**The Role of Music Therapist Composed Song Recordings in Supporting Families to Independently Use Music with Preschool Children with Complex Needs: A Case Study**

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### Review

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**Abstract**

This case study presents the journey of a family in using pre-composed song recordings to support their independent therapeutic use of music with their preschool child with complex needs. Nine music therapy sessions were offered at the family’s home over eight months. A seven song album of songs composed and recorded by the music therapist was offered to the family to support their engagement with their child. These recordings supported the family’s therapeutic use of music with the song lyrics offering a prompt to guide the caregiver in engaging with their child; providing a structured framework for the family to engage in joint fun activities through music; serving as a resource for passively engaging the child when the caregiver was busy; acting as a benchmark to assess the child’s current level of engagement and providing ‘building blocks’ to enable the family to begin improvising songs to suit their child’s needs. It is suggested that the provision of song recordings be included as part of music therapy sessions to help the independent therapeutic use of music by families outside the music therapy sessions.

This case study is an extract from my PhD research completed through Te Herenga Waka, Victoria University, Wellington, New Zealand in 2022. The research focussed on how a music therapist can support families of preschool children with complex needs to use music therapeutically at home. I worked with four families over eight months and during the sessions, I collaborated with families to explore how they might utilise their strengths and resources to use music therapeutically with their child. My PhD research employed an interpretivist multiple-case study design. One of the findings was that the collaboration between the family and music therapist was supported by therapist-supplied resources. One of these resources was song recordings.

The case study presented here relates to nine music-making sessions with one of these families. A key component of those sessions was the use of pre-composed songs. This case study demonstrates how the family used music therapist composed songs to enrich interactions with their child with Complex Needs.

**Literature Review**

Children with complex needs present with severe cognitive, neuromotor and/or sensory challenges. This can affect their conceptual, social and practical skills (Schalock, 2021). These challenges across multiple areas mean that children with complex needs have a high level of dependence on their personal and professional caregivers (Kruithof et al., 2020).

Music therapists often explore collaborative partnerships to support staff to utilise music to support children with disabilities in settings such as early learning centres and schools. They empower staff to use music to meet individual and academic goals (Rickson, 2010), enhance students’ progress (Tomlinson, 2020), engage students through spontaneous musical play (Pethybridge, 2013) and promote independence in daily routines (Kern et al., 2007).

However, over one third of parents and whānau (family) of children with complex needs have been discouraged from enrolling their child at one or more early childhood education (ECE) services in New Zealand since kaiako (teachers) are not confident teaching disabled children, and the kaiako feel they struggle to access support to help them develop (ERO, 2022). This factor, in addition to the high level of care required to support the child, has resulted in preschool children with complex needs often staying primarily in home settings rather than early learning centres.

Music therapists acknowledge that they want to support families to use music therapy strategies and activities beyond music therapy sessions, including at home (Gottfried, 2016; Jacobsen & Thompson, 2016). An important outcome of music therapy sessions is to resource whānau, both by modelling activities and also offering suggestions for new ways to connect with their tamariki (children) (Loth, 2008).

One medium frequently used to engage children in the home setting is through songs. Songs provide a structured and predictable framework for musical interactions (Johnels et al., 2022). Singing songs is a commonly used and highly valued component of the musical interaction between children and their caregivers (Johnels et al., 2022). Music therapists use pre-existing songs, live original songs and lyric replacement in music therapy sessions (Schwartzberg & Silverman, 2014). They also facilitate therapeutic songwriting with clients (Baker, 2015; Baker & Wigram, 2005).

Music therapists pre-compose songs for use in music therapy as part of standard practice (MThNZ, 2020). However, the literature on this topic is sparse. Pre-composed songs appear to be primarily used with children and adolescents in schools or adults with developmental disabilities to individualise therapy (Jones, 2006) and meet the unique needs of each person (Farnan, 1987). It is recommended that the lyrics of these pre-composed songs are simple, concise, repetitive and set to accenting words with a focus on enabling task orientation (Farnan, 1987). The melody can have a stepwise motion, natural phrasing and a limited pitch range to allow a wide range of people to join in singing the songs (Brunk, 1990; Farnan, 1987). Songs are preferably tested in music therapy sessions before being recorded (Brunk, 1990).

