# A THERAPEUTIC ARTS-BASED PROGRAM FOR YOUTH

by

## David W. Hockin

B.M.T., Capilano College, 2004

# PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF EDUCATION IN COUNSELLING

## UNIVERSITY OF NORTHERN BRITISH COLUMBIA

April 2014

© David W. Hockin, 2014

#### Abstract

This project is designed for school age children to develop self-regulation through engagement in arts-based activities with their peers. In this creative environment, children increase their ability to concentrate and cooperate with others, while focusing on contributing to group outcomes. The overall goal for each child is to develop cognitive and emotional domains that will support their ability to learn. The engaging qualities of artsbased activities help to develop a sense of self within a group context, leading to a successful educational experience. The following handbook provides a framework for the implementation of a three-month program that uses music, art, and drama to develop and complete a student production.

# **Table of Contents**

Abstract		ii
Table of Contents		iii
Acknowledgements		v
Chapter One	Introduction	1
	Music, Art, and Drama Therapy	2
	Significance of the Project	5
	ADHD	6
	Background	8
	Personal Location	10
	Overview of Project	11
	Cooperative Learning	12
	Group School Strategies	15
Chapter Two	Literature Review	18
	Self-regulation	18
	Attention Deficit Hyperactivity Disorder	23
	Comorbidity	28
	Co-operative Learning	29
	Art Therapy	33
	Music Therapy	35
	Research	35
	Music Therapy Practice	39
Chapter Three	The Program: Art, Music, and Drama	47

	Program Resources and Framework	58
	Drama Lesson Plans	59
	Lesson Plans Sorted by Age Level	59
	Teaching as Storytelling	64
	The Story	64
	Planning Framework	64
	Visual Art	65
	Unifying Concepts in Creative Art	65
	Creative/Productive	65
	Cultural-historical	66
	Critical Responsive	66
	Drama	66
	Music Resources	67
References		68
Appendix: Assessment Measures		94

iv

#### Acknowledgements

I would like to thank Professors Linda O'Neill and John Sherry for their guidance and support throughout the Master of Education in Counselling Program. Their knowledge and experience brought inclusiveness, collaboration, and medicinal humour to our class and they, along with all of my wonderful classmates, allowed me to achieve what I could not have dreamed of on my own.

I would like to thank the UNBC instructors and support staff in Terrace and Prince George who assisted me on every step of this journey.

I would like to thank Patricia Thurston, Executive Director of the Shuswap Family Resource and Referral Society in Salmon Arm for supporting me through my Practicum and continuing to do so through the completion of this project. I would also like to thank colleagues in Salmon Arm, including my committee member Talia Camozzi, for their unwavering support and amazing professionalism in an emotionally challenging field.

I'd like to convey my appreciation to colleague and fellow UNBC student Christie Wittig for fine-tuning my manuscript and preparing it for the final version.

In particular I'd like to express my special thanks to all of those who have come to me with their concerns, trust, and a belief that our relationship can make a difference in their lives.

Finally, I would like to acknowledge the shepherd of my soul whose vision of the cycle of life has helped me to understand my own place on this beautiful blue planet.

#### **Chapter One**

#### Introduction

The intent of this project is to use the engaging qualities of music, art and drama, to establish a framework for a program that helps children and youth learn to regulate their behavior and emotions. School-based programs support academic learning by including all children in cooperative activities, encouraging concentration while stimulating cognitive processes. This arts-based learning approach helps to develop the social skills children require to successfully share a learning environment with their peers and mentors. An age-appropriate program that encourages positive peer interaction, engaged creativity, and focused concentration is presented as an antidote for some of the challenges of modern childhood in underserviced communities. The need for a low-cost program that includes all children is addressed in the psycho-educational benefits of the exercises. Children enjoy drawing, making music, and performing with their peers. The increase in childhood psychiatric diagnoses and treatment has health-care and education professionals using a variety of approaches to encourage focused attention and reduce hyperactivity in children and youth (Canadian Agency for Drugs, 2014; Centers for Disease Control, 2013). This program uses narrative storytelling, supported by the mediums of drawing, music making and drama. The students create set design, play musical instruments, and act out parts of the story. This can be done inexpensively. The artwork is drawn on paper with crayons and paints. The music, created with simple percussion instruments, provides the musical score. The story can be chosen from class literature. The themes are at the discretion of facilitators. Topical, cultural, and seasonal themes are all engaging and students' narrate as the story unfolds. The attention paid to the activities helps students focus while encouraging their

curiosity. The program acts as a complement to the school curriculum, blending learning and therapy. The goals and objectives are developed for the individual students, the group as a whole, and the entire community. Story themes that engage local history or shared experiences bring students, teachers, support staff, families, and the community at large together as collaborators in the nurturing of the learning process. This community psychology approach aspires to connect the entire community to the past, the present, and the future, and in doing so, may help to reframe difficult past experiences. It also helps to establish, for each child, his or her own place in the community story. This proposed program is designed to contribute to the overall educational success of each student while building on the historical foundation of his or her community.

#### Music, Art, and Drama Therapy

Music as a therapeutic modality was developed in Europe and the United States (US) after World Wars II and I. Community musicians visited hospitals and convalescent facilities to play for veterans who experienced physical and emotional trauma. The patients' positive responses to music became apparent to the health-care professionals of that time. When it was realized musicians required a greater understanding of the mental and physical concerns of the patients, music therapy education programs were developed. The world's first music therapy degree program was founded at Michigan State University in 1944. The American Music Therapy Association came into being in 1998 as a union of the National Association for Music Therapy and the American Association for Music therapy (American Music Therapy Association, 2014).

In 1956, Fran Herman, one of Canada's music therapy pioneers, began a remedial music program at the Home For Incurable Children, now known as the Holland Bloorview

Kids Rehabilitation Hospital, in Toronto. Her group, The Wheelchair Players, continued until 1964 and is considered to be the first music therapy group project in Canada. Its production "The Emperor's Nightingale" was the subject of a documentary film. Composer/pianist Alfred Rosé, a professor at the University of Western Ontario, also pioneered the use of music therapy in London, Ontario at Westminster Hospital in 1952 and at the London Psychiatric Hospital in 1956.

Two other music therapy programs were initiated during the 1950s; one by Norma Sharpe at St. Thomas Psychiatric Hospital in St. Thomas, Ontario, and the other by Thérèse Pageau at the Hôpital St-Jean-de-Dieu (now Hôpital Louis-Hippolyte Lafontaine) in Montreal. A conference in August 1974, organized by Norma Sharpe and six other music therapists, led to the founding of the Canadian Music Therapy Association, which was later renamed the Canadian Association for Music Therapy (CAMT). As of 2009, the organization had over 500 members. Canada's first music therapy training program was founded in 1976, at Capilano College (now Capilano University) in North Vancouver, by Nancy McMaster and Carolyn Kenny (The Canadian Encyclopedia, 2014).

