot again and says in time to the beat “watch - my - foot.”</p> <p>The students are still playing at different times.</p>	<p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p>	<p>slows down the movement when children are not following</p> <p>V3.12-13 MT uses visual cue</p> <p>V3.13-14 MT adds a pause to the movement for anticipation</p> <p>V3.14-15 Students are playing at different times</p> <p>V3.15-18 MT uses verbal and visual cue</p> <p>V3.18 Teacher uses verbal cue to remind students to focus</p> <p>V3.18-19 Some students are focused</p> <p>V3.19-20 Some students distracted</p> <p>V3.20-21 MT uses musical, verbal and visual cue</p> <p>V3.21-22 Students playing at different times</p>	<p>follow the beat</p> <p>V3.11-12 MT slows down the movement when children are not following</p> <p>V3.12-13 MT uses visual cue to indicate change</p> <p>V3.13-14 MT adds a pause to mvmt to help students anticipate change</p> <p>V3.14-15 some students struggle to follow the beat</p> <p>V3.15-18 MT uses multiple ways of drawing focus of students</p> <p>V3.18 T realizes MT’s mvmts help students follow focus?</p> <p>V3.18-19 some students are participating in MT</p> <p>V3.19-20 some students are easily distracted</p> <p>V3.20-21 MT uses multiple ways of drawing in focus of children</p> <p>V3.21-22 some students struggle to follow the beat</p>
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<p>00:57</p>	<p>The therapist now begins to add/sing a melody with a clear marching beat at 60 BPM to match her body movements.</p> <p>All of the students immediately match the therapist's rhythm once they hear the melody.</p> <p>The therapist continues to move her arms and leg while singing the melody.</p> <p>The students keep the beat going.</p> <p>The therapist makes eye contact with the group.</p> <p>increases the dynamics of her voice/sings the melody louder while lowering her leg and then</p> <p>adds a long fermata/pause to the melody and movement to anticipate the music is going to stop.</p> <p>The therapist says "And..." while lowering her leg and when her foot touches the ground</p> <p>she waves her hands in a horizontal crossing motion to signal and says "Stop!"</p> <p>The students kept the beat going until indicated by MT to stop.</p> <p>The students are smiling as if acknowledging that they were playing together as a group.</p>	<p>23 24 25 26 27 28 29 30 31 32 33 34 35 36</p>	<p>V3.23-24 MT sings melody with clear marching beat to match body movements</p> <p>V3.24-26 Students match the beat immediately once they hear melody</p> <p>V3.26-27 MT uses verbal and visual cue while singing melody to match beat</p> <p>V3.27 Students play together when they hear the melody</p> <p>V3.28 MT makes eye contact with the group to draw them in</p> <p>V3.28-29 MT increases the dynamics/sings melody louder to draw students in</p> <p>V3.30-31 MT adds a fermata to the music to anticipate ending</p> <p>V3.31-33 MT uses verbal and visual cue to indicate to students when to stop</p> <p>V3.33-35 MT uses large arm motion to indicate to students when to stop</p> <p>V3.35-36 Students are smiling when realize they are playing together</p>	<p>V3.23-24 MT uses melody to structure mvt</p> <p>V3.24-26 Melody provides structure for students to follow</p> <p>V3.26-27 MT adds melody to movements to help students follow the beat</p> <p>V3.27 Melody used in MT helps students follow the beat</p> <p>V3.28 MT makes eye contact with the group to draw students in</p> <p>V3.28-29 MT increases the dynamics/sings melody louder to draw students in</p> <p>V3.30-31 MT adds a fermata to the music to anticipate ending</p> <p>V3.31-33 MT uses multiple cues to indicate to students when to stop</p> <p>V3.33-35 MT uses multiple cues to indicate to students when to stop</p> <p>V3.35-36</p>
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				Students are smiling when realize they are playing together
00:57-1:42	<p>Therapist stops singing the melody and points to students to play individually. Therapist points at each child to indicate when it is his/her turn to play individually. The therapist would then point her finger at the students one by one - moving her hand in a clockwise motion around the group and then back.</p> <p>Therapist indicates to students to play a simple rhythm - a single-stroke roll</p>  <p>- using alternating hands. Some children play on the beat when pointed to.</p> <p>Some children are distracted and some take longer to respond than others.</p> <p>Therapist waits for some children to play,</p> <p>when the consistent rhythmic structure is lost the students find it difficult to anticipate their turn.</p> <p>Therapist is not singing a melody during this activity this makes it more challenging for students to anticipate the beat. After this the therapist now instructs the group to play together.</p>	37 38 39 40 41 42 43 44 45 46 47 48 49 50	<p>V3.37 MT stops singing melody</p> <p>V3.37-39 MT indicates to each student when its his/her turn (visual cue)</p> <p>V3.41-44 MT shows student simple beat (single stroke roll) to play on drum)</p> <p>V3.43-44 Some children play on beat when asked</p> <p>V3.44 some children are distracted</p> <p>V3.45 some children take longer to respond than others V3.45-46 MT waits for each student to play</p> <p>V3.46-47 when rhythmic structure is lost students find it difficult to anticipate beat/turn</p> <p>V3.47-49 When no melodic structure students find difficult to follow beat</p>	<p>V3.37 When no melodic structure students find difficult to follow beat?</p> <p>V3.37-39 MT uses visual cue to indicate when students turn</p> <p>V3.41-44 MT demonstrates drum beat to students before instructing them to play</p> <p>V3.43-44 some students able to follow the beat V3.44 some students easily distracted</p> <p>V3.45 Some students struggle to follow the beat</p> <p>V3.45-46 MT slows down and waits for each student to play</p> <p>V3.46-47 when rhythmic structure is lost students find it difficult to anticipate beat/turn</p> <p>V3.47-49 When no melodic structure students find difficult to follow beat</p>
1:42	Therapist lifts her leg and arms at the same time and says "And..." she then	51	V3.51-52 MT uses	V3.51-52 MT