Song recordings of either pre-existing or original songs are frequently offered to families in music therapy sessions (Abad & Edwards, 2004; Lander, 2017; Mackenzie & Hamlett, 2005; Shoemark, 1996; Yang, 2016). The recordings support music-making at home (Abad & Edwards, 2004; Williams et al., 2011) and carrying out Activities of Daily Living (ADLs) (Yang, 2016). Family members who are unable to attend the music therapy session use recordings to support musical activities at home and enhance positive family relationships (Shoemark, 1996). The recordings contribute to familiarity and confidence in joining in when the family attends their next music therapy session (Shoemark, 1996). Music therapists such as Megan Spragg (Spragg, 2023), Rachel Rambach (Rambach, 2010) and Margie La Bella (La Bella, 2009) have released commercial albums of their pre-composed songs for use in music therapy while others music therapists have released sheet music for their original songs (Talmage, 2013)

In summary, published literature about songwriting and the use of song recordings in music therapy is available. However, very little has been written exploring the therapeutic benefits of using pre-composed song recordings in music therapy. This case study aims to address this gap in the literature.

**Background**

**The Music Therapist**

I have been practising as a music therapist for over 15 years with children with disabilities. Prior to starting my PhD research, I had worked in special education schools for children with disabilities in New Zealand for over 10 years. I often used popular songs and nursery rhymes in my sessions but the lyrical complexity and tempos of the song recordings made them less accessible for children with complex needs. For example, the nursery rhyme *Head shoulders knees and toes* required the child to physically and cognitively recognise and tap a range of different body parts in a short period which result in a sensory overload. I found that there were very few commercially released song recordings specifically for music therapy practice, as shared above in the literature review section. Therefore, I chose to utilise my songwriting experience as a professional musician to compose songs for use in music therapy sessions.

**The Song Album**

An audit of my session goals uncovered that the overarching themes explored experiences in the domains of greetings, fine motor expression, gross motor expression, instrument playing, socialisation, vocalisation and multi-sensory experiences. These areas formed the basis of the songs. I chose one goal per song to allow physical and cognitive processing time for the child (McDevitt & Ormrod, 2013). The lyrics had concrete rather than abstract language (such as metaphors and similes) to ensure that the lyrical message was communicated clearly (Wortham, 2006). The chords were primarily diatonic chords such as major, minor and dominant sevenths, with the occasional use of secondary dominants to add anticipation. The melody was diatonic without accidentals so they were easy to sing. The main melodic variation was a key shift up half a semitone or a tone to sustain engagement. The lyrics were repetitive and tended to focus on the song’s intended goal. The lyrics also provided clear prompts to the child and caregiver on what actions were to be carried out. Thus, the music provided the mood while the lyrics provided the instruction.

I recorded and released these songs as music albums to facilitate their use by parents, caregivers and support networks of children with disabilities (Stelino, 2015; 2020). The album in the case study below is a 10-song album composed to support children in developing their fine motor, gross motor, social and vocalisation skills (Stelino, 2020).

[[1]](#footnote-1) It also included sensory-based songs and a hello and goodbye song. The songs were all sung in English. The arrangements followed a contemporary musical style. The instrumentation included acoustic and electric guitars, ukuleles, piano, electronic keyboards, a bass guitar, a drum kit and percussion instruments. The music therapy sessions in the case-study below took place in 2019. The first album (Stelino, 2015) was also shared with the family as the sessions progressed.

**The Family**

This case study is based on my work with Daniel[[2]](#footnote-2) and his family. Daniel lived in a residential suburb in a large city in New Zealand with his mother Michelle, father Ben and four-year-old brother Will. I worked with Daniel between the ages of one year and 11 months to two years and six months. He had a diagnosis of Angelman syndrome, a genetic disorder which primarily affects the nervous system and commonly results in vision loss, cognitive impairment, and additional physical disabilities (Dagli et al., 2021). Daniel was mainly fed by a gastrostomy tube, though his family had recently started spoon-feeding him.