Art therapy developed independently in Europe and the US. In England, in the 1940s, the first person to refer to the therapeutic applications of art as art therapy was Adrian Hill. While being treated in a sanatorium for tuberculosis, this artist suggested participating in art projects to his fellow patients. Hill discusses much of his work as an art therapist in his book *Art Versus Illness* (1948). The two pioneers of art therapy in the United States were Margaret Naumburg and Edith Kramer. In the mid 1940s, psychologist Margaret Naumburg began referring to her work as art therapy. Unlike Hill, Naumburg's work was based on the idea of using art to release the unconscious by encouraging free association. The resulting artwork was considered symbolic speech that the therapist encouraged the patient to interpret and analyze. Dr. Edith Kramer was an Austrian woman who studied art, painting, drawing, and sculpture in Vienna. After becoming a U.S. citizen in 1944, she founded the art therapy graduate program at New York University and served as the Adjunct Professor of the program from 1973 to 2005. During approximately the same time period, she was also the Assistant Professor of the art therapy graduate program at George Washington University in Washington D.C. By the middle of the 20th century, many hospitals and mental health facilities began including art therapy programs after observing how this form of therapy could promote emotional, developmental, and cognitive growth in children. The discipline continued to grow, becoming an important tool for assessment, communication, and treatment of children and adults alike (Art Therapy Journal, n.d.).

Dr. Martin A. Fischer, a psychotherapist practicing art therapy, founded the Canadian Art Therapy Association (CATA) in 1977. The purpose was to unite and promote the emerging profession of art therapy in Canada. In 1981, CATA became an incorporated nonprofit organization and, over the past 30 years, has developed and collaborated with provincial art therapy associations to promote education and understanding of the value of art therapy, as well as providing ongoing education and professional standards for this field (Canadian Art Therapy Association, n.d.).

The modern use of dramatic process and theatre as a therapeutic intervention began with Jacob L. Moreno's development of psychodrama. The field has expanded to allow many forms of theatrical interventions as therapy including role-play, theatre games, groupdynamic games, mime, puppetry, and other improvisational techniques. Drama therapy is an active, experiential approach to facilitating change. Through storytelling, projective play,

purposeful improvisation, and performance, participants are invited to rehearse desired behaviors, practice being in a relationship, expand and find flexibility between life roles, and perform the change they wish to be and see in the world (North American Drama Therapy Association, 2014).

#### Significance of the Project

This project supports academic learning by developing student's behavioral, emotional and cognitive domains. To help children prepare to learn, an arts-based learning program, focusing on student self-regulation, encourages student understanding of expected social behavior. Williford (2013) describes self-regulation as one's own ability to focus attention, manage emotions, and control behaviors to cope effectively with environmental demands. Music, art, and drama, provide opportunities to interact and communicate with peers in a safe, no-fail, and creative manner. In doing so, children feel included, and learn how to become a contributing, valued member of a group. In their early years of school attendance, children bring the behaviors they have adapted since birth and are expected to learn to behave and co-operate to public school norms. This may be challenging for many children, but when in a safe, inclusive environment, with their peers and their mentors and educators, children will develop self-regulation and learn to behave in their classroom. There are many reasons for children's maladaptive classroom behaviors and, in the past, families and schools have had strategies and resources to manage student behavior. Presently, in underserviced communities, children who have learning and / or behavioral challenges may not have access to specialists; consequently, behavior modification practices become the responsibility of local schools.

ADHD. The student's inability to self-regulate may be a manifestation of the social conditions in which they were raised. The behaviors may also be related to a biological disorder, symptomatic of attention deficit hyperactivity disorder (ADHD), sub-threshold ADHD, a comorbid condition, or pervasive developmental disorders. There are some similarities in symptoms of the aforementioned and other behavioral conditions. The Centers for Disease Control and Prevention in the United States (CDC) (2013), reports that approximately 11% of children 4-17 years of age (6.4 million) have been diagnosed with ADHD as of 2011. The percentage of children with an ADHD diagnosis continues to increase, from 7.8% in 2003 to 9.5% in 2007 and to 11.0% in 2011 (cdc.gov, 2014). An important component of this project is aimed at discouraging the behaviors associated with ADHD.

Attention deficit disorder (ADD) was first included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), the guidebook of the American Psychiatric Association, in 1980. This became attention deficit hyperactivity disorder in 1986 (DSM-IV). ADHD is currently the most common psychiatric diagnosis in children (American Psychiatric Association, 2000). According to the DSM-IV-TR, the disorder is characterized by patterns of inattention and / or hyperactivity and impulsivity that occur more frequently, and appear to be more severe than in individuals at comparatively equivalent developmental stages. This baseline method of diagnosis is expanded upon with three subtypes within ADHD: predominately inattentive type, predominately hyperactive-impulsive type, and combined type. Diagnostic requirements for ADHD in the DSM-IV-TR state that the symptoms should be present in at least two settings for a minimum of six months. The

of disorders with complex and multi-faceted origins that may be biological, genetic, environmental, socio-economic, or combinations thereof, and present with a range of symptoms. Richters et al. (1995) claim ADHD to be one of the most treatable childhood mental disorders. Psychopharmacological, psychotherapeutic, and combined interventions are common treatment methods for ADHD. However, pharmacological treatment, specifically stimulant medication, has been considered to be the most popular among parents due to the cost efficiency, in addition to the pressure to quickly reduce symptoms (Olfson, Gameroff, Marcus, & Jensen, 2003).

Communities of all sizes need to support their children and, in small town/rural areas, when implementing therapeutic interventions for children's behavioral issues; the school provides the best location to reach the most children. The use of pharmacological treatment to control behavior in young children continues to be a topic of much controversy. A 2013 study by Ghuman and Ghuman asked the research question: Is pharmacologic intervention for attention deficit hyperactivity disorder in preschoolers justified? The authors assert that non-pharmacologic interventions (psychosocial and restricted dietary interventions) have been shown to benefit oppositional, non-compliant, aggressive and disruptive, as well as hyperactive and inattentive behaviors in preschoolers with ADHD and other disruptive behavior disorders. Their study states that access to and affordability for non-pharmacologic interventions influence parental treatment decisions as well as societal pressure and, not all families have access to non-pharmacologic interventions. The Preschool ADHD Treatment Study (Riddle et al., 2013) provides evidence of benefit with immediate-release methylphenidate, however, effect sizes were small to moderate and preschoolers had a high rate of adverse effects and a unique adverse effect profile. These same authors report that no

information is available about the long-term safety and effects of psychopharmacologic agents on the rapidly developing brains of preschoolers, and so encourage monitoring for adverse effects and ceasing medications after 6 months to assess the need for ongoing psychopharmacologic intervention (Riddle et al., 2013). The authors encouraged further research to identify predictors and moderators of response to guide individualized/optimal treatment options for ADHD in preschoolers. The apparent shortage of definitive evidence into the long-term effects of such medication, coupled with the varying conclusions from studies on the potential for substance abuse in later life, have professionals and families weighing the risks and benefits of this treatment. This project promotes a collaboration of community resources, group psychotherapy, co-operative learning, and school staff adaptability, in implementing an arts-based program to the students. The following section will examine some of the societal factors that are detrimental to children's learning potential.