	<p>bangs her foot on the floor and says "Boom"</p> <p>The students raise their hands at different times and all bang down out different times.</p> <p>The therapist lifts her leg again and simultaneously sings "Look - at - my - foot" to a marching beat.</p> <p>The therapist repeats this motion a few times.</p> <p>The students continue to play at different times.</p> <p>The therapist calls out "C1's name" to C1 who is looking away.</p> <p>C1 is still looking away so the therapist calls her name again</p> <p>and makes eye-contact with student.</p> <p>C1 looks closely at the therapist's foot and starts to match her beat.</p> <p>C10 is looking intently at the therapist's foot and is matching the beat.</p> <p>The therapist says "good C10, excellent" to acknowledge that he is matching the beat and playing with the group.</p> <p>Some of the students are still not playing together.</p>	<p>52</p> <p>53</p> <p>54</p> <p>55</p> <p>56</p> <p>57</p> <p>58</p> <p>59</p> <p>60</p> <p>61</p> <p>62</p> <p>63</p> <p>64</p>	<p>verbal and visual cue to indicate a change</p> <p>V3.53-54 Students all playing at different times/do not match MT</p> <p>V3.54-55 MT speaks in time to a marching beat</p> <p>V3.56 MT repeats visual cue a few times</p> <p>V3.56-57 Students playing at different times</p> <p>V3.57-58 MT calls out C1's name, C1 is distracted</p> <p>V3.58-60 C1 still distracted, therapist calls C1's name again</p> <p>V3.59-60 MT makes eye contact w/ student</p> <p>V3.60-61 C1 starts to match therapist when focusing on MT's visual cue</p> <p>V3.61-62 C10 matches MT's beat</p> <p>V3.62-64 MT uses verbal cue to acknowledge C10's playing</p> <p>V3.64 Some of the students are not playing together</p>	<p>uses verbal and visual cue to indicate a change</p> <p>V3.53-54 some students struggle to follow the beat</p> <p>V3.54-55 MT uses musical cue to reinforce instructions</p> <p>V3.56 MT adjusts and repeats instructions cue a few times when students not following</p> <p>V3.56-57 some students struggle to follow the beat</p> <p>V3.57-58 MT calls out to student in music when student's distracted</p> <p>V3.58-60 MT calls out to student in music when student's distracted</p> <p>V3.59-60 MT makes eye contact w/ student when student is distracted</p> <p>V3.60-61 MT's visual cues help student follow beat</p> <p>V3.61-62 MT's musical and</p>
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				<p>visual cues help student follow beat</p> <p>V3.62-64 MT uses verbal cue to acknowledge students participation</p> <p>V3.64 some students struggle to follow the beat</p>
2:05	<p>The teacher asks MT to sing the melody to help students.</p> <p>The therapist now adds/starts to sing a jazzy melody to match the beat and movement of her leg.</p> <p>The students immediately anticipate the music, match the beat and are all playing together in time.</p> <p>The students keep the beat for about 5 seconds.</p> <p>C10 and C3 start to lose the beat.</p> <p>The therapist makes eye contact and calls out to them "together, one" as her foot touches the ground.</p> <p>The teacher calls out "C10" to remind him to focus.</p> <p>The therapist continues to sing the melody again to match her movements.</p> <p>The students all match the beat when the therapist sings the melody.</p>	<p>65</p> <p>66</p> <p>67</p> <p>68</p> <p>69</p> <p>70</p> <p>71</p> <p>72</p> <p>73</p> <p>74</p> <p>75</p>	<p>V3.65 T asks MT to sing melody to help students follow beat</p> <p>V3.66-67 MT sings a jazzy melody to match beat & movement</p> <p>V3.67-69 Students immediately anticipate music and match the beat when hear melody</p> <p>V3.69 Students continue matching the beat for 5 seconds</p> <p>V3.69-70 C10 and C3 start to lose the beat</p> <p>V3.70-72 MT makes eye contact and calls out to C10 and C3 to draw them back in</p> <p>V3.72 Teacher calls out to C10 to remind him to focus?</p> <p>V3.72-74 MT continues to sing melody to match</p>	<p>V3.65 T realizes that the inclusion of melody has drawn children to focus</p> <p>V3.66-67 MT adds melody to movements to help students follow the beat</p> <p>V3.67-69 MT's Melody provides structure for students to follow beat</p> <p>V3.69 MT's Melody provides structure for students to follow beat</p> <p>V3.69-70 some student's struggle to follow the beat</p> <p>V3.70-72 MT makes eye contact and uses visual cues to draw students in who are distracted</p>