Daniel spent most of his time at home with his mum and attended a group session at a local early intervention centre for children with a visual impairment once a week. Daniel’s brother was often at home during our session. Daniel’s father worked during the day and so was unable to attend.

During our fifth session together, Michelle mentioned that Daniel enjoyed nursery rhymes and song activities at the group they attended. I inquired if the family would like a copy of the album of songs I had recently recorded (Stelino, 2020). Michelle was eager to trial the songs I wanted to personalise the songs on the album to suit Daniel. I re-recorded the vocals to the hello and goodbye songs to include Daniel’s name. For example, the lyrics of the first line of the Hello song were modified from “Hello everyone hello” to “Hello Daniel hello.” I gave the family the album at session six. Michelle was excited to receive this album. We listened to the album together. She found it “very cool, having the music tailored with his [Daniel’s] name in it,” and “pretty special.”

**Methodology**

My research was underpinned by a constructivist epistemology and a relativist ontology (Crotty, 1998). This theoretical framework aligned well with my clinical orientation as a ‘person-centred’ therapist, following the person’s interests, needs and leads (McMillan, 2004). My research approach aimed to generate an understanding of how therapeutic music-making could further enhance the lives of children and their whānau. This stance identified that each family may have a unique approach to making music with their child, relative to the family’s contexts. It also acknowledged that the outcomes of the research may have been different if the research had been carried out with different families and/or a different music therapist.

The research was undertaken as per the ethical standards of Te Herenga Waka – Victoria University of Wellington Human Ethics Committee (ID: 0000025960). Ethical considerations included being mindful that I worked within the personal space of a family home and I chose to approach this invitation to enter their home with respect and empathy. I also took a strengths-based approach that recognised and supported the family’s strengths and skills to enhance their sense of self-esteem and self-efficacy (Thompson, 2012a). I held a dual role as music therapist and researcher. I conducted interviews with parents that were used as a data source and this may have created potential bias in the case study reporting (Waterfield, 2018). Working within a collaborative model, it is hoped Michelle was comfortable doing the interviews since we worked with a collaborative model. Reflecting on the interviews and hearing the transcripts reveal that Michelle appeared to feel comfortable sharing her experiences. However, there is always the potential that this was not the case, which would have resulted in answers that were affected by the interviewer-interviewee power imbalance (Nunkoosing, 2005).

Data for the research was gathered through pre- and post-session interviews with Michelle, my clinical notes and my reflexive journal. The data was analysed using thematic analysis (Braun & Clarke, 2006; Braun et al., 2019). There were six phases for the analysis:

1. Reviewing the written documentation and listening to audio recordings of interviews to refamiliarise myself with the data.

2. Creating generalised nodes in relation to the research question with corresponding text attributed to it. For example, the data about pre-recorded songs was filed under the ‘providing resources’ node.

3. These nodes were grouped to create themes that created clusters of meaning about an aspect of the dataset relative to the research question. For example, the ‘song recordings’ data from the node ‘providing resources’ was collated to sit under the theme ‘music therapist provided resources empowers family music-making.’

4. Manual mind-maps were used to map out the themes, identify overlapping themes and create stronger themes. For example, data related to the song recordings was moved from ‘The family does more music-making together’ to sit under the theme ‘pre-recorded songs support music-making at home.’

5. The names of the themes were reviewed to ensure they accurately represented the underlying text. For example, the theme ‘caregiver adapts music-therapist-provided-resources as she gets more comfortable using them’ was adapted to ‘a template for improvisation.’

6. The analytic narrative was written around the themes with relevant quotes.

**Findings**

The thematic analysis of the data identified themes related to the use of music therapist composed song recordings to support the family’s independent use of music with their child. These themes are outlined below.

**An Engagement Prompt**

Michelle liked that the lyrics were based on actions that could be done with her son rather than abstract concepts. She expressed it as “it’s really helpful having the music and then the music helping to prompt the adult to do what you have to do, so it kinda delivers what has to happen.” Her reward when playing the songs was “Daniel’s smile.” I supported this process by singing the song live during our sessions.

The song recordings thus acted as a ‘prompt’ for the caregiver, with the lyrics guiding how to engage with the child during the song. It supported the caregiver in exploring how to independently engage in music-making with their child.

