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THE DEVELOPMENT AND ESTABLISHMENT OF A PRE-SCHOOL MUSIC
THERAPY PROGRAM

A THESIS

Submitted in partial fulfillment of the requirements
for the Degree of Master of Science
in Music Therapy

by

TRACEY LEE ROSEN
Molloy College
Rockville Centre, NY
2011

MOLLOY COLLEGE
THE DEVELOPMENT AND ESTABLISHMENT OF A PRE-SCHOOL MUSIC
THERAPY PROGRAM

By
Tracey Lee Rosen
A Master's Thesis Submitted to the Faculty of
Molloy College
In Partial Fulfillment of the Requirements
For the Degree of
Master of Science
August 2011

Thesis Committee:

Faculty Advisor

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Abstract

The purpose of this study was to gain insight into how a music therapist can develop and establish a music therapy program in the school setting. An experienced Licensed Creative Arts Therapist and Board Certified-Music Therapist, who began a music therapy program, was the sole participant in this study. The participant was interviewed a total of three times. The researcher asked open-ended questions regarding the history of how the participant developed and maintains her current music therapy program. The literature regarding the topic is scant, suggesting the need for studies to be conducted regarding this topic. The researcher extricated themes that were found relevant in the participant's recount of how the music therapy program was developed and established. These themes include advocacy, personality traits, funding, and roadblocks. Passion, advocacy, and articulation are themes that the researcher found to be most important when developing and establishing a music therapy program in the school setting.

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that short six-week period so many moons ago. I quickly realized that you were someone special, and I should soak up everything you were sharing with me. I have always felt that our time together was much too short and feel fortunate to have been able to work with you once again.

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CHAPTER I

Introducing the Research Study

The purpose of this study is to acquire an understanding of how to develop and maintain an effective music therapy program in a school setting. The researcher's goal for this study is to be able to develop her own music therapy program in the future. The significant areas that will be highlighted include the impact of the special education laws on the development of the music therapy program and whether there is a conflict between philosophical views of music therapy and the educational system.

The researcher interviewed a music therapist, Ms. Elizabeth Schwartz, a Board-Certified Music Therapist and Licensed Creative Arts Therapist in the state of New York and an expert in early intervention and pre-school, about the development of a music therapy program in that setting. The literature will explore the current practice of music therapy in the school setting as well as relevant information regarding the development of a private practice in music therapy. There are several parallels and commonalities between developing a private practice and school-based music therapy programs. To that end, the literature does outline steps taken that can be adapted for the development of any new program. The researcher will also discuss the lack of literature regarding developing and establishing a music therapy program in a school setting.

Topic Significance

The researcher first delineated what "information [needed] to be obtained and who is most likely to have that information" (Solomon, 2005, p. 556) and therefore chose Ms. Schwartz as the participant. In addition, the researcher conducted a formal interview

designed to glean information regarding the history and development of a particular music therapy program in a school setting. Interest was piqued for this topic while reviewing ways in which to apply for a grant in order to fund the development of a music therapy program in the school setting. Based on the researcher's lack of knowledge on how to develop a music therapy program, it was determined that additional experience and knowledge was needed to better grasp the fundamentals of developing and establishing a music therapy program in the school settings (Oliver, 1989; Reuer, 1996; Smith & Hairston, 1999).

The researcher located studies and articles relating to private practice in music therapy as well as one article pertaining to the current practice of music therapy in school settings. These articles provided information on how other music therapists have created a music therapy practice, whether in a private practice or in the school setting (Oliver, 1989; Reuer, 1996; Smith & Hairston, 1999).

Demographics must be analyzed (Oliver, 1989; Reuer, 1996) to determine what school districts or communities may not have music therapy services available; in addition, a business plan is required to determine costs (Oliver, 1989) and discerning what kind of networking within a district or community is possible (Reuer, 1996).

First-hand accounts of the development of a music therapy program were not found in the current literature. This study has the potential to inform the music therapy community and public school administration on how to develop such a program.

Research Design

Oral History Project

Generally, an oral history project targets a sample size that is small in nature (Amir, 2005). This project is small in scale allowing the researcher to go in-depth with one participant which is a “unique kind of interview situation because of the distinct process of storytelling on which it is based” (Hesse-Biever & Leavy, 2011, p. 131). During an oral history project, an extended amount of time is spent with one participant to learn specifically about a particular part of his or her life (Hesse-Biever & Leavy, 2011). In this study, only one participant was included in the sample.

Grounded Theory

Aspects of grounded theory were utilized as a form of analysis in this study. Grounded theory is a “description, analysis and interpretation of the data” which allows the researcher to become absorbed in the data in order to make “connections among categories” (Amir, 2005, p. 365). Additionally, it allows for a comparative analysis of data collection that utilizes specific methods for creating a theory about a particular area of research (Amir, 2005). Grounded theory focuses on one area of study, gathering data from sources such as interviews and then analyzes the data using “coding and theoretical sampling procedures” (Amir, 2005, p. 365). One deviation of grounded theory is Charmaz’s approach of constructivist grounded theory which is described as “qualitative research with flexible guidelines” (Creswell, 2007, p. 65). Furthermore, additional emphasis is placed on views, beliefs, feelings, and ideologies of individuals, in addition to collecting rich data that is then coded (Creswell, 2007). Creswell (2007) goes on to

describe Charmaz's belief that in addition to the data being so rich, there is an importance placed on personal values and experiences. Creswell (2007) also states that "grounded theory is a good design to use when a theory is not available to explain a process" (p. 66). In contrast, phenomenological research suggests a smaller sample size of participants who have experienced a similar phenomenon. In phenomenological research, interviews, art, poetry, music and or journals may be collected as forms of data (Creswell, 2007).

CHAPTER II

Literature Review

The literature background will focus on how music therapy is used as an early intervention service (Humpal, 2006) and will discuss the current practice of music therapy in school settings (Smith & Hairston, 1999). Literature on how to become an entrepreneur music therapist will also be shared (Behnke, 1989; Oliver, 1989; Reuer, 1996).

A child is considered to have special needs if he or she shows deficits in any of the following areas: cognitive, physical, communicative, social or emotional (Snell, 2006). Music therapy interventions have been used with exceptional children who have cognitive or developmental disabilities as early as the 1950s (Weigl, 1959, as cited in Humpal, 2006). Early studies explored how music therapy can be the catalyst to reinforcing positive behavior, increasing attention and self-esteem, and fostering creativity (Lathom, as cited in Humpal, 2006).

Humpal (1990) begins by reviewing how the emphasis in early childhood educational practices has progressed in the past century. In the early 1800s, the goal of early education instructors was to “[break] down the wills of children (Humpal, 1990, p. 30). In the early 20th century, instructors focused more on developing the personality of the children (Humpal, 1990). Additionally, Humpal (1990) describes the importance of early childhood programming to include “screening and assessment, construction and use of a curriculum, keeping records, working with parents, classroom management, and

developing instruction” (p. 31). Finally, she reviews literature regarding how music therapy is used as an early intervention service with children who have communication and language delays and cerebral palsy.