#### Background

Schools are where children in the community meet and learn, both academically and socially. Every school in the public school system uses available resources to provide the best education possible to the students. In small towns, rural areas, and underserviced communities in larger towns, staffing, funding, and infrastructure limitations challenge the delivery of both public education and community health care. Situations faced by families and parents that may bring stress to the psycho-educational development of children, are real and substantial. The most apparent stressor facing children and families is poverty. In 2012, British Columbia (BC) was declared the Canadian province with the highest rate of child poverty. The organization, First Call: BC Child and Youth Advocacy Coalition, released a report, based on Statistics Canada data, that shows more than 18% of children in

the province live below the low-income cutoff, which is synonymous with the poverty line, compared to the national rate of 13.3 % (First Call, 2013; Public Health, 2011).

British Columbia has historically been a province of seasonal employment. For those in rural and small town areas, limited and seasonal employment opportunities in BC's resource extraction economy require that parents must frequently work away from home and family for periods of time, thus exchanging children's emotional needs for economic need. In public education, there have been recent reductions in specialist support staff for programs supporting English as a Second Language, Learning Assistance, and Special Education. This has resulted in greater demands on classroom teachers who do not have the time and resources to provide the extra attention that some of their students require. (BC Teacher's Federation, 2004).

Children of Aboriginal ancestry continue to be effected by the long-term consequences of colonialism in Canada. These include lack of parenting skills, high rates of substance abuse and unemployment, inadequate housing and nutrition, and lack of consultation and inclusion on land-use development in traditional territories. Also, the residential school experience and associated intergenerational trauma, continue to contribute to lower than national average graduation rates for First Nations (FN) students, plus the under-funding to on-reserve independent schools limits the educational resources for this student population (Secretariat of the Assembly, 2011).

Some of the above factors are contributing to the increasing numbers of children in foster care in BC. Census data from 2011 places 10.1 / per 1000 children under the age of 19, plus an over-representation of Aboriginal youth, in care; accounting for 22% of all cases in Canada, but for only 3.9% of the Canadian population (Statistics Canada, 2013). In BC,

there are nearly 16,000 children who do not live with their biological parents. Of these, 9200 are in foster care and 53% are Aboriginal, in a province where 8% of the total population is Aboriginal (SOS Children's Village, 2014). When these facts are weighed against the over-representation of FN incarceration and the rapidly increasing population of FN youth, the urgency for more inclusive educational experiences becomes most apparent.

The above factors are contributing to some startling statistics with regard to the mental health of young people. The Office of the Representative for Children and Youth (2012) in BC reports that one in seven youth, between the age of 4 and 17, experience mental disorders that impair their functioning at home, school, or in the community. Mood, anxiety and behavioral disorders are those most commonly associated with children and youth. Epidemiological studies from the United States indicate from 17% to 22% of children and young people under 18 years of age suffer from developmental, emotional, or behavioral problems (Ronen, 2001). Clearly, there are many children attending public schools in North America with a range of difficulties that impede their progress.

## **Personal Location**

The author has been privileged to work as a music therapist with children and youth in various locations in BC, ranging from inner-city drop-in centers to rural independent schools. The most consistent factor in all locations is a demonstrated interest by young people to be involved in musical activities. When they feel safe and are encouraged they readily participate. There is an observed socializing effect with activities such as singing, drumming and making music with others. This effect has the ability to reduce or eliminate barriers that may restrict communication and collaboration. The shared experience appears to be an inherent quality of musical involvement. This innate human trait can be seen from

traditional cultural gatherings to contemporary jazz and classical ensembles to independent rock groups. Musicians and artists have always shared and in doing so have given the world a rich artistic mosaic. The author has also participated with groups of young people who have demonstrated a sense of empowerment and hope from their involvement in musical creation. These feelings of shared interaction are what motivate participants to continue, not as individuals but as a part of a group. This age-old remedy inspires perseverance.

#### **Overview of Project**

The project is designed to be implemented as a weekly, one-hour session that combines the artistic elements with the narrative, leading to an in-class performance. For the purpose of this section of the discussion, the author is borrowing a story from the Secwepemc (Shuswap) Nation entitled, *The Boy Who Was Lazy: A Shuswap Story*. As in many traditional stories involving children, this is a morality tale that uses creative manipulation, i.e., trickery, to impart community values. From the introductory sentences in the class reader:

Once there was boy called Kuxkain. He liked to play tricks on people. He didn't listen to the elders. At the band meeting all the people decided to go off to the mountains and leave him behind, to teach him a lesson. They hoped he would learn to hunt for his own food and not to be lazy (Spallumcheen Band School Reader, 1979, p. 2-3).

The project would develop this narrative into a performance. The handbook section will outline the step-by-step approach from narrative to performance. This overview provides the reader with the key elements and background information as to the benefits of the artsbased model. The visual art can be drawn with crayons and paints on single sheets or larger pieces of paper. This will include landscape, individuals, hunting scenes, etc., from the narrative, all drawn by the students. The soundtrack will be drums, sound effects, percussion, voices, wildlife sounds, and available stringed instruments. There are many options. The students play the roles of the humans, wildlife characters, and mythological beings in the story, acting out the dramatic re-creation of the narrative. This shared participation is the focus of the activities for the project. Children create visual art, play musical instruments, and act in a classroom production of the story, with the guidance of their teachers. This process helps to develop the self-regulation children require to succeed in school, and especially at the pre-school age when they increase their abilities to attend to activities, comply with adult directives, delay engagement in specific activities, and engage in goaldirected behavior (Campbell & von Stauffenberg, 2008). The preschool period is marked by both substantial development as well as increasing expectations for children's self-regulation, particularly in the areas of emotion, behavior, and cognition. Children develop differently but most begin school at the same age. For this reason, a program that encourages participation, focused concentration, sharing, and turn taking will be beneficial for developing the classroom skills required to succeed academically and socially. All of the children who start school are in the process of learning how to behave in a classroom setting, and inclusion, with the sense of belonging to the group, encourages and helps to internalize a model of acceptable group behavior.