	<p>The students play together for 5 seconds.</p> <p>The students are smiling when playing together as a group.</p>	<p>76</p>	<p>her movements</p> <p>V3.74-75 Students all match beat when they hear the melody</p> <p>V3.75 Students play together for 5 seconds</p> <p>V3.75-76 Students smile when playing together</p>	<p>V3.72 T realized in MT needs to draw in students who are withdrawn or distracted</p> <p>V3.72-74 MT sings melody with movements to help students follow the beat</p> <p>V3.74-75 MT's Melody provides structure for students to follow beat</p> <p>V3.75 MT's Melody provides structure for students to follow beat</p> <p>V3.75-76 Students smile when realize they are playing together</p>
<p>2:20</p>	<p>The therapist lifts her leg again in time to the melody while moving her whole body back.</p> <p>The therapist adds a fermata/pause to draw students to anticipate the ending and says "Annnnd" while breathing in puts her foot down while saying "Boom" all the students bang down on the drum at the same time.</p> <p>The therapist lifts her foot one more time adding a fermata to draw students to anticipate when to stop saying "Annnnd" and when she bangs her foot down on the floor</p> <p>all the students bang their drums at the same time.</p>	<p>77</p> <p>78</p> <p>79</p> <p>80</p> <p>81</p> <p>82</p> <p>83</p> <p>84</p>	<p>V3.77-78 MT uses melody to provide structure for movement</p> <p>V3.78-79 MT adds a fermata to draw students to anticipate ending</p> <p>V3.81-82 All students bang down on drum at same time</p> <p>V3.82-83 MT adds a fermata to draw students together to anticipate ending</p> <p>V3.84-85 All</p>	<p>V3.77-78 MT sings melody w/ movements to help students follow the beat</p> <p>V3.78-79 MT adds a fermata to the music to anticipate ending</p> <p>V3.81-82 MT's inclusion of the fermata helps students anticipate ending</p> <p>V3.82-83 MT adds a fermata to the music to</p>