When discussing cerebral palsy, she discusses a study conducted by Wolfe (1980), as cited in Humpal (1990), which examined the effects of automated interrupted music on head posturing in children with cerebral palsy. It was discovered that music reinforced the correct placement which led to slight improvement in the duration of erect head positioning. For this study, each subject in this study wore a special device that contained a series of mercury switches that measured the number of seconds the head was improperly positioned and when the head changed position. These switches also activated the music/tone dependency and the music/silence dependency. Recorded music was used and played only when the head was in the proper, erect position at 20 degrees or less. When tilted above 20 degrees, the music was replaced with silence. A stop-watch was simultaneously activated with the relay switch which counted the number of seconds or minutes the head was improperly postured and the number of times the head changed position.

Although there are numerous studies and articles written about the effects of music therapy in early childhood (Baird, 1969; Davis, 1990; Gfeller, 1990; Harding & Ballard, 1982; Hoskins 1988; Humpal, 1991; Register, 2001; Standley & Hughes, 1996; and Wolfe & Horn, 1993), the literature on the development of a music therapy program in a school setting was lacking. However, three articles regarding establishing private practices in music therapy were located (Behnke, 1996; Oliver, 1989; Reuer, 1996).

Smith & Hairston (1999) conducted a survey of 244 members of the music therapy association with a total of 14 questions regarding the current practice of music therapy in school settings. The survey measured how many music therapists were working full-time, in a school system, or self-employed. Additionally, the survey measured what percentage of time was spent providing direct services and consultation services, traveling, documenting, and preparing. One hundred and ninety surveys were completed and returned and 138 of those surveys filled the study qualifications. For example, one of the questions inquired whether the music therapist was employed full-time or part-time. The survey also found that 41 percent of the respondents were employed by the school, 60 percent of the respondents were employed in the schools full-time, 62 percent indicated that clinical music therapy services fill up the majority of their day, 78 percent of the respondents worked with developmental disabilities more than any other diagnosis, and school-employed music therapists worked with an average of 79 students per week.

Smith & Harrison (1999) showed that only 19 percent of the music therapy respondents were self-employed, while only 9 percent were employed through an agency. McCormick (1988) conducted a similar study that provided a glimpse into the school setting at that time. McCormick's wish was that his study would become a baseline for future studies (Smith & Hairston, 1999). The survey found that Smith and Hairston (1999) had a 33 percent increase in the number of survey respondents than McCormick in 1988.

In a similar study, Oliver (1989) developed and established Music Therapy Services of Arizona (MTSA) in 1982 in response to a lack of full-time music therapists employed in Arizona. Oliver (1989) conducted an informal assessment of the practicality of beginning a business, the personal resources available such as financial stability, risk factors, and the business structures available to determine whether establishing a new music therapy venture could be successful and desired. It was determined that the various facilities in Arizona displayed a strong need for music therapy services but “were unwilling to employ music therapists” (Oliver, 1989, p. 96) based on their lack of knowledge regarding music therapy. Reuer (1996) expands upon the aforementioned ideas by discussing the option of consulting as a music therapist. One significant idea she mentions is to “keep apprised of advances in the field and establish the needs in the community” (p. 20). Reuer was aware of how important it was to realize the needs in the community. Similar to Reuer, Behnke (1996) realized the need to increase community awareness and knowledge of music therapy. She reflects on the development and establishment of The Music Works, a music therapy service in California. She lists seven incentives for her sole proprietorship. One such incentive states that there must be a “desire to increase community awareness of and access to music therapy services through alternative service options” (p. 65).

Certain steps have to be taken by the music therapist in order to establish and develop a new music therapy program. These steps include discussing business strategies with various professionals (accountants or lawyers), contacting health facilities that displayed interest in music therapy services, attending management workshops and

contacting, and creating a network of professionals (Behnke, 1996; Oliver, 1989; Reuer, 1996). In addition to the above literature describing the benefits of music therapy in early childhood, many additional studies have described the specific effects to improve language development and social interactions in young children (Davis, 1990; Gfeller, 1990; Harding & Ballard, 1982; Hoskins 1988; Humpal, 1991; Register, 2001; and Wolfe & Horn, 1993). The abovementioned literature examines the various ways that music therapists are employed in public schools and the development of several private practice programs (Behnke, 1996; Oliver, 1989; Reuer, 1996; Smith & Harrison, 1999).

Special Education Background

To highlight how music therapy is employed in special education, five areas will be explored: 1) the Individuals with Disabilities Education Act (IDEA), 2) background information regarding the development of music therapy in the educational setting, 3) related services, 4) the Individualized Education Program (IEP), and 5) service delivery options for music therapy.

Individuals with Disabilities Educational Act (IDEA)

IDEA was established by Congress in 1975 because public schools were not providing an adequate education to children with disabilities (Siegel, 2011). Public Law 94-142 (PL 94-142) was passed to pinpoint specific rights that all children with special needs have legal obligation to receive. These rights include:

- That all children with disabilities from the age of 5 to 21 years old have the right to a free public education (FAPE).

- That education must be provided in the least restrictive environment.
- That education be appropriate to the individual needs of the child.
- That families have the right to be included in the process of developing their child's educational program. (Schwartz, 2006)

Public Law 99-457 expanded the same rights to children with special needs from three to five years of age in 1986. Finally, in 1990, Public Law 101-476 (IDEA) was passed and broadened the range of disabilities covered, mandating that children with special needs have access to a typical educational curriculum. In addition, it states that each child is entitled to public education at no cost to the family (Siegel, 2011).

Music Therapy in an Educational Setting

In the 1970s, federal legislation passed a law stating that all students were required to receive either special education or regular education (Siegel, 1999). At that time, the focus of music therapy had changed from a medical setting to an educational setting (Humpal, 2006) addressing goal areas that included inappropriate behaviors, adaptive skills, and attention span (Humpal, 2006).

Boxhill (1985) and Eagle (1982) described how music therapy was used differently in the 1980s (as cited in Humpal): "Music therapy was used as a carrier of information, a reinforcer, a background for learning, a physical structure for learning activity, and as a reflection of skills or processes to be learned" (p. 2). During that time,

the focus of music therapy shifted from serving those with behavioral problems to serving those individuals who were diagnosed with mental retardation.

Present-day music therapy has been identified by the Office of Special Education as a beneficial related service in the educational setting (Humpal, 2006). The American Music Therapy Association (AMTA) initiated efforts to have this recognized at the state level (Humpal, 2006). The result was a letter from the Director of the Office of Special Education for the United States describing clarification of the use of music therapy as a related service under the Individuals with Disabilities Education Act (IDEA) (Humpal, 2006; Schwartz, 2006). He explained that although music therapy is not specifically named as a related service, it may be deemed as such under IDEA (Simpson, 2002). Music therapy as a related service has been an ongoing action by the AMTA because it has not been clearly outlined by the Office of Special Education (Simpson, 2002).