**Cooperative learning.** Cooperative learning has become an accepted instructional strategy that promotes learning and achievement across the curriculum. In terms of interpersonal development, students learn to relate to their peers as they work together in group activities. This can be especially helpful for students who have difficulty with social skills. They can benefit from structured interactions with others (Cohen, 1994). This

approach has been used successfully to promote learning achievement in collaborative writing, problem solving in mathematics, comprehension in reading, and conceptual understanding in science (Lazarowitz & Karsenty, 1990; Webb & Farivar, 1994). In the affective domain, it promotes socialization, positive student interactions, and improved attitudes to learning (Fox, 1989; Sharan & Shaulov, 1990). Cooperative learning positively affects the social acceptance of children with disabilities by their nondisabled peers and it enhances small group interactions and instruction for students with autism and developmental disabilities (Kamps, Dugan, Leonard, & Daoust, 1994). Underserviced communities may have no alternative but to include all children in the early grades. Cooperative learning is inclusive. When children work cooperatively, they develop an understanding of the unanimity of purpose of the group and of the need to help and support each other's learning (Sharan & Shaulov, 1990). Gillies and Ashman (1996) found that, when children worked in cooperative groups, they were consistently more helpful, used language that was more inclusive, and gave more explanations to assist understanding. Webb and Farivar (1994) suggest that children who need help can potentially benefit from these interactions, because their peers are often more aware than their teachers of what other students do not understand, can focus on the relevant features of the problem, and give explanations in terms that can be easily understood. Their study indicates that when teachers implement cooperative learning, their verbal behavior is positively affected by the organizational structure of the classroom.

In an arts-based school program, the group learning provides opportunities, with mentor guidance, for students to develop their positive interactions. There is strong evidence that, over time, children in groups move from "I to we" and their interpersonal skills become focused on the goals of the group (Binder & Kotsopoulus, 2011). The learning that comes from being involved in structured groups involved in arts-based activities encourages and compliments positive behavior in each student's academic experience. Geist (2012) states that creativity learned in art and music class contribute to a child's problem solving, analytical, and critical thinking skills. Epstein (2008) asserts that all forms of creativity contribute to a child's learning process and academic performance, and can encourage lifelong learning.

Research has shown that musical involvement is especially linked to cognitive development and learning (Anvari, Trainor, Woodside, & Levy, 2002). A comprehensive review of literature on arts-based teaching and learning concluded that studying the arts in school appeared to increase the student's interest, motivation, cognitive skills, academic performance, communication skills, creativity, and self-esteem (Rooney, 2004). Other studies demonstrating arts-based teaching and learning have been used to help at-risk students improve their social and learning skills (Barry, 1990; Center for the Study of Art and Community, 2000; Community Arts Training Institute, 2001). All forms of artistic expression including visual art, drama, dance, and music have been shown to be useful in enhancing students' thinking, literacy skills (reading, writing and oral communication), and overall cognitive development, while music has been exclusively linked with the spatial / temporal reasoning critical to the development of mathematical skills (Deasy, 2002). Motor skills and language development in children can be increased by involvement in musical activities, while selective and directed listening increases on-task behavior and listening duration (Gooding & Standley, 2011; Legg, 2001).

**Group school strategies.** The use of group music therapy plays an important role in the program. The literature points out the advantages to group therapy with children using a number of multi-modal social skills approaches including: teleo-analytic group counseling, Adlerian social psychology, and Lazarus' seven modalities, combined with cultural awareness (Suzuki, Alexander, Pei-Ying Lin, & Duffy, 2006). Similarly, Webb and Myrick (2002) discuss a multi-treatment approach to help improve success in school for students with ADHD that is facilitated by on-site school counselors. In developing specific strategies for language arts instruction in public schools, two of the named components for literacy, phonemic awareness and fluency, have strong associations with music education in the areas of auditory processing, articulation, and prosody (Harris, 2009).

Interestingly, musical interventions have been found to be successful in behavior modification at different ages for school children. Gooding and Standley (2011) conducted three separate studies in school, residential, and after-school care settings, to test the effectiveness of a music therapy-based, social skills intervention program, on improving social competence in children and adolescents . A total of 45 children (n = 12; n = 13; n = 20), aged 6-17 years, with social skills deficits participated in a group-based, five session intervention program. The same curriculum, adapted to be age appropriate, was used at all three sites. Specific deficits within the social skills areas of peer relations and selfmanagement skills were targeted. Active interventions, i.e., music performance, movement to music and improvisation, were used. Cognitive-behavioral techniques, modeling, feedback, transfer training, and problem solving were also incorporated. Results from these studies suggest that the music therapy intervention was effective in improving social competence in children and adolescents with social deficits.

While this type of study demonstrates that different age groups will respond positively to age appropriate activities, Hoag and Burlingame (1997) identify the effectiveness of child group psychotherapy, and state that as the number of children with social and emotional special needs increases, and given that many will not get support outside of the school, it is important to move such practice into the school and to study its effectiveness in the school setting. Yalom and Leszcz, (2005) articulate some of the advantages of group psychotherapy as being: opportunities for development of socialization techniques, positive imitative behavior, interpersonal learning by interacting with others, and the development of group cohesiveness, leading to a sense of belonging and acceptance. These are important considerations for young students who are learning acceptable behavior in a classroom environment. The development of social skills and positive interactions with fellow students will greatly increase the opportunities for academic success. Ronen (2001) calls for a collaboration on critical questions in child psychotherapy and proposes a model that links referral, assessment, intervention, and evaluation. When considering an arts-based program, these four elements all play a major role and may be used to measure its effectiveness. The resources required for specialized treatment may not be available to families in these communities but an affordable school program and a collaborative approach of implementation can be of great value to students and community alike. Children's experiences at school, shaping self-regulation, act as a crucial link between genetic predisposition, early experience, and later adult functioning in society. Student interactions, in the form of play, encourage turn taking, sharing, self-expression and working towards a common goal (Schectman, 2002). We self-regulate whenever we adapt our emotions and actions to situational requirements, and to internalized social standards and norms (Berger

2010).

Self-regulation encompasses skills such as paying attention, inhibiting reflexive actions, and delaying gratification. The therapeutic use of drama, or "play-acting" provides the opportunities for students to safely develop these skills in the classroom. If we return to the example of *The Boy Who Was Lazy*, the student actors/musicians must follow the story through the beginning, middle and ending and play their roles in sequence. Not only does this address self-regulation adaptation but also contributes to developing communication skills, sociability and an actual desire to learn. In terms of creating community based interventions, the integration and collaboration of school staff, multi-disciplinary teams and families, shows that drama therapy, as a psycho-educational treatment, can be an economically viable and valuable preventive therapy (Leigh, 2012).

#### **Chapter Two**

#### **Literature Review**

"Learning awakens a variety of internal developmental processes that are able to operate only when the child is interacting with people in his environment and in cooperation with his peers" (Vygotsky, 1978)

This project is designed for schools with limited access to specialized educational and health care services and looks to draw upon the local knowledge and expertise of those already living and working in their communities. The preceding sections demonstrated the need and significance for such a project and the author acknowledges that many of the elements included here may be presently in use in community schools. This literature review discusses some factors influencing self-regulation and school readiness in children, features and concerns associated with ADHD, as a descriptor of childhood behavior, and the advantages of arts-based creativity and positive peer interactions in a cooperative learning environment. The goal of the program is to develop each child's potential to succeed in school.