		85	students bang their drum at the same time	anticipate ending V3.84-85 MT's inclusion of the fermata helps students anticipate ending
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Appendix O

Categories and themes table

Ref line #	Codes	Higher Order Codes	Categories	Themes
T1.266-267	Music encourages turn-taking	Social awareness	Teacher's views about music	MUSIC ITSELF IS MEANINGFUL
T1.270-271	Music can encourage structure	Impulse control		
T1.154-155	Music can be calming (for teacher)	Music can be calming		
T1.272				
T1.283-284				
T1.285				
T1.285				
T1.285-286				
T1.206-207	Music can encourage learning	Music for educational objectives		
T1.151-152				
T1.311	Music can be used therapeutically	Music can be used therapeutically		
T2.231	music is a form of therapy			
T1.312-313	Music has many potentials	Music many potentials		
T1.318-319				
T1.313				
T1.321	Music has no limit			
T1.270	Children enjoy music	Children's responses to music-enjoyment		
T1.359				
T1.254				
T1.234				
T1.322-323	Music can influence children differently	Children respond to music		
T1.284	Music is part of teachers life	Music-making impacts everyday life	Class teacher also experienced music teacher	
T2.150	MT and music-making impact everyday life			
T2.151				
T1.118	Teacher also music teacher	Teacher also music teacher		

T1.159	Teacher uses movement	Musical qualities offer children different ways of experiencing themselves and others	Teacher's current use of music the classroom	MUSIC ITSELF IS MEANINGFUL
T1.181-182	Teacher tells children that people with disabilities can still do music			
T1.173-176	T incorporates different elements of music creatively into classes			
T1.227-228	Teacher uses different active ways of engaging with music			
T1.130				
T1.144-145				
T1.171-172				
T1.177				
T1.133-134	T makes use of receptive exercises/music listening to expand repertoire			
T1.228-229				
T1.128	T uses breathing and voice exercises			
T1.143-144b				
T1.193	T uses music children can relate to			
T1.208				
T1.210-211				
T1.235-237				
T1.186				
T1.191				
T1.191-192	Children know different music	Exposure to other cultures/music		
T1.120	T uses music from different cultures/ Afrikaans and English songs			
T1.145				
T1.155	T incorporates different elements of music creatively into classes	Exposure to diversity in music enables children new experiences		
T1.150-151				
T1.124	T uses breathing and voice exercises	Physical participation in musical activities can help to focus behaviour		
T1.128				
T1.130	T uses different rhythm exercises with clapping	Listening skills		
T1.143-144a				
T1.130-131	T makes use of receptive exercises/music listening to expand repertoire	Music to teach life skills		
T1.131-132				
T1.199-200	Teacher uses music to teach life skills	Music time is limited		
T1.234-235				
T1.245-246	Music time is limited			