Related Services

Related services can be described as “developmental, corrective and other supportive services necessary to facilitate [the] child’s placement in a regular class...[and] allow [the] child to benefit from special education” (Siegel, 1999, p. 2/9). Schools are mandated to provide related services under IDEA for two reasons: 1) to provide opportunities for the child that will allow him/her to benefit in the fullest from special education and 2) to provide an opportunity for the child to obtain success in the least restrictive environment (LRE) (Siegel, 2/6).

According to Siegel (1999), related services include the following under IDEA: speech language pathology and audiology services, psychological services, physical and occupational therapy, recreation including therapeutic recreation, social work services, counseling services, orientation to mobility services, medical services, sign language or oral interpretation, psychotherapy, one-to-one instructional aide, transportation, art therapy, technological services, and nursing care. A key factor of IDEA is that each child's education plan is individualized, therefore not making the list of included related services exhaustive.

The reason this list is not exhaustive is that a key factor in IDEA is related to the child's individual education plan. For example, although two children may be diagnosed with autism, their symptoms, behaviors, and challenges may be different, therefore requiring different types of therapies that may not be on the related services list such as the arts therapies.

IDEA (2010) says the following about the arts therapies as a related service:

Related services . . . are required to assist a child with a disability to benefit from special education. Related services can include artistic and cultural services that are therapeutic in nature, regardless of whether the IDEA or the Part B regulations identify the particular therapeutic service as a related service. The list of related services . . . is not exhaustive and may include other . . . supportive services (such as artistic and cultural programs, art, music, and dance therapy), if they are required to assist a

child with a disability to benefit from special education in order for the child to receive FAPE [Free Appropriate Public Education]. (E-1)

As a result, the clinical team is required to provide any services that will be most beneficial to the child's education (Siegel, 1999).

Individualized Education Program (IEP)

An IEP is the “actual detailed, written description of a child's educational program” (Siegel, 2011, p. 4). It is mandated by law for all students who are classified as needing special education (Siegel, 1999). For a student to receive related services, including music therapy, several factors need to be in place within his or her educational program. The Individuals with Disabilities Education Act (IDEA) states that students who require special education must receive an education that is appropriate for the unique needs of each child (Adamek, 2002; Siegel, 1999). The IEP consists of annual goals in deficit areas of the student's development. The goals are created by focusing on various aspects of the child's current functioning including testing data, grades, and observations (Siegel, 1999). Once the goals are developed, objectives and measurable outcomes are identified. The objectives are the way in which the educational support staff will assist the child in reaching his or her annual goals (Cohen, 2009).

Each student has his/her own IEP team who are responsible for creating goals and objectives for the student. The IEP team may include the child's parents and special education teacher, the school's special education chairperson, and any number of specialists, such as a psychologist, speech language pathologist, physical therapist,

occupational therapist, physical education teacher, and music therapist (Siegel, 1999).

For music therapy to be placed on the student's IEP as a related service, the IEP team must determine that music therapy is necessary to assist the student in making progress toward the general education curriculum as well as the IEP annual goals. Once this is identified, a music therapist is required to administer a music therapy assessment to determine whether the student behaves or learns in a different positive way when music is used (King & Coleman, 2006).

Music Therapy Assessment

The Special Education Music Therapy Assessment Process (SEMTAP) is one of several assessment tools utilized to determine a child's eligibility for music therapy services on the child's IEP (King & Coleman, 2006). The SEMTAP was developed by two board-certified music therapists, Betsey King and Kathleen Coleman (2006), who have over 20 years of experience providing music therapy to children with special needs in the public school system. This particular assessment tool was chosen over other assessment tools for this project because the SEMTAP specifically addresses "both legal and practical issues in special education music therapy evaluations" (King & Coleman, 2006, p. 72) and was created specifically for the special needs children they worked with in the school setting. King and Coleman (2006) describe the SEMTAP process as including the following steps:

- 1) The formal request for assessment
- 2) The music therapy assessment process

- a) Review of documentation
 - b) Interviews
 - c) Observation in a non-musical setting
 - d) Preparation of the assessment
 - e) Administration of the assessment
 - f) Preparation of the assessment report and documentation
- 3) Presentation of the report and recommendations. (p. 56)

Before an assessment is approved, a formal request is required to be made by a parent or by any member of the IEP team. Once a request has been submitted and approved the music therapy assessment process begins.

The assessment process begins with the music therapist reviewing the child's current IEP (King & Coleman, 2006). This is followed by the music therapist interviewing members of the IEP team (teacher, parent, and so on). For example, if the child is having particular difficulties with language and communication, the music therapist will interview the speech-language pathologist (King & Coleman, 2006).

Based on the information gathered, the music therapist decided on four to six objectives taken from the IEP (objectives are required to be measurable) and could be addressed in one or two music therapy sessions (King & Coleman, 2006).

The third step in the process involves observing the student in a non-musical setting while documenting the behaviors observed (King & Coleman, 2006). Following the observation and documentation process, the music therapist facilitates the assessment targeting objectives outlined in the client's IEP.

In administering the music therapy assessment, the therapist may employ a variety of music therapy methods, strategies, and techniques based on the client's needs and strengths. Music therapy methods may include: clinical improvisation, receptive music experiences, song writing and the use of pre-composed songs (Bruscia, 1998), and the music therapist can use interventions that he or she normally uses in his or her own practice or interventions used by others. An example of an intervention used by another music therapist is song sensation (Loewy, 2002). For instance, suppose the assessment is being conducted with a higher-functioning teenager with autism in a group setting. The steps to conducting a song sensation include the client: 1) selecting a favorite song, 2) listening with the lights off in a relaxed state and then once again with the lights on and providing a writing utensil to write or draw any feelings or thoughts that come to mind, 3) verbally reflecting on the music, lyrics, and importance of the song, and 4) re-creating the song by assigning his/her preferences for arrangement (tempo, dynamics, instruments, etc.). The last two steps include writing a written report that focuses on each step of the assessment process while presenting the findings and recommendations to the IEP team. The music therapist will make his or her recommendation about whether the student receives a "significant assist or significant motivation from music therapy strategies to perform IEP skills" (King Brunk & Coleman, 2002, p. 76).

Music Therapy Services

Music therapy can offer a wide range of experiences for children with special education needs. Depending on the client's challenges, the therapist can determine the type of music experience (method) that will be employed to facilitate a particular goal. The four music therapy methods available to the therapist include receptive, re-creative, improvisational, and composition (Bruscia, 1998). Receptive music therapy is when the client responds to either live or pre-recorded music. Re-creative music therapy is the act of re-creating pre-composed music. Improvisational music therapy is the act of creating music in the moment. Bruscia (1998) describes improvisation as "inventive, spontaneous, extemporaneous, resourceful and it involves creating and playing simultaneously" (p. 5). Compositional music therapy is the act of composing lyrics, music, chord progressions, or lyric substitution. In the following sections, the researcher will describe the two ways in which music therapy services are delivered.