#### Self-Regulation

School readiness involves cognitive, emotional, and social qualities that reflect the child's ability to function successfully in school contexts (Lemelin et al., 2007). Socioeconomic factors influencing this school readiness play an important role in the lives of the children at this age. This review of the literature pertaining to self-regulation says that disadvantaged children do not have the readiness their more advantaged peers do, and for a group of 5 and 6 year old children, their school readiness and ability to self-regulate will vary according to the lived experiences of those who are raising them. Lerner et al., (2011) state that self-regulation encompasses two integrated processes, the first being biologically based, i.e., those under limited control of an individual and secondly, those intentional, goal directed behaviors, which are more readily available to consciousness. Both processes must be integrated across childhood and adolescence for adaptive developmental regulations to exist and for the developing person to thrive, not only during the first two decades of life but also across the transition into and throughout the adult years.

There are numerous factors, which influence healthy family development. The Public Health Agency of Canada (2011), a federal government agency, whose mission statement is to promote and protect the health of Canadians through leadership, partnership, innovation, and action in public health, provides the following list of Key Determinants of Health:

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture

Contextual risk factors, such as parental psychological distress, household income, and educational attainment, have an effect on parental responses to children's emotional experiences (Shaffer, Suveg, Thomassin, & Bradbury, 2012). Higher scores on the familial risk index have been positively related to increased emotion dysregulation and negatively related to decreased emotion regulation through mediated effects of mothers' unsupportive reactions to children's negative emotional expressions. From a family systems perspective, Corey (2009), states that problematic behaviors may be unintentionally maintained by family processes, becoming a function of the family's inability to operate productively, especially during developmental transitions, or may be a symptom of dysfunctional patterns handed down across generations.

A study of low-income ethnic minority children found that substantial deficits start early in this population (Caughy, Mills, Owen & Hurst, 2013). Canadian researchers, Kornberger, Fast and Williamson (2001), studied the verbal development of children from low income and social assistance dependent Canadian families, finding that scores for both groups were below the norm. Their study reports that 40% of social assistance recipients are children and that 73% of these families are single parent. In rural Canada, the risk factors of inconsistent employment, historical marginalization of First Nations communities, and geographic and economic distance from health and education services, challenge the school readiness of the children. These deficits suggest that greater emphasis on targeting and supporting the development of these cognitive and behavioral skills in low-income children, at an early age, may advance the effectiveness of early childhood interventions, to improve school readiness and reduce school achievement disparities.

Pianta, Barnett, Burchinal and Thornburg (2009), point to the benefits of early childhood education in improving self-regulation. Rave et al. (2011) studied the Chicago School Readiness Project as an example of success that can be achieved in addressing selfregulation for school readiness. The project involved a total of 543 children, between the ages of 3 and 4, from low-income neighborhoods in Chicago, approximately gender equal, over 90% cultural minority, 69% from single parent homes, 43% with household income less than one-half the federal poverty level, and approximately one-quarter of parents (26%) had not completed high school. The Chicago School Readiness Program consists primarily of supports for classroom teachers and assistants. A mental health consultant (MHC) is contracted to work at each site. During the first 10 weeks of the intervention, the MHC coaches teachers and classroom assistants in implementing behavior management strategies as well as focusing on stress reduction techniques. Mental health consultants follow a set of specific coaching steps that include:

- 1) establishing shared goals
- 2) observing teacher-child interactions
- 3) sharing and discussing feedback
- 4) collaborative problem-solving
- 5) supporting the use of specific techniques.

Of the 543 children in the study, a total of 449 had data from both the fall and the spring and were included in the final analyses. The results indicated that students in the intervention group had reduced externalizing and internalizing problems compared to children in the control sites (Rave et al., 2011).

This brief description indicates that programs with specific goals, that encourage

implementation at a community level and with local facilitators who are knowledgeable of the target population, have the capability of improving school readiness. Educators, teachers, and support staff have a great deal of influence in helping children to self-regulate. Their ability to discuss children's emotional and self-regulation behavior with parents and caregivers, improves the children's capacity to succeed socially and academically in their early school years (Boyer, 2009).

Magnuson, Meyers, Ruhm, and Waldfogel (2004) observed that children who attended a center or school-based preschool program in the year before school entry, perform better on assessments of reading and math skills upon beginning kindergarten. This advantage continues when children's skills are measured in the spring of kindergarten and first grade, and children who attended early education programs are also less likely to be retained in kindergarten. In most instances, the effects are largest for disadvantaged groups, raising the possibility that policies promoting preschool enrollment of children from disadvantaged families might help to narrow the school readiness gap. Boyer's (2009) phenomenological analysis found a consistent, conceptual view of self-regulation and emotion regulation across a study group of preschool educators. This study implies that knowledgeable educators can support families by communicating with parents about realistic expectations and goals for their children's self-regulation. This engagement with families plays a key role in community collaboration by supporting parents whose own experience as students may reduce their support for that of their children.

An important consideration for this discussion is found in the role of Indigenous fathers in Canada and those ecological and psychological factors that have resulted in the exclusion of Indigenous fathers from playing an active role in raising their children (Ball, 2009). Using a grounded theory approach, a conceptual model was constructed identifying six key ecological and psychological factors that combine to account for Indigenous men's experiences of fatherhood: personal wellness, learning fathering, socio-economic inclusion, social support, legislative and policy support, and cultural continuity. Indigenous fathers are arguably the most socially excluded population of fathers around the world. It is with this awareness that school administrators, teachers, and support staff understand the impact that domestic challenges have on the education potential for children and the importance of family inclusion in the educational process. A fathers group is an option with this program. A monthly meeting, specifically with fathers, can help to communicate the importance that the school places on their involvement, and will add support to family cohesion.

Vygotsky theorized that the optimal development of self-regulation occurs within a context in which children are regularly provided with relational resources (e.g., positive relationships with teachers and peers) combined with stimulating classroom activities and tasks (Bodrova & Leong, 2001). Thus, a Vygotskian perspective, and the supporting research, suggest that children must engage in both social exchanges and learning tasks and activities for psychological processes, such as self-regulation, to develop most optimally. This is essential for the program to succeed. As the following section will focus upon, there are many legitimate reasons for children to be distracted but that does not mean that any child is incapable of sharing with their peers.

#### **Attention Deficit Hyperactivity Disorder**

"Psychological tension in the parents' lives during the child's infancy is, I am convinced, a major and universal influence on the subsequent emergence of ADD" (Mate, 2012, p.55).

Since the inclusion of ADD in the DSM-III in 1980, followed by the inclusion as ADHD in the DSM-IV, 1985, there has been a "remarkable ascendency of ADHD to the forefront of our public consciousness as an explanation for the behavioral and educational difficulties of children in North America" (Neufeld & Foy, 2006, p. 452).