V2.49-51	MT adjusts the music to match child's playing (including them as they are)	MT adapts music so children feel heard/included as part of the group	MT adapts music to fit the child's individual expressions	MUSIC THERAPY AS A COMPLEMENTARY APPROACH
V2.52-53				
V2.10-11				
V3.77-78				
V3.66-67				
V3.72-74				
V3.11-12	MT slows down music or movement and waits for each student to play (also when children are not following)			
V3.45-46				
V2.34	MT encourages T to let students try play on their own (children to play without help)			
V2.17-18	MT adds melody and adjusts guitar rhythm to help students follow the beat/play along with students beats	MT uses musical structures to help students follow/play together		
V2.59-60				
V3.23-24	Melody used in MT provides structure/helps students follow the beat			
V3.24-26	Melody provides structure for students to follow			
V3.65	T realizes that the inclusion of melody has drawn children to focus			
V3.27	Melody used in MT provides structure/helps students follow the beat			
V3.67-69	MT adds/sings melody to movements to help students follow the beat			
V3.69				
V3.74-75				
V3.75				
V3.13-14				
V3.26-27				
T2.133	MT social skills: turn-taking helps children recognise/ acknowledge one another			
T2.133				
T2.189	T learned in MT: to include individuals and encourage individual attention through calling out names within the music	T learned in MT: Call out names within the music to gain children's attention		
T2.190	T learned in MT: to use individual instruments to enhance children's	T learned in MT: Use individual instruments to help		

	participation	children feel involved/part of group		
T2.191	T learned in MT: acknowledge children within the music	T learned in MT: Acknowledge children within the music		
T2.191				
T2.192	T learned in MT: acknowledge children within the music			
T2.192-193	T will extend on MT technique in her classroom			

			MT approach motivates spontaneous social awareness and interaction	MUSIC THERAPY AS A COMPLEMENTARY APPROACH
V1.84-85	In MT: children acknowledge one another	In MT: Children became more socially aware of others		
V1.82-83				
V1.107-108				
V1.95-96				
V1.96-97a	In MT student aware of others following him			
V.1.93-94	Children were socially aware in MT			
V1.68-69	MT- students interacting with peers			
V1.104-106a	In MT: children sharing an experience			
V1.69	MT offers child opportunity to feel included w/peers			
V1.130-131	MT encourages social connections			
V1.131-132	Students smile when realize they are playing together (feel included/participating)	In MT student's feel good about themselves when playing together		
V1.64-65	In MT children laughing together			
V3.35-36	students free to laugh/be themselves in MT	MT offers children experience of connecting socially with others in a fun/non-threatening way		
V3.75-76	Students enjoying themselves in MT (having fun)			
V1.98	Students enjoy being able to participate in music together			
V1.64	MT - offers child safe place to express himself			
V1.67-68	Children enjoyed MT			
V1.117	MT- offers different sense of relationship with others			
V1.104	Small group MT – offers more opportunities for			
V1.123				
V1.17-18				
V1.92				
T2.6				
T2.64-66b				
T2.62-63				

	children to engage			
T2.63	MT – offers smaller groups than school music			
V1.91	MT offers child means of expression	MT offers children experience of expressing themselves to others		
V1.100-101	In MT children safe space to be themselves			
V1.92	MT - offers child safe place to express himself			
V1.120	child likes to stand out in MT			
T2.106-107				
T2.240	In MT teacher learned that children benefitted by being free in who they are			
T2.142				
T2.8-9	MT provides space for children to release emotions			
T2.244	In MT: children chance to express themselves			
T2.62	MT- offers different way of expressing self			
V1.26	Students participating in MT (students made effort to try focus in MT)	Student's focusing in MT/increased attention to others		
V1.27				
V1.33-34				
V1.18-19				
V1.41-42				
V1.120-122				
V3.18-19				
AT1.3	MT creates unity between students	In MT- students listening and respecting each other/playing together/ recognizing each others strengths		
AT1.4	In MT all children trying to listen and respect each other			
AT1.4-5	MT teaches students group and teamwork			
AT1.5-6	MT teaches all children to respect the whole group			
T2.131	MT social skills: children play together			
T2.131				
T2.131-132				
T2.94	In MT: children can recognise other child's strengths			
V3.46-47	when rhythmic structure is lost students find it difficult to anticipate beat/turn	Music used in MT helps children play together		
V3.37	When no melodic structure students find			

	difficult to follow beat?			
V1.63	MT encourages playful interaction	MT encourages playful interaction		
V1.62-63				