Individual Music Therapy

Music therapy can be provided in either a group setting and or on an individual basis. That determination is made based on the results of a music therapy assessment. If the music therapy assessment indicates that "music is a primary learning modality for the student" (King & Coleman, 2006, p. 76) a recommendation is given for either group music therapy or individual music therapy.

Individual music therapy can be advantageous for children who need a more intensive therapy process and whose impairments are so severe that he or she requires

more attention (Hanser, 1999; Pellitteri, 2000). A child may be referred to music therapy to facilitate language development, create structure, focus attention, and increase impulse control and socialization (Pellitteri, 2000). If a child is “behaviorally disruptive and may detract from the group experience of others” (Pellitteri, 2000, p. 382), individual music therapy may be more beneficial. Once the child begins showing improvements during individual music therapy in the areas that were needed - cognitive, social, emotional, or physical - the therapist may decide to integrate him or her into group music therapy.

Group Music Therapy

Group music therapy can be ideal for children who need to increase their socialization skills (Pellitteri, 2000). The average number of children for group music therapy is four to eight (Pellitteri, 2000). In addition, the social aspect of the group can be a metaphor for interactions in the outside world (Hanser, 1999). In the group setting, children have the potential to be models for their peers, thus providing opportunities for socialization. Facilities will often choose group therapy over individual therapy for the simple reason that it is more cost effective and more children can receive the services (Furman & Humpal, 2002; Hanser, 1999; Pellitteri, 2000). Group music therapy also allows for more children to receive music therapy (Pellitteri, 2000).

Programmatic Music Therapy

Programmatic music therapy is a service offered as “part of the scheduled day for all children in the program” (Furman & Humpal, 2006, p. 87). Some educational settings require that each classroom receive music therapy services as a “regularly scheduled

classroom session” (Furman & Humpal, 2006, p. 87). The music therapist is focusing on the overall goals of the group as a whole. The music therapist may list target behaviors for each child in the group (Hanser, 1999). When formulating a music therapy assessment and procedures, the therapist should allow each child to perform at an appropriate level by offering musical opportunities for the target behaviors to be addressed and improved upon (Hanser, 1999). A benefit of programmatic music therapy is that it creates an opportunity for the students to build their group skills. The focus of this type of service is on the group as opposed to the individual. Rather than focusing on the needs of individual children, the music therapist designs his or her program to support the “established educational standards, themes, and curricula being emphasized throughout the child’s entire educational environment” (Furman & Humpal, 2006, p. 87). The goals of the group are addressed through singing, vocal improvisations, playing instruments, movement activities, social interactions through the music, and listening. “Goals are broadly written to focus on the skills and behaviors the student needs to learn” (Furman & Humpal, 2006, p. 89). For example, a specific goal for programmatic music therapy may be to increase socially appropriate interactions with adults and peers. This is a goal that can be applied to each child in the group and to the group as a whole.

CHAPTER III

The Research Method

Participant

Elizabeth K. Schwartz, Licensed Creative Arts Therapist (LCAT), Music Therapy-Board Certified (MT-BC), was the sole participant in this study. Ms. Schwartz is the senior music therapist at Alternatives for Children in Suffolk County, New York, where she specializes in early intervention and pre-school treatment and has over 20 years of experience working with disabled individuals of all ages. In addition, she is an adjunct instructor of music therapy at Molloy College. Ms. Schwartz has five publications and has presented at numerous conferences nationally.

Through Alternatives for Children, Ms. Schwartz provides staff development for local public schools regarding music therapy, music therapy and special education, and music education. In addition to the music therapy credentials that she holds, Ms. Schwartz is also a New York State-certified music educator for grades kindergarten through 12, and a New York State certified teacher of nursery school, kindergarten and grades one through six. She attended State University College of New York at Potsdam in 1976 and received her Bachelor of music in music education with a concentration on special education music. In 1994, she received her Master of Arts in music therapy from New York University in New York. Ms. Schwartz was recruited for this proposed study because she has years of experience and extensive knowledge regarding the establishment and development of a music therapy program in an early intervention/pre-school setting.

Procedure

The researcher obtained Institutional Review Board (IRB) approval to assure that the participants' rights and interests would be protected when carrying out this study (Dileo, 2005). The letter of consent was then signed by Ms. Schwartz prior to the initial interview held on May 26, 2011. The interview for this study was formal and "carried out away from the action, so that there [was] a chance to talk in peace and in greater depth" (Ely, 1991, p. 57). With this type of qualitative interview, the questioning had a specific rhythm, form and impact that the researcher was constantly developing (Ely, 1991). Although the researcher always attempted to be prepared, the caveat of qualitative research is that "there are always some surprises" (Ely, 1991, p. 63). Thornton (1991) describes her challenges beginning the interview with a plan in mind and expecting the interviewee to respond with a particular, specific answer (as cited in Ely, 1991, p. 64). Ely (1991) then discusses the importance of asking open-ended questions. She talks about how it is more important as the interviewer to listen, observe, and question as opposed to having an expectation of the answer in mind. The researcher had a series of questions prepared, but was open to going in an unanticipated direction (Ely, 1991).

Analysis

Initially, the researcher took a more deductive approach, since the analysis used aspects of Grounded Theory (Miles & Huberman, 1999). A deductive approach involves "[developing] a list of codes before collecting the data" (Amir, 2005, p. 366). At the completion of the interview process, the researcher used methods that included open coding, axial coding, and selective coding (Amir, 2005). When open coding, the

“researcher [codes] the data for its major categories of information” (Creswell, 2007, p. 64). In this process, the researcher analyzed the data and categorized concepts and relationships based on the data collected. Open coding leads to axial coding in which one open coding category is identified and focused on (known as the ‘core’ phenomenon) and then categories are created around this core phenomenon” (Creswell, 2007). Selective coding is the last step in which hypotheses are developed to describe the relationship between the categories.

The researcher listened to the audio-taped interviews two times and then began open coding. Open coding is described as the “dissection” of the data where the researcher will essentially break down the data into categories and find relationships and themes (Amir, 2005, p. 366). From this coding process, the researcher was then able to develop new categories and themes.

In addition to coding strategies, the researcher chose to write a vignette revolving around a client who is the “best [voice] to validate the effectiveness of music therapy” (Borczone, 1997, p. vii). Vignettes are created in order to provide “meaning, cohesion, and color to the presentation” (Borczone, 1997, p. 154). In addition to vignettes, other narrative devices that may be used include constructs, plays and stories. One function of narrative devices is to “embody findings through dialogue rather than explaining them” (Aigen, 2005a, p. 220).

Once the interview was conducted, the researcher “analyze[d] the results, summarize[d], and [drew] conclusions” (Aigen, 2005b, p. 557). At the completion of the audio-taped interview, the researcher transcribed the interviews, which were then coded.

The coding consisted of placing the information obtained into categories of relationships and themes. Potential themes were established prior to coding based on the interview questions. These themes included roadblocks, funding, administrative support, and advocacy. New questions arose once themes and categories evolved and a follow-up interview was required. The researcher interviewed the participant a total of three times.