The controversy around the diagnosis and treatment of ADHD focuses on the number of symptoms required and the use of psycho-stimulant medication. Also, the apparent lack of hard evidence into the long-term effects of such medication, coupled with varying conclusions from studies on the potential for substance abuse in later life, have professionals and families weighing the risks and benefits of this treatment. Adding to this, the increased public awareness of the extraordinary profits for pharmaceutical companies who provide ADHD medication, maintains this growing questioning of diagnosis and treatment. The range of inquiry into this medical phenomenon is understandingly broad and vast.

The US Centers for Disease Control and Prevention (CDC) (2013) reports that treating children and teens with ADHD includes medical, educational and behavioral treatments, or a combination of treatments known as multimodal treatment. Educational and behavioral treatments for children have been in use for decades, if not centuries. Medical intervention for behavioral concerns is a very recent development.

The three most common types of stimulants used to treat ADHD are methylphenidate (brand names: Concerta and Ritalin), amphetamine (brand name: Adderall), and dextroamphetamine (brand name: Dexedrine). The CDC reports that between 70 and 80 percent of children with ADHD respond well to these medications, adding, that the right medication and the right dose must be found for each individual.

Vitiello and Jensen (1997) report that the safety and efficacy of the use of many

psychotropic agents for children remain largely unproven, while pediatric use is increasing. In the US, the National Institute of Mental Health and the US Federal Drug Agency engaged over 100 research experts; including family and patient advocates and representatives of mental health professional associations. This group was brought together to discuss aspects relevant to research: methodological, ethical, legal, regulatory, financial; and family and community groups. Agreeing that data about drug safety and efficacy in adults can rarely be applied to children, this group spoke out for greater emphasis into pediatric psychopharmacological research. The group acknowledged that the challenges of this research required the concerted efforts of all the relevant parties, investigators, clinicians, industry, federal agencies, ethicists, families, and community representatives. The increased awareness, and a growing concern of the potential for a childhood epidemic, encouraged numerous and varied avenues of inquiry.

ADHD research in the first decade of the 21<sup>st</sup> century examined cortical and subcortical neuroanatomy and functional neurophysiology of dopamine and norepinephrine systems with respect to the regulation of attention, arousal, activity, and impulse control and the effects of stimulants on these systems including delay in cortical maturation (Shaw et al., 2007; Solanto, Arnsten, & Castellanos, 2001).

Further research focused on:

- Family discipline (Blum, 2007; Rafalovich, 2001)
- Mothering issues, (Wilder, 2009)
- Race and ethnicity (Pastor & Reuben 2005; Vargas, 2002)
- Environmental exposure (Brondum, 2007; Eubib, 2010; Hoffman, 2010)
- Educational approaches (Brand, 2002; Tuffvesson, 2009)

Despite the plethora of research articles into the myriad questions and concerns around ADHD, medication continued to be used extensively. A 2011 report prepared by the Canadian Agency for Drugs and Technologies in Health (CADTH), containing a comprehensive review of existing public literature, studies, materials, and other information and documentation, revealed a substantial use of health care budgets to reimburse long-acting pharmacological treatment formulations. In 2010, expenditures on long-acting medications exceeded \$35 million (or 77% of total expenditures on ADHD medications) by public drug plans in Canada. In the United States, the Centers for Disease Control (2013) reported that, in 2011, 3.5 million American children were reported by their parents to be taking medication for ADHD, compared to 2.5 million in 2003.

Health Canada (2012) released the following to address concerns regarding ADHD medication:

The safe use of drugs is a responsibility shared among a number of parties, including Health Canada as the regulator that reviews and monitors the safety and efficacy of drugs, the manufacturers that make drugs, health professionals who prescribe and dispense drugs, and informed consumers. Health Canada takes action to revise the labeling of products or remove them from the market when necessary.

The media also has a responsibility to report accurately and completely on drug safety so that the fears of patients who rely on drugs are not needlessly provoked (p. 30).

The above release from Health Canada, concerning media responsibility, highlights the fact that information concerning health care is readily available and readers/consumers must continue to make informed decisions. To highlight this fact, the following information will be discussed. The New York Times (Schwarz, 2013) released an online article stating

that the marketing strategies of pharmaceutical manufacturers resulted in nine billion dollars in sales of ADHD medication in 2013.

Another news release, this from Alcobra Pharma Ltd. (2013), an "emerging biopharmaceutical company", primarily focused on the development and commercialization of its proprietary drug candidate, MG01CI (Sustained-Release Metadoxine), to treat cognitive dysfunction, announced that their newly appointed Chief Commercial Officer was "looking forward to helping the company in bringing this innovative product to the market and achieving its strategic goals of building a world-class commercial operation" (para.3).

A third release comes from Allen Frances, MD, clinician, educator, researcher, and leading authority on psychiatric diagnosis. He chaired the DSM-IV Task Force, was a member of the Task Force that prepared DSM-III-R, and wrote the final version of the Personality Disorders section in DSM-III. In his *Psychology Today* blog, Dr. Frances wrote:

Keith Conners can be considered the father of ADHD. He did the early studies, helped work out the definition, developed the most widely used diagnostic tools, and did research that led to treatment guidelines. He knows as much about ADHD as anyone on the planet. In a recent New York Times article, Keith was interviewed about his deep misgivings that ADHD is now being wildly over-diagnosed and inappropriately treated with excessive medication (2014, para. 2-3).

The concerns that are being presented in the popular media, by some eminent professionals in the medical and health-care field, suggest that providing medication for the improvement of childhood psychiatric disorders is a lucrative industry. While this may continue to be open to debate, the CDC statistics report a continuing increase in the number of children receiving ADHD medication. The next section of this discussion will present information concerning the comorbidity associated with ADHD diagnoses.

**Comorbidity.** Neuropsychiatric comorbidity in ADHD is frequent, impairing, and poorly understood (Takeda, Ambrosini, deBerardinis, & Elia, 2012). A study from Department of Psychiatry, University of Pittsburgh, (2013) states that pediatric disorders characterized by behavioral and emotional dysregulation pose diagnostic and treatment challenges because of high comorbidity, suggesting that they may be better conceptualized dimensionally rather than categorically. For the population served by this proposed artsbased program, this statement suggests that the dysregulation represents the behavior and not the child. The psycho-educational model of treatment, inherent in the arts-based activities, teaches behavior which supports learning. This fact takes on an urgency in light of a study that proposes only a minority of US youth with psychiatric disorders receive treatment of any sort, that cultural minorities receive less treatment than their Euro-American counterparts, and that providers were unlikely to have specialist mental health training (Costello, 2013).

Hong, et al., (2013) found, in a study of sub-threshold ADHD, equal prevalence in boys and girls and greater prevalence in low-income families. Throughout all the outcome measurements, sub-threshold ADHD was both a significantly milder condition than full syndrome ADHD, and a significantly more severe condition than non-ADHD status.

The purpose of including this brief discussion on ADHD is to draw attention to the pervasiveness of its presence as a descriptor of childhood behavior. As the author of this project, I believe that active participation and supportive, inclusive learning, have the potential to reduce behaviors associated with the diagnosis of this disorder. In light of the enormous amount of information regarding ADHD, its dissemination and the actions resulting, the recent observations by Doctors Frances and Conners, only serve to highlight

the importance of communities being actively involved in the health and education of their children.