V1.111-112	MTher offers opportunities for all students to lead (encourages students to lead (take-turns leading)	MT allows students opportunity to lead/social group learning	Music therapy enables new experiences of self and others	MUSIC THERAPY AS A COMPLEMENTARY APPROACH
V1.89				
V1.142				
V1.75-76				
V1.87				
V1.70				
V1.79-80	MThera creates safe space for children to explore new possibilities			
T2.18	even children who are not 'musical' enjoy MT			
T2.18				
T2.18-19				
V2.61	MT acknowledges and reassures individual students participation	MT offered opportunities for children to feel included socially		
V2.38-39				
V3.62-64				
V1.86				
V1.106-107				
V1.108-109				
V1.110	Students feels good about himself in MT when leading			
T2.160-161	MT participation doesn't have to be perfect to be enjoyed			
T2.160				
T2.154-156b				
T2.236	In MT: children benefitted socially in music therapy from interacting together			
T2.240				
T2.64-66a	MT - offers peers a comfortable/safe place to interact			
T2.7-8	MT provides safe space for children to feel comfortable			

T2.73-74 T2.71 T2.209 T2.71-72	MT encouraged social interaction and new social connections/social awareness			
V1.113-114 V1.87-88 V1.75-76 V1.88-89 T2.6-7 T2.153-154a T2.153-154b	MT offers safe space for child to be confident Some children excited to take turn/lead in MT MT offers children independence MT helped teach children more about themselves MT helped show children their strengths and abilities	MT offers space for children to learn more about themselves		
T2.200-201 V1.124 T2.198-199	T learned in MT: MT engaged children who are withdrawn very well T learned in MT: T needs to engage children who are withdrawn	T learned in MT: To engage children who are withdrawn in the music		
V1.96-97b V1.98-100 V1.92-93	Some students mvts hard to follow (chaotic)	Sometimes children experience themselves as disorganized		
V1.81-82 V1.81 V1.78-79 V1.129-130 V1.128-129 V1.127 V2.45-46 V1.71 V1.71-72 T2.87	MT offers possibility for reserved children to lead/participate In MT reserved child able to participate MT offers reserved child space for free expression MT encourages self-expression/inclusion for reserved child MTh encourages/ offers possibility for reserved student to take-turn/lead Reserved child more easily able to participate in MT	MT offers reserved or disabled children opportunity to lead/new experience of self and others		
T2.36 MT T2.36-37 T2.42-43	MT Potential- child did something new despite being reserved MT Potential - reserved child trying new ideas MT Potential -			

	reserved child able to express herself			
T2.86	Reserved child participates in MT			
T2.29-31	MT Potential- reserved children participate in MT			
T2.72-73	MT encourages social interaction for reserved children			
T2.9-10	MT - disabled child can enjoy			
T2.154-156a	In MT children don't need to be scared to participate			
T2.36	MT offers children safe space to explore new possibilities			
T2.56-57	MT includes a broader range of possibilities for participation			
V1.76-77	some students reserved in MT			

V1.62-63	T free to be playful during MT/positive interaction with children	MT offers a different experience of self and of others	Continued: MT offers a different sense of self and relationship with others	MUSIC THERAPY AS A COMPLEMENTARY APPROACH
V1.44-45	MT involves T in activities as a co-participant			
V3.2-4				
V1.43-44				
V1.44				
T2.64	MT – offers more focus on individual expressions within a safe space			
V1.135-136	MT offers safe space for child to be bold/try new things			
V3.47-49	MT offers safe space for child to be bold/try new things			
T2.259	T noticed MT engages participation of children who are difficult			
T2.258	MT skilled working w/ difficult behaviours			
T2.143	MT has built a relationship with children to provide a safe space			
T2.144-145				