The initial recorded interview lasted one hour and 30 minutes and took place at Alternatives for Children in East Setauket, NY. The interview was recorded onto an iPod via a Belkin recording device. It was then uploaded onto a Dell laptop computer.

Following the interview, the researcher transcribed the audio file. Once the transcription was completed, an open coding process was used which allowed for the development of categories, concepts and relationships based on the data collected (Creswell, 2007). Categories were derived from the codes and included administrative support, legislative support, funding, advocacy, education, federal laws and roadblocks.

Post-Interview

The researcher met with my thesis advisor, Dr. Sorel on June 6 and June 13, 2011 to discuss my interview with Ms. Schwartz. During this meeting, I received guidance in the facilitation of my analysis process. Dr. Sorel provided ideas regarding areas of further inquiry and supervision on the organization of the final document.

Following this meeting, I had a follow-up interview with Ms. Schwartz which lasted 17 minutes on June 18. I had a third phone conversation with Ms. Schwartz to ask for a more detailed description of a past child with whom she had treated in music

therapy. Ely (1991) emphasizes the necessity of going “back to the field” during the analysis process (p. 156). She goes on to explain that at times, the researcher finds a discrepancy in the data, and other times, clarification or more information is needed regarding a particular subject. Because the researcher sometimes “struggles with the demands of emergent design”, a follow-up interview, in this study, is necessary in order to establish credibility (Ely, 1991, p. 157).

Trustworthiness

To ensure trustworthiness, one must first refer back to a question posed by Lincoln & Guba (1985): “How can an inquirer persuade his or her audiences (including self) that the findings of an inquiry are worth paying attention to, worth taking account of?” (p. 290). One way the researcher established credible findings is through peer debriefing. Peer debriefing is a “process of exposing oneself to a disinterested peer in a manner paralleling an analytic session and for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer’s mind” (Lincoln & Guba, 2005, p. 308). Having a peer listen to ideas or hypotheses can be extremely beneficial to the research. It is a way to gain an interpretation other than one’s own. This will allow for the findings to be explored from every possible direction.

To ensure trustworthiness, I shared my findings with a peer who is a Registered and Board Certified Art Therapist and Licensed Creative Arts Therapist, Tiffany Regan. I allowed for the opportunity for neutral parties to play devil’s advocate and offer me support in ensuring that credibility is established (Ely, 1991). In a personal communication on July 6, 2011, Ms. Regan, who is a Licensed Creative Arts Therapist in

the art therapy field, commented that it is “well understood that the process of storytelling proves to be a strong reinforcement to a dedicated cause.” She goes on to state that it is a creative way to “express the difficulties music therapy faces as an emerging service for children in a school setting” (Regan, personal communication, July 6, 2011).

I have also sent Ms. Schwartz sections of my findings to ensure credibility. She made several comments and changes which ensured accuracy in my interpretations. When a researcher has interpreted the data, he or she will give it back to the participant for corrections or comments on the researchers’ interpretations. This is called member-checking (Bruscia, 2005; Ely 1991).

CHAPTER IV

Presentation of Findings

Fascinating. Gripping. Inspiring. Encouraging. Powerful. These are all words that have been on constant rewind in my head since I began this journey with Ms. Schwartz. She truly has a wealth of knowledge regarding music therapy in early childhood. I have learned about advocacy, personality traits, funding, roadblocks, and vision.

It's The Stories That Turn the Tide

A key component of successful music therapy advocacy is having the ability to articulate what music therapy is to those who need educating. Through experience, Ms. Schwartz found that “the most change comes not from facts and figures but from stories” (Schwartz, personal communication, May 26, 2011). Her stories paint a very clear picture about how music therapy works by providing the listener with an expressive and vivid narrative. Gilliam (2006) states “stories, as no other spoken communication tool, have the ability to capture emotion and reason, hearts and minds” (p. iv).

Doyle-Jones (2006) explains how a story can serve many roles. It can influence others and pass along information. A “storytelling event provides...opportunities for the listener to get to know the speaker better” (p. 14). During the interview with Ms. Schwartz, this was evident in a story she shared with me about when she was advocating in Albany for special education with the executive director of Alternatives for Children (AFC). Its goal was to increase awareness and educate politicians about special

education. Ms. Schwartz made a point of speaking with Diana Georgia, who at the time was the counsel to Ken LaValle, the Chair of the State Senate for Higher Education Committee. In developing the licensure law for Creative Arts Therapists in New York State, Ms. Georgia proved to be instrumental in including music therapy as a creative arts therapy in the statute. Music therapists advocated to be included in a legislation to allow music therapists and creative arts therapists to practice psychotherapy and to be licensed under the Office of Professions. In order to hold this license, a music therapist must complete a state-approved master's program and receive 1,500 post-Master's supervisory hours. The meeting regarding Ms. Schwartz and Ms. Georgia occurred prior to the music therapy licensure mandate in New York State. During this meeting, the following occurred:

We all left the office... We had another meeting down the hall, and I [motioned to her boss to give her a minute and] went back into Diana [Georgia's office], and I said 'Can we talk for just one minute'? I went back...and we sat on this very comfy couch and she grilled me like nobody has ever grilled me. But we sat there, person to person, and I kept telling her stories and she kept asking me questions. And I will say right now that that was the turning point. I don't care what else anybody's going to tell you, that was the turning point in us moving forward in terms of being licensed in the state of New York. [It] was sitting on that couch with Diana Georgia and telling her my stories (Schwartz, personal communication, May 26, 2011).

Ms. Schwartz goes on to explain that even more important than telling the stories, was articulating the relationship between the stories and the necessity for music therapists to be included in the licensure process.

In addition to advocacy on the government level, a music therapist must also be ready to eloquently explain what music therapy is on the school district level. At the time that Ms. Schwartz began working with Robert, a child that attended school at Alternatives for Children, music therapy had not yet been requested as a related service on Long Island. Ms. Schwartz was working with Robert individually, and he had not yet been diagnosed with autism. She felt that Robert could benefit from music therapy as a related service which would be listed on his Individual Education Plan (IEP). The following is the story Ms. Schwartz shared about her journey of advocacy for Robert:

Robert...really [exemplifies] the epitome of music therapy necessity because he was so significantly different in music than he was any place else in the [school]. So...I went to [my executive director], and I said, 'Are you going to ride the road with me [to help get music therapy for Robert as a related service]?' She was a little hesitant at first because our bread and butter is the school districts. So you really want to make sure that they are on your side. [Receiving approval for music therapy as a related service] was something very new. But she said go ahead...I showed her the law...and we put in a request to have music therapy written as a related service on his IEP...The district denied it because it had never been done before. So we provided them with all the

background material...There [were] one or two court cases from Texas that I was able to bring to them but that was it. That was [individual music therapy]...They weren't really interested in it. I went back to my boss, and I said then we're not going to provide it...We said write it on the IEP or we're not [treating] him. Did we sacrifice Robert in service of the greater good? Yeah, probably (Schwartz, personal communication, May 26, 2011).