**A Framework for Family Engagement**

The family regularly used the songs to have fun as a family. Between sessions seven and eight, Michelle shared that “we were playing the CD and we were doing the crocodile one and the bubbles and trying to bring it all back again, and, Ben had all the instruments out on the floor, and I was like, can we do one [song] at a time? Because he was just going crazy (laughs out loud).” This was significant as Michelle realised that music was the only activity other than swimming that the entire family could do together. The pre-composed songs thus moved from just a ‘prompt’ to a framework within which the family could engage in joint fun activities. The song recordings also provided Michelle an opportunity to musically share with Ben what we had done in the session and it allowed Ben to engage in music-making with Daniel.

**An Easy-to-Use Passive Therapeutic Engagement Tool**

Michelle found the songs valuable to give Daniel input when she had low energy levels. Here is a quote from session nine where Michelle discusses this experience:

I think in the situation we were in, where maybe a child can’t feedback, that CD that you gave us was excellent. Like, when I had no energy and didn’t wanna sing the song, and I feel like he’s getting some sort of input, even in a stage where he is seizing and stuff. Plus, he’s getting something constant and is hopefully feeding into his brain somewhere. So, I found that helpful when I felt really tired and uninspired and felt like I was just fulfilling a need to keep him alive. I’d just put that on, and it’d make me feel like I was doing something more than just keeping him captive in the house.

Thus the use of the songs extended from a framework of active engagement to a resource for passive therapeutic engagement when the caregiver was busy. It also helped provide the caregiver with comfort that the child was receiving therapeutic input while the caregiver had to attend to other urgent tasks.

**A Benchmark for Engagement**

Recordings provide a consistent framework for engagement. The song tempo, delivery, etc. remain constant and offer an easy benchmark to compare the child’s engagement. This can be a positive and/or negative experience. During session eight, Michelle shared that Daniel had recently been unwell. He was immobile and lethargic. She played the song recordings but found that he could not do the activities he used to do, which was “upsetting” and “heart-breaking.” Though the songs provided Michelle with optimism, the grief about her child’s challenges and the lack of forward motion at times could make Michelle feel upset. I reflected that music appeared to have a role as an emotional vessel. Music could elicit joy, but also sadness.

**A Template for Improvisation**

As the sessions progressed, there was an exciting development. I found out that the initial “building block” of a song recording allowed Michelle to feel comfortable to improvise and extend this concrete resource. She modified the songs to make them fit and make everyday activities more “fun” and “musical.” This is shared in the quote below at session nine.

I’ve been modifying some of your songs, but I didn’t actually do it intentionally. I just did it and I’m like, ah, this is cool! Do you know that “Clap your Hands” one? I do that with “Gonna brush, brush, brush, your teeth.” So, we now like incorporating songs into what we are trying to do. I think it helps me like, if there is no cooperation, just to keep, you know, making it a fun thing.

Michelle had begun modifying the lyrics and borrowing the “rhythm” from my songs to create new pieces to fit her given purpose. I was pleasantly surprised to see how an element of the song formed the basis of an improvisation. I also wondered if my concerted effort to create simple, accessible melodic and rhythmic lines in these song compositions could have assisted Michelle in isolating and using musical elements in a new context. The use of pre-recorded songs as tools for improvisation added a new resource to Michelle’s options when working with Daniel and built her confidence to try new things.

Michelle began to improvise freely as well. She shared, “Sometimes I just sing whatever I want to say to him. Make it playful, but there’s no rhythm, we were having fun.” For example, she said she had made up a song for when he was putting on his clothes. She felt it helped Daniel develop his understanding of language by learning the meaning of phrases such as “finish and stuff.” Daniel responded to her songs by “giggling, as if to say, I know what you are doing, I know what you’re saying, mum.” She found it a step forward as “before, he didn’t care that I was doing it. So, for him to laugh, every time I did it, he’s making a connection, that’s been pretty cool.” Michelle thus found that she could use the pre-composed songs as the initial “building block” from which she could engage in child-centred improvised songs that helped her improve her bond with her son while also assisting with making daily activities more fun. Here is a quote from session nine, to summarise Michelle’s approach.