T1.161	Children struggle with coordination/movement and timing	Teacher expects student's to match her playing	Teacher encourages children to fit in with the music	MUSIC THERAPY AS A COMPLEMENTARY APPROACH
T1.165				
T1.217-218				
T1.222				
T1.372	Some students struggle to follow the beat	Teacher wants children to learn to follow the beat		
T1.378				
T1.379				
V1.89-90				
V1.31-32				
V1.32				
V3.10-11				
V3.14-15				
V3.21-22				
V3.45				
V3.53-54				
V3.56-57				
V3.64				
V3.69-70				
T1.254-255	Some children do not participate	Teacher requires students to participate		
T1.257				
T2.87	Teacher needs to force children to participate			
T1.256				
T1.358-359	Children have a range of musical abilities	Teacher wants to teach children to improve musical skills		
T1.35				
T1.36				
T1.36				
T1.37				
T1.357-358				

T1.26	Children need individual attention	Children need individual attention	Teacher's management of children in music classes (structure through rules, strict boundaries)	MUSIC THERAPY AS A COMPLEMENTARY APPROACH
T1.65-66				
T2.104				
T1.61-62	Children respond differently to teacher	Children respond differently to teacher		
T1.63				
T1.63-64	Children respond differently			
T1.72	Children need to interact/learn together	Teacher enforces strict boundaries		
T1.112				
T1.33	Children encouraged to work together			
T1.15	Teacher enforces strict boundaries			
T1.71				
T1.71				

T1.16				
T2.178				
T1.34				
T2.220-221	Children need structure			
T2.221-222				
T1.144	Teacher reinforces/repeats activities			
T1.171				
T1.198				
T1.25	Children need reinforcement			
V3.72	T realized in MT needs to draw in students who are withdrawn or distracted			
T1.34	Teacher needs to manage/control difficult behaviours	Teacher needs to manage/control difficult behaviours		
T1.106				
T1.106-107				
T2.103				
T1.78	Teacher enforces turn-taking	Teacher enforces turn-taking		
T1.267				
T1.78-80a	Teacher encourages inclusiveness	Teacher enforces strict boundaries?		
T1.105-106				
T1.138	Teacher encourages children's participation/allows children to participate	Teacher encourages children's participation?		
T1.138				
T1.138-139				
T1.201				
T1.212				
T1.256				
T1.256				

V1.11	MT stands all can see her	MT uses visual and verbal cues to draw in student's attention	MT's management of children during music therapy (verbal, bodily gestures and musical cues to draw group together towards music-making)	MUSIC THERAPY AS A COMPLEMENTARY APPROACH
V3.1-2				
V1.11-12	MT uses verbal cue to indicate to students when to start/when its their turn			
V3.37-39				
V2.1-2	MT uses visual cue			
V2.20-21				
V3.5-6	MT uses visual and verbal cues to indicate change in music			
V3.12-13				
V3.51-52				
V1.21				
V1.22-23				
V2.51				

V1.15-16	MT uses multiple ways of demonstrating			
V1.12-13	MT uses multiple ways of drawing in (focus of children			
V1.24				
V1.28				
V1.35-36				
V1.39-40				
V1.72-74				
V2.25-26				
V2.37-38				
V2.41-42				
V3.7-8				
V3.15-18				
V3.20-21				
V2.4-5	MT uses verbal cue to encourage students to listen to each other	MT uses verbal cue to encourage listening skills		
V2.13-14	MT uses verbal and musical cues to reassure student/reinforce instructions			
V2.55-56				
V3.54-55				
V3.28	MT makes eye contact with the group to draw students in	MT makes eye contact/uses visual cues and calls out to students in music to draw them in		
V3.56	MT adjusts and repeats instructions cue a few times when students not following			
V3.70-72	MT makes eye contact/uses visual cues and calls out to students in music who are distracted to draw them in			
V3.59-60				
V3.58-60				
V3.57-58				
V2.25	MT changes music to draw group to focus	MT uses musical cue to draw attention of students		
V3.28-29	MT increases the dynamics/sings melody louder to draw students in			
V3.18	T realizes MT's mvts help students follow focus?			
V3.41-44	MT demonstrates drum beat to students before instructing them to play	MT uses musical cue to encourage listening skills		
V3.43-44	some students able to follow the beat			
V3.60-61	MT's musical and	MT uses musical		