When Ms. Schwartz was asked if that was a big turning point for listing music therapy on the IEP, she replied, "Oh yeah huge...Next year, we [tried to receive approval for music therapy as a related service for another child] and they approved it." She took the risk of standing up for what she believed was right by refusing to provide individual music therapy services for Robert if the district refused to list music therapy on his IEP as a related service. She was advocating for the future of music therapy. Through Ms. Schwartz's storytelling, aspects of her personality that are pertinent when establishing and developing a music therapy program were conveyed. Ms. Schwartz firmly believes that it's not the facts and figures but "the stories that turn the tide" (Schwartz, personal communication, May 26, 2011).

Vignette - Robert

Vignettes are devices created in order to "provide meaning, cohesion, and color to the presentation" (Ely, 1991, p. 154). By writing the following vignette, I had the opportunity to place myself in the shoes of the children I hope to work with in the future.

Ely (1991) explains that writing in the first person narrative allows the reader to be closer to those whom were studied. Although this study was not a case study, a first person narrative allows the writer to begin to “create a text in which the person [or child she has] learned about come to life” (Ely, 1991, p. 167). Writing this vignette taught me how to articulate and describe music therapy in a creative manner, which Ms. Schwartz stresses.

The following vignette is in the voice of a non-verbal 4 year-old-boy with autism. He struggles with transitions, changes in routine and social interactions:

NO! NO! NO! NO! I will NOT go line up. THIS is my chair. I am sitting in MY chair. I do NOT want to get up. I just will NOT go line up. Not even to go to do music with the lady. I’m too busy right now anyway. I can’t stop moving my hands. And my arms...I just can’t stop. I can’t stop. Look, the more you try and make me the more pissed off I’m going to get. So just leave me ALONE.

NO I WILL NOT LINE UP. Now you did it.... You made me start crying and yelling and I had to stop moving my hands because I’m so mad and I fell on the floor. Just leave me here. I don’t care. Not even for music. And stop trying to make me look at you. What is that about??? I don’t look at people.

Ugh...well...if you pick me up and force me to go I guess I have no choice then, huh? I’m so angry. So angry. I was just sitting there minding my own business moving my hands and you have to come and bother me. Are you happy now, lady? I’m here ok. I’m at the music room. Ooooooh the drum. I do like the drum. But I’d have to stop moving my hand and my arm. I don’t WANT to stop. Oh yeah the music lady....that’s right. I remember this place now. Here she comes

with the drum. I can't take my eyes away. Oh and she's singing. Ok...it's never that bad to look at the music lady. Especially when she's looking at me. I like the feel of this drum. And this is the song I know. I like to sing this song with the music lady. Well, not all of the song because I can't stop playing the drum. But a couple words here and there. Oh no don't take the drum.....away. But now I can move my hands again. Oh no....the goodbye? ALREADY???? NO! NO! NO! NO! I will NOT go line up. THIS is my chair for music. I am sitting in MY chair. I do NOT want to get up. I just will NOT go line up.....

A Bit of My Personality

Gartner (1988) discusses particular personality traits believed to be common among entrepreneurs. These traits include being willing to take risks, being organized and responsible, and having self-discipline, determination, a desire to succeed, creativity, independence, optimism, and open-mindedness. It is believed that there are certain personality traits one should possess when taking on an entrepreneurial role.

Additionally, Carland, Hoy, Boulton, & Carland (1984) denote that entrepreneurship is the creation of something that did not previously exist. A key characteristic of an entrepreneur is the "bearing of risk" (p. 355). According to Kuratko & Hodgetts (2009), through planning and good organization, most entrepreneurs aim to minimize the risk involved in their endeavor. Based upon my interviews with Ms. Schwartz, the traits that one should possess that are imperative when developing and

establishing a music therapy program include passion, conviction, willingness to take risks, and the ability to articulate. She says, “Never be satisfied with where you are. Always [look] toward how you can grow” (Schwartz, personal communication, June 18, 2011).

Gillespie-Brown (2008) believes that these personality traits do not necessarily have to be innate; they can be learned. Instead of possessing inherent traits, one can acquire skills in order to become a successful entrepreneur. While Sector & Norman (2006) argue that entrepreneurial traits such as the willingness to take risks, cannot be taught, a prospective entrepreneur can learn ways to analyze those risks and to learn from past mistakes. One way that learning takes place is by asking questions. Ms. Schwartz states that a good entrepreneur might tend to be a curious person, always looking to learn something and to ask questions and to want to learn about various matters of interest: “You have to be curious; you have to ask the questions; you have to look for answers” (Schwartz, personal communication, June 18, 2011). By asking questions and being curious, there is always room for growth as an entrepreneur.

Funding

School districts in New York have the ability to receive grant funding, called Section 611 Sub-Grant Funding Program under IDEA, which is handed out by the Office of Special Education in Albany. This funding assists school districts in providing special education and related services to children ages 3 to 21 with disabilities. “Every requesting district can choose how to use those funds. They are supposed to be used for

enhancement programs” (Schwartz, personal communication, May 26, 2011). Because Alternatives for Children (AFC) is a private school, it has contracts with the school district of each child who is in need of special education services and does not directly receive 611 funding. Instead, AFC will bill the school districts for a percentage of their 611 funding for each child. Each school district then “funnels the money to the programs that are providing the services” (Schwartz, personal communication, May 26, 2011). For example, if there are currently 11 children attending AFC from the Tucker’s Town School District, AFC will bill the Tucker’s Town School District for each of those 11 children.

The 611 funding that the school districts pay to AFC is used to pay the salaries of the supportive staff, including the Music Therapy program, the Vision Therapy program, and the Educational Technology program. The Educational Technology program ensures that every child in the building receives access to computer literacy. In addition to desktop computers, Alternatives for Children has invested in iPads, iTouches, toughbook laptops, and a Smartboard. Vision Therapy provides specific interventions for children with low vision, no vision, or specific vision problems.

The amount of money that AFC receives from the school districts hinges on how many children are enrolled for the school year. Ms. Schwartz explained that enrollment is usually lower in September than in February or March. “A lot of [children] come to [AFC] after they fail out of typical schools or the parents realize they are not going to qualify for kindergarten” (Schwartz, personal communication, May 26, 2011). The administrative department decided that once the salary monies had been put aside, they

would hold the remainder of the money until June, once the school year ended. “They usually wait until the end of the fiscal year and then say you have money to spend. This is what we have left, spend it by tomorrow” (Schwartz, personal communication, May 26, 2011).

Because the school districts can choose how to use the 611 funding, music therapy advocacy needs to occur. As Ms. Schwartz stated, “...When [other music therapists come to me] and say, ‘The facility told me there’s no money for music therapy,’ I say, ‘that’s totally not true.’ What happens is that [the school districts] chose to spend money on other things” (Schwartz, personal communication, May 26, 2011).