## **Co-operative Learning**

The intent of the program is to engage the children in creative activities that contribute to their self-regulation by focusing attention on the enjoyable tasks that are shared with peers. These age-appropriate activities are based on co-operative learning strategies that apply to students of the same age, all of whom may come to class with diverse learning needs and rates. The shared experience of arts-based, group activities utilizes the effectiveness of cooperative learning on social and behavioral outcomes that contribute to school-readiness through the elementary grades. The social benefits include attitudes of social cohesion and acceptance, while task appropriate behavior encourages listening and sharing.

The cooperative learning process has been found to be effective in promoting achievement and productivity more than either interpersonal competition or individual work. Johnson and Johnson (1986) assert that the basic elements of cooperative learning include positive interdependence, individual accountability, collaborative skills, and group processing. The shared experience, when implemented effectively, helps students to develop positive relationships that increase achievement and motivation. This can also provide a mediating effect on children's self-regulation. The no-fail aspect of these programs provides an alternative to ability grouping and competitive settings.

Cooperative learning is students working together for mutual benefit; encouraging and supporting each other, assuming responsibility for their own and group learning and employing group related social skills such as decision making and trust building and evaluating the group's academic and social progress. It is in this context that students develop self-esteem.

The facilitators of this approach use cooperative learning strategies of specifying objectives, making decisions, explaining the cooperative goal structure and academic task, monitoring and intervening, and evaluating and processing (Johnson & Johnson, 1986). Importantly, the skills needed for participating in cooperative groups need to be taught directly and systematically. This is particularly true for students with behavior challenges. Those facilitating such groups must be aware of behavior to anticipate from students at risk. The structure of the group will benefit all students but disruptive behavior can alter the behavior of typical peers. The importance of interventions for all group members, especially boys, requires prepared processes of redirecting inappropriate behavior (Zentall, Quester, & Craig, 2011).

Cartledge and Cochran (1993) stated that positive peer and adult relationships are extremely important to the child's emotional development and academic progress. In addition, longitudinal studies have shown that children who failed to establish good peer relationships in the early grades were found to exhibit higher rates of delinquency, conduct, and mental health problems during adolescence and adulthood (Roff, Sells, & Golden, 1972). The relationship between social behaviors and school achievement can be seen in studies which showed that students with positive social behaviors received more positive teacher attention and had a higher rate of academic success (Cartledge & Milburn, 1978).

In a study with 217 elementary school children from grade 3-5, Choi, Johnson and Johnson (2011) found that providing frequent shared learning experiences could be an important tool to increase students' cooperativeness, and thereby reduce the frequency of

harm-intended aggression, increase the frequency of pro-social behaviors, and reduce students' individualistic predispositions. This goal of positive cooperation with peers is at the center of the proposed program. When included in the student curriculum, arts-based activities encourage positive behavior during the activity and also in other aspects of their school experience.

The inclusion of all students in rural and small town schools brings children with learning disabilities and their typical peers into the classroom together. Cowden (2012) argued that some students have difficulties with symbolic interpretation, challenging their reading development. It is important to find meaningful ways of engaging these students. Visual art projects, self-drawn music charts, singing songs, and spoken word dramas, all within the classroom setting, engage students in reading and writing symbolic notation while contributing to creativity and concentration. Cooperative learning encourages the social engagement of children with mild intellectual disabilities and their typical peers in mainstreaming special educational programs, regardless of the nature of their previous special educational provisions (Jacques, Wilton, Townsend, & Wilton, 1998).

Classroom teachers have reported that they have used cooperative learning because it facilitates academic learning, engenders active participation in learning, and affords opportunity for important social learning. The classroom teachers described broader student participation and deeper task engagement linked to peer interaction and activity-based assignments (Jenkins, Antil, Wayne & Vedasy, 2003).

Dereli (2009) reported on a social skills training program that was taught to children for 2 hours a week over 22 weeks, resulting in significant positive effects on students' social problem-solving skills and the understanding of others' feelings. A follow-up examination,
after one year, indicated that the students had maintained the program's positive effects. This suggests that learned social skills could generalize into other facets of student life.

An Australian study found that teachers who implement cooperative learning in their classrooms engage in more mediated-learning interactions and make fewer disciplinary comments, and that their students model many of these interactions (Gillies, 2006). This observation helps to demonstrate that student verbal behavior is affected by the organizational structure of the classroom and teacher-student interaction. The positive effect this approach may have on social-emotional expressiveness and increased self-regulation is a part of the arts-based program. Using art to help children share and express feelings in a safe supportive atmosphere, using symbols, sound, movement, and developing language arts can help to build coping strategies. A qualitative study was designed to create an implementation process model for social-emotional interventions. Key aspects of the delivery of small group interventions included, setting achievable targets for children, providing constant reinforcement of desirable behavior, and providing opportunities for pupils to express their emotional experiences (Humphrey, Lendrum, Wigelsworth & Kalambouka, 2009). Within this approach are some key elements of arts-based therapies.

Many children start school having grown up in difficult circumstances. Those exposed to domestic violence rarely have the ability to express their feelings, consequently, repressing and internalizing the experience results in further difficulties (Lee, Kolomor & Thomsen, 2009). A program was developed to promote five primary outcomes: (a) alleviation of guilt/shame, (b) improvement of self-esteem, (c) establishment of trust and teamwork skills, (d) enhancement of personal safety and assertiveness skills, and (e) abuse prevention. Study findings indicated an overall decrease in depressive symptomology, symptoms of psychosocial impairment, and certain maladaptive behaviors. Findings of the study highlight the need for clear intervention goals, evaluation instrumentation, participant selection, and strategies to solicit participation, sustain membership, and secure post-test data.

The group process found in art, music, and drama therapies draw upon the clear intervention goals, and other above recommendations. The following section will review material pertaining to the arts as a therapeutic and educational tool for children.

## Art Therapy

Art therapy uses creative expression to provide individuals with a safe outlet for expressing thoughts and emotions, leading to successfully facilitating recovery from psychological distress (Eaton, Doherty & Wildrick, 2007).

Art therapy, as an intervention method, has drawn from psychoanalytic theory for its framework and procedures. Current art therapies, with a variety of theoretical approaches, share a common procedure. Therapists use creative art, as a method for promoting expression and healing, toward the psychosocial characteristics and psychological needs of individuals and groups. Specifically for traumatized children, art therapy often includes the development of a therapist–client relationship through the creation of art, frequently coupled with storytelling (Coleman & Farris-Dufrene, 1996). When working with children, pencil drawing, coloring, painting, and clay are the most common and least expensive media. Photography has also been used successfully to create therapeutic expression. Participants and therapists engage in the stories of the artwork, providing opportunities for coping with the reality of the trauma and the accompanying emotions (Avstreih & Brown, 1979).