V3.61-62	visual cues help student follow beat	cue to help students focus/play together		
V3.31-33	MT uses multiple cues to indicate to students when to stop			
V3.33-35				
V3.30-31	MT adds a fermata to the music to anticipate ending			
V3.78-79				
V3.82-83				
V3.81-82	MT's inclusion of the fermata helps students anticipate ending			
V3.84-85				
V1.110-111	most students do not follow sudden changes	How and why MT needs to use different cues to draw children in		

			Musical structures MT uses can help to offer strong, safe boundaries	MUSIC THERAPY AS A COMPLEMENTARY APPROACH
V1.31	Music used in MT helps children follow the beat	Music used in MT helps children play together		
V1.13-14	Music used in MT helps children follow the beat	MT draws in attention of students		
V1.16-17	Students able to follow MT's directions/movement			
V1.25				
V1.37-38				
V1.29-30				
V1.14	Students focused on MT's instructions			
V2.43-44	Students focused on MT's instructions	When students match each other connecting socially		
V2.42-43	In MT students match one another's music			

V1.91	MT offers child means of expression	Students free to be themselves in MT	The teacher noted the freedom within MT	MUSIC THERAPY AS A COMPLEMENTARY APPROACH
V1.64	students free to			
V1.67-68	laugh/be themselves in MT			
V1.100-101	In MT children safe space to be themselves			
V1.92	MT - offers child safe place to express himself			
T2.240	In MT teacher learned that children benefitted by being free in who they are			
T2.142				
V1.62-63	T free to be playful during MT/positive interaction with children			
T2.192-193	MT creates unity between students			

Ref line #	Descriptive Code	Higher Order Codes	Categories	Themes
T1.5	not like normal children	Children with ADHD show irregular behaviours.	Needs, struggles and characteristics of children with ADHD noted by the class teacher	BOTH
T1.11	children act differently at different times			
T1.6	some children have twitches			
T1.21b	children short concentration span	Children struggle with concentration/memory		
T1.23	children not good memory			
T1.24	children forgetful			
V1.18	C1 is distracted	Children lose focus/are easily distracted		
V1.19-20	Students C1, C4, C6 & C7 are looking away			
V1.25	C1 is not following movement			
V1.32-33	C6 & C7 seem to not be concentrating			
V1.42	C4 and C8 are not concentrating			
V1.104-106b	C1 distracted			
T1.255	Children lose focus			
T1.257-258	Some children are easily distracted			
V1.45-46	C7 is distracted and not looking at teacher			
V1.101-102	C5 jumps up and down unrelated to activity			
V1.116-117	C7 no eye contact			
V2.13	C8 distracted			
V2.18-19	C8 distracted and C8			

	not following C4's rhythm			
V2.22-23	C4 & C8 distracted			
V2.23-24	C4 & C8 looking away			
V3.19-20	Some students distracted			
V3.44	Some children are distracted			
T1.13b	children can be hyperactive	Children hyperactive		
T1.21a	children hyperactive			
T1.46	children blame others	Children with ADHD sometimes lack empathy for others		
T1.51	not all children blame others			
T1.268-269	Teacher requires children to be respectful			
T1.6	some children have physical disabilities	Children with ADHD have additional disabilities/struggles		
T1.94	many children have language disabilities			
T1.14	children struggle with change			
T1.55	children impacted by different home circumstances	Children impacted by home circumstances		
T1.43	children are impulsive	Children struggle with impulse control		
T1.44	children may hurt others impulsively			
T1.12	medication can influence behaviour	Medication influences behaviour		
T1.13a	medication influences behaviour			
T1.11	some children on medication			
T1.13c	children can be lethargic	Medication influences behaviour (negatively)		
T1.93	Child battles to express herself	Some children battle to express themselves		
T1.94-95	Child battles to express himself			
T1.99-100	Some children speak very softly	Large variance in verbal participation		
T1.101	Some children talk all the time			
T1.364	Some children can't pronounce words of songs			
T1.78-80b	extroverted children are in the foreground	Important not to always let extroverts have more attention		