Roadblocks

As I am sure many music therapists who work in a school setting can attest to, there needs to be constant education with the staff about what music therapy is and its benefits. When music therapists do not take the time to teach staff and administration about music therapy, it creates a roadblock for music therapists. Because of staffs’ and administrations’ lack of understanding, they might not view music therapy as being a vital component of the children’s curriculum. As a result, facilities may choose to spend their monies elsewhere.

Ms. Schwartz explains how music therapy education is necessary for parents, staff, and administration. The first roadblock Ms. Schwartz describes is the story about Robert, which is mentioned earlier in this thesis. Ms. Schwartz stressed that there are times a music therapist must make sacrifices for the future of music therapy by taking a

stance on what he or she believes in. In the case of Robert, she explained how receiving approval for music therapy as a related service was denied because it was uncharted territory for school districts. Yet, because Ms. Schwartz realized how important this was for music therapy, she held firm on what she believed. It paid off in the long run because the following year, the same district approved music therapy as a related service for a different child.

Ms. Schwartz goes on to discuss a child named Eric, a four-year-old boy with severe language delays. Ms. Schwartz requested that Eric undergo an evaluation to have music therapy services listed on his IEP because he is “very volatile and often non-compliant in every place...but music” (Schwartz, personal communication, July 3, 2011). The school district denied an evaluation, stating that it was “unnecessary, but not to worry, they will surely add music therapy to Eric’s IEP.” Ms. Schwartz went on to say the following:

I got a notice from my staff that [the school district] had added music therapy to Eric’s IEP...so I asked for a copy. I looked in the box where it says ‘*Related Services*’ and there was no mention of music therapy. There is a comment section way down at the bottom and it did say that ‘music appears to be a motivator for Eric and that it was fine for him to attend his music class. I went to...my [executive director], and I showed her the IEP and I said ‘I’m not [treating him]’...She said, ‘Fine’...His class does come to music twice a week, but it’s not the same as if I had [treated Eric] individually...The district recognized that [music therapy was significant

for Eric] but they were unwilling to take the next step to have [it listed as a] mandated service. So, you know, we're still fighting that (Schwartz, personal communication, May 26, 2011).

On the other hand, Ms. Schwartz explains how there are some districts that will add music therapy as a related service without an evaluation. Some districts are very familiar with the music therapy department at AFC, and if Ms. Schwartz, for example, recommends that a particular child receive related service music therapy, the district will automatically approve it based solely on the reputation of the music therapy department. Ms. Schwartz explained how "many of the districts know [our department], many of the district [special education chair people] know us. They know what we do, they get parents reports...It's all about reputation. And it's all about providing a really high-quality service..." (Schwartz, personal communication, May 26, 2011).

The Fight Against Time

Storytelling is a technique that can reinforce certain points that the researcher wants to stress (Creswell, 2007). The following fairy tale has several themes that are important to keep in mind when developing and establishing a music therapy program including the issue of time, advocating, and articulating.

Once upon a time, in the far away kingdom of Conga, there lived Princess Bananahamock. Princess Bananahamock was friends with Snow White, to whom all things furry would flock to - not only furry, but winged, shelled, and crawly also. The same way that Snow White always had a group of animals around her, Princess

Bananahamock always had little children around her. As soon as she opened her mouth and a melody flowed out, one by one, children would suddenly flock to her, stare at her, and just wait to see what she would do next.

One day while Princess Bananahamock was tending to her instruments, she began to wonder how to share the power of music with the rest of the kingdom. She felt so strongly that music heals and music has the power to change lives and make people open up that she wanted to be able to share it with others. She sat down one morning after she tended to her instruments and created a plan. She put aside a few hours each day to go out and talk to the rest of the kingdom about the power of music. After a few days she began to notice that each time she was getting ready to go out, something would prevent her from being able to go.

After the fourth day, Princess Bananahamock got so frustrated, she just sat by the stream and cried. She was so upset that she was not able to go out and talk to the kingdom about the wonders that music can instill on peoples' lives. All of a sudden, King Djembe appeared on the other side of the lake.

He said, "Princess, why are you crying? Did something happen?"

And the Princess replied "Oh, Your Majesty! Well, it is just that I have a strong desire to go out in the kingdom and spread the news about the power of music and each time I set out to go speak to people, something happens and I am prevented from going. I just do not know what to do, Your Majesty!"

King Djembe seemed so angry. His face turned the shade of a freshly ripened tomato. He abruptly stood up and began pacing. "Princess, this happens all the time in the kingdom. All the time. It is the Wicked Witch of Time. You cannot see her. Nobody can. But you can feel her. It is as though you are trapped under-water – you can see the surface and you can feel the suns' warm rays on your face, but you just cannot swim fast enough. It is as though there is an invisible net dragging you down each time you attempt to clear the surface."

The Princess suddenly seemed angry as well. She said to the King, "Well, that is just awful! How do I fight her if I cannot even see her? How does she get away with this?"

"Princess," the King replied, "you must fight her. You must get creative in your planning. If you plan to go on Wednesday at 3:00 p.m. and something comes up, you must try to go later. Or perhaps you can go on the weekends. But you must, must, not lose heart, Princess. I can tell how passionate you are about music and talking to people about music, and you must keep that in mind. Keep your chin up and remember that the only way others will understand the power of music is if you share your thoughts and ideas with them. I have seen you before with the children, and I believe in your cause."

All of a sudden, the Princess realized that she must think outside the box. Not everything is in black and white. She leapt up and ran to the King and breathlessly replied, "Oh, thank you, thank you, King Djembe! I have so many ideas that I can do. How can I ever thank you?" With that, she threw her arms around the King's waist and

hurried off to her room to come up with Plan B. She refused to let the Wicked Witch of Time win.

This story illustrates the roadblocks that one may face when developing and establishing a music therapy program. Much like Ms. Schwartz, the heroine in this story has a clear passion for what she would like to do with the children. In order to be successful in sharing the power of music with others in the kingdom, the Princess learned that she must be flexible and creative.

Vision and Workplace Realities

“I have so many thoughts about who [music therapy advocates] can begin to speak to, how we can change programming, and I’m constantly thinking ‘Oh what a great idea, what a great opportunity,’ but I don’t personally have enough time” (Schwartz, personal communication, June 18, 2011). Ms. Schwartz’s lack of time is twofold: First, there is the reality of having enough time in the day to do all of the extra things that she would like to do; second, there is such an abundance of ideas that she does not know how to make them all come to fruition. Ms. Schwartz goes on to explain that since the educational system has imposed numerous requirements and limitations on the education staff there is not always enough time for things such as staff development.

A component part of staff development could be education regarding learning about why music therapy should be a related service. One might provide in-session training to the staff in the actual music therapy sessions. It might not appear that a music therapist is educating through simply instructing a teacher’s assistant to let a child beat

the drum without any physical prompting to see if he can follow through independently on a task. It is often necessary for the music therapist to follow up with the teacher's assistant after the session to explain her clinical actions and rationale. In doing so, the music therapist is educating the staff on how music therapy works and that there is a reason for each and every clinical decision made.