Having it [songs] for routines has just been something that happened, just the song got stuck in my head and adapted it, so I was doing it in time. It’s become part of the routine. That’s quite cool! That’s like a little building block!

The song recordings thus provided Michelle with a supportive musical structure through which she was eventually comfortable engaging in live improvised music making.

**Discussion**

This case study focuses on two elements of songs: Pre-composed and recorded. It demonstrates that both are important elements in families' development of independent musical therapeutic engagement. Pre-composition allows time for the music therapist to reflect on the intended outcome to a greater extent than in-session songwriting. Song pre-composition shares similar concepts to existing literature such as simple, concise, repetitive lyrics, and limited pitch range in the melody with stepwise melodic motion (Brunk, 1990; Farnan, 1987). Lyrical focus is suggested to be action-based rather than abstract, which aligns with the concept of ensuring songs are task-orientated (Farnan, 1987). Personalisation of the recording allows it to be viewed as special and more valued by the family. This can motivate the family’s use of the recordings (Johnels et al., 2022). Customising recorded song resources can be time-intensive for the music therapist. However, the extra time is offset by increased engagement by the family.

The family benefitted from song lyrics that provided prompts. The use of song lyrics as prompts is a time-honoured tradition with most children’s action songs containing actions within the lyrics. Music therapists have used nursery rhyme lyrics as prompts to help children explore social and educational concepts (Mackenzie & Hamlett, 2005). Music therapists can consider incorporating actions within their song lyrics.

Song recordings allow music therapists to take advantage of music listening providing a passive therapeutic input. Michelle led a busy home life and therefore having the provision of therapist-created input provided a listening resource potentially more tailored to Daniel than alternatives such as mainstream children’s songs and videos.

Families may prefer to support their independent music-making with recordings as it minimises the pressure for families to independently engage in singing and making music. The song recordings allowed Michelle to share the session content with Ben (Shoemark, 1996) and provided a soundtrack for family engagement as the songs enabled Daniel to participate in family activities. Recordings of songs suitable for children with complex needs can thus enable the whole family to engage in joint music-making with their child.

The song resources acted as a starting point for the family to sing the songs live. Singing the songs live allowed them to sing them in ways that match and reflect the child’s mood and behaviour (Thompson, 2012b). This attunement via music represented communicative musicality between the caregiver and child (Malloch & Trevarthen, 2009). It allowed for musical elements to create communication between the two partners. Michelle began extemporising the songs in improvising the songs to suit Daniel’s needs while maintaining the musical and dynamic characteristics of the song (Wigram, 2004). She adapted the songs to create situation songs; improvised songs related to an actual occurrence in the therapy setting or the therapeutic relationship (Kolar-Borsky & Holck, 2014). Music therapist composed song recordings can provide a scaffold for families to integrate music therapy concepts into their home lives.

**Limitations**

The research findings are based on the research and analysis of one music therapist and one case study. Although the findings resonate with existing literature in family-centred work, the results need to be read in the context of the research setting. It is crucial for music therapists working with families to explore and compare this work to their practice to further the development of this niche area of music therapy practice. These findings are relevant to pre-school children with complex needs. The child’s young age and multiple needs highly impacted the conclusions and recommendations. Older children and those with different levels of conditions may have other pressures on the family, so the suggestions may need to be adapted to suit their family’s varying needs.

**Conclusions and Recommendations**

Personalised, family-centred music therapist-provided songs can offer a starting point for therapeutic engagement. The songs facilitate the parents as therapy partners by providing a conduit for the family to engage in the therapy. Songs as resources, can act as building blocks that give the family tools and confidence to independently use music actively with their child. It motivates the family to explore improvised child-centred live music-making. It is suggested that the provision of song recordings be included as part of music therapy sessions to help the independent therapeutic use of music by families of pre-school children with complex needs outside the music therapy sessions.

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1. The album was recorded in 2019 prior to the start of the music therapy sessions in this case study, however it was commercially released in 2020. [↑](#footnote-ref-1)
2. All participants in this study have been given pseudonyms to preserve their anonymity. [↑](#footnote-ref-2)