Discussion

There are many components that have to be taken into consideration when developing and establishing a music therapy program. In addition to the elements mentioned in the findings, an additional piece that I found to be noteworthy is the importance of administrative support. The administration needs to trust the music therapist to go forward with implementing a program. Ms. Schwartz mentioned several times in the interview that when she wanted to take a stance against the districts that would not approve music therapy as a related service, as with both Robert and Eric, she first went to her executive director and explained the circumstances. Her executive director agreed and supported Ms. Schwartz when she said that if the district would not approve music therapy as a related service for Robert and Eric then she would no longer provide them with individual music therapy.

I feel that this is due to the reputation that Ms. Schwartz has developed as a music therapy professional. Ms. Schwartz and her executive director have been working together for more than 20 years. Each time Ms. Schwartz talked about her executive director, she never said "Dr. Fricano was hesitant about my clinical choices as a music

therapist and didn't approve." Ms. Schwartz has a proven history of making clinical choices that are in the best interest of children. Had Ms. Schwartz not taken a stand with these particular districts, perhaps music therapy as a related service would still be a rare if non-existent occurrence.

Limitations and Future Research

One possible limitation of this study is the sample size of participants. Broadening the number of participants might have allowed me to delve deeper into the similarities and differences between experiences and to do a comparison regarding the way other music therapists have developed their music therapy programs. One way to have narrowed down other participants would have been to distribute a survey to those who have a private practice or are working in the school setting within the tri-state area. This information could be gleaned from the American Music Therapy Association Handbook. A survey may have included questions such as: In your current position, were you the first music therapist to be hired at your facility? To narrow down participants even further, other qualifications for participation might require him or her to work with a specific population or to be funded by a grant.

Another area for future research may include a comparison in developing and establishing a music therapy program in the school setting versus an outpatient pediatric hospital setting. Some questions might include: Did each music therapist have to take similar avenues to develop her program? Does either program have to do fundraising or are both programs grant funded.

CHAPTER V

Reflections

Writing this thesis was a challenge for me. It definitely put me outside my comfort zone. I usually gravitate toward quantitative research because there are so many directions that qualitative research can go. That is not cut-and-dry enough for me. I do like the creative freedom of being able to write poetry, songs, or plays in qualitative research. I was truly fascinated with my topic. I have known Ms. Schwartz since June 2005 but had absolutely no idea what a genuine pioneer she has been in music therapy and special education and truly learned a great deal from her.

In qualitative research, the researcher will often position herself within the study in order to really grasp its meaning and reflect on the data (Wheeler & Kenny, 2005). Additionally, Ely (1991) discusses how a researcher's change process is influenced by her reflective mode. In order to describe my research process, I have written two creative pieces to assist me in clarifying my feelings that have surfaced throughout this journey. Within the haikus (see Appendix A), I touch on various themes including insecurities, admiration, advocating, administrative support, challenges with time, and educating about music therapy. This has definitely been a process because I feel as though I am in a different place professionally than I was eight months ago. I feel empowered and more knowledgeable on exactly how to begin developing a music therapy program at a facility that does not currently have one. I wrote a poem below (see Appendix B), which describes the research process evolving from insecurities to budding confidence.

Seeing the same information written in a creative form reinforced what I wrote in a narrative form. Aigen (2005a) says “a text with ample description and multiple types of description can support the reader’s main task of constructing a personalized meaning from the text” (p. 219). With the stories told by Ms. Schwartz and my creative pieces, I wanted the reader to visualize the images in the stories he or she was reading in order to relate. Ms. Stivala, a Licensed Creative Arts Therapist who is a Registered and Board Certified Art Therapist, is another peer with whom I shared my findings. She states that “people remember [in terms of] stories...speak in [terms of] stories, [and] they connect in [terms of] stories” (Stivala, personal communication, July 7, 2011). She went on to share the story of a seven-year-old boy she worked with who was diagnosed with ADHD on a high dose of Ritalin. The extremely high dose of Ritalin was causing hallucinations. In their sessions, the boy used drawing as a way to combat the hallucinations he was having. As she described him, I was able to conjure up an image of a little boy sitting at a table, drawing the evils that filled his head which helped me to understand the way in which art therapy may be employed in a clinical setting.

Final Thoughts

My ultimate goal is to develop and create a music therapy program in the school setting. An additional goal that stemmed from the research process is to share my findings in Music Therapy Perspectives. People who might wish to develop their own program at a facility, school setting or otherwise, might need some direction regarding the key elements to expect when first starting out, such as roadblocks or how funding is distributed if they would like to be in a school setting.

After interviewing Ms. Schwartz and analyzing the data, I can conclude that in order to develop and maintain a successful music therapy program in the school setting, one must have a true passion for what he or she is doing. Ms. Schwartz's passion is undoubtedly conveyed through the stories she shared. Advocacy is also an important factor in the success of her music therapy program. Being able to articulate to others the power of music therapy can make all the difference. When Ms. Schwartz met with Ms. Georgia, Ms. Schwartz was able to articulate what music therapy was to someone with no prior knowledge through her genuine stories about children who have touched Ms. Schwartz's heart. To this day, Ms. Georgia still advocates for music therapy. Ms. Schwartz's story is truly a fascinating one, and all music therapists should have the opportunity to hear it and become inspired in the way that she has inspired me to develop and establish a music therapy program in a school setting.

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Appendix A

Haikus

Constant revising.
Am I really good enough?
Will I make it through?

She is inspiring.
Passionate. Fascinating.
A wealth of knowledge.

Administrative
support is necessary
to be successful.

Advocating for
Music therapy is key
For a new program.

So much to do and
so little time to do it
this is a problem.

A culmination –
knowledge and education.
That is a thesis.

It's been so stressful.
Organizing a wedding
Writing my thesis.

Can I please freeze time?
Need just a little more time.
Maybe call in sick?

Always talk about
what music therapy is
This way we can teach.

Appendix B

As she walks into the building, she thinks: “This is where I want to be. This is what I want to do.”

Am I good enough? Can I do it?

As she looks around, she sees the children; she thinks: “They are who I want to help. They will make me feel rewarded.”

Am I good enough? Can I do it?

As she walks into the music room and looks around, she thinks: “This is where I want to music. This is where I want to create.”

Am I good enough? Can I do it?

As she sits at the desk and sets up her work, she thinks: “This is a big chair to fill. This was the birthplace of so many ideas.”

Am I good enough? Can I do it?

As she begins asking questions, she thinks: “This is flowing on its’ own. This is like having a conversation.”

Am I good enough? Can I do it?

As the questions draw to an end, she thinks: “This was an honor. This was truly an inspiration.”

Am I good enough? Can I do it?

As she begins to analyze and reanalyze, she thinks: “There is so much information here. I have no idea how to tease it out.”

Am I good enough? Can I do it?

As she begins to draw conclusions, she thinks: “This is starting to take shape. I can see this going somewhere.”

Am I good enough? Can I do it?

As she reflects on the journey and what she’s done to get to this point, she thinks: “This is what I want to do. This is where I’m supposed to be.”

I am good enough. I can do it.