In a meta-analysis, traumatic events covered by the literature included childhood physical and sexual abuse, exposure to violence within a community, and grief following the loss of a loved one. Seventeen percent of the studies included samples of children who met the DSM-IV-TR diagnostic criteria for post-traumatic stress disorder. Fifty percent of the studies included samples of children who were not specifically diagnosed with a disorder but who had experienced some specified form of trauma (e.g., physical abuse, sexual abuse, or grief). Thirty three percent of the studies included samples of children who had experienced trauma but the nature of the traumatic experience was unspecified or unclear in the research report (Eaton, Doherty, & Wilrick, 2007).

Slayton (2012) studied building community as social action using an art therapy group approach with adolescent males. The article discusses the impact of disrupted attachment and complex trauma and implications are presented for connecting with traumatized youth through witnessing their creative work. The therapeutic relationship and the art media used are discussed in relation to multicultural issues, the specific psycho-social problems experienced by the individual group members, and the capacity of this group to engage in the construction and ultimate articulation of its own community in a visual manner. The product of this group art therapy experience is exhibited in a mixed-construction miniature city that was built over a period of nine weeks.

The positive effects of art therapy are realized in experience-based material such as the preceding, however, there remains a need in art therapy to scientifically prove its therapeutic effectiveness. An online database of scientific references on art therapy, Arthedata (n.d.), has been developed to generate a comprehensive international web-based information and knowledge database for research on art therapy. Arthedata currently consists of approximately 8000 bibliographical datasets of art therapy literature (Elbing, Schulze, Zillmann, Raak, & Ostermann, 2009).

# **Music Therapy**

Music therapy is the skillful use of music and musical elements by an accredited music therapist to promote, maintain, and restore mental, physical, emotional, and spiritual health. Music has nonverbal, creative, structural, and emotional qualities. These are used in the therapeutic relationship to facilitate contact, interaction, self-awareness, learning, selfexpression, communication, and personal development (Canadian Association for Music Therapy, 2014).

Music, as a therapeutic participatory modality, can play a transformative role in the lives of those marginalized by socio-economic, biological, or traumatic influences. While the healing qualities of music have been recorded for thousands of years, modern research has struggled to scientifically identify those healing qualities and how they work (Degmečić, Požgain, & Filaković, 2006). The following is a brief revue of research in the field of Music Therapy.

This project draws on the engaging and therapeutic qualities of arts-based activities to provide a psycho-educational model for school children, with the overall goal of having the students achieve a successful academic experience. Music Therapy (MT) is at the center of this program.

**Research.** The practice of music therapy has grown from its beginnings in the 1940s to become a contemporary complementary health care modality, used in the treatment of physical, psychological, cognitive, and social functioning of individuals with health, emotional, or educational problems. Reports of successful outcomes have continued to grow, so too has the demand for greater evidence into how and why music has assisted in improving people's lives. In 2002, a structured review of the literature, leading to the

creation of the Music Therapy World Journal Index, a comprehensive music therapy journal article database, was developed (Gilbertson & Aldridge, 2006).

The Report of the 5th International Symposium for Qualitative Music Therapy Research in 2004, from the International Music Therapy Institute, Berlin, describes a meeting of twenty-three music therapists from ten different countries (Edwards, 2004). Jessica Kingsley Publishing, founded in 1987, publishes 150 books a year and has established works on autism spectrum, social work, arts therapies, mental health, counseling and practical theology (www.jkp.com). Music therapy researchers Aldridge and Wheeler have edited individual publications, which feature case study designs in MT by researchers from Germany, Norway, Australia, Israel, Denmark, and the United States, and music therapy research demonstrating a trend towards qualitative research, providing clear distinctions between types of qualitative research and the rigor involved (Hadley, 2008; Robb, 2007). In a published overview of research being done by Canadians, using phenomenological inquiry, grounded theory, first person, and arts-based research, nineteen examples of music therapy research demonstrate the range being offered in this country (Wheeler, 2007).

Aigen (2008) presented a comprehensive analysis of music therapy research studies, published in peer-reviewed music therapy and non-music therapy journals, peer-reviewed research monographs, and edited books, concluding that this research is creating a clinically relevant research base, despite some methodological concerns in the area of evaluation standards and procedures, and in the lack of sufficient transparency in data analysis. The most frequently used methods include grounded theory, naturalistic inquiry, and phenomenology.

Research that acknowledges the healing qualities of music, but criticizes the lack of scientific process was included in a systematic review of randomized controlled trials using music therapy for children (Mrázová & Celec, 2010). This study hypothesized that music influences both psychological and physiological parameters, and children are especially responsive to this form of therapy but, also, that many aspects of its action mechanisms are difficult to classify. The authors spoke of the need for greater evidence-based approaches for the clinical use of music therapy. To achieve this, scientific bibliographic databases were searched for randomized controlled trials on the use of music therapy for children, and identified articles were evaluated according to criteria for scientific quality. The results demonstrated some of the scientific concerns associated with arts therapies research. The number of participants biased most of the trials, and some trials showed the need to improve design of control groups. Also, in finding a large number of different studies (with variability in diagnoses, interventions, control groups, duration, and/or outcome parameters), the authors call for a more systematic approach, concluding with the need for further clinical studies and evidence-based research on the efficacy of music in the pediatric population.

A study focusing on music as a therapeutic option in psychiatry, acknowledges music therapy to be a well-established allied segment of the health profession, when used to address physical, psychological, cognitive, behavioral and social functioning (Degmečić, Požgain, & Filaković, 2006). This study identifies music as a special form of flexible abstract thinking, which enables the use of various configurations, throughout developmental stages, in the creative and integrative purposes. In stating that musical integration and working through processes also complement the psychic integration and working through processes, it may not be necessary to understand in scientific detail what music is, how music may influence

the patient, or how the psyche develops. They conclude that the therapeutic relationship, as developed by a skilled practitioner, has a greater bearing on treatment success than knowing the scientific basis for the treatment.

In a meta-analysis of the effects of music therapy for children and adolescents with psychopathology by Gold, Voracek, and Wigram (2004), the objectives were to examine the overall efficacy of music therapy and to examine how the type of pathology, client's age, music therapy approach, and type of outcome, may influence the size of the effect of music therapy. Eleven studies were included for analysis, which resulted in a total of 188 subjects for the meta-analysis, which allowed that music therapy has a medium to large positive effect size (d = .61) on clinically relevant outcomes that was statistically highly significant (p< .001) and statistically homogeneous. Effects tended to be greater for behavioral and developmental disorders than for emotional disorders; greater for eclectic, psychodynamic, and humanistic approaches than for behavioral models; and greater for behavioral and developmental outcomes than for social skills and self-concept.

In the field of psychoneuroimmunology, i.e., the study of the interactions between psychological factors, the central nervous system, and immune function as modulated by the neuroendocrine system, an investigation was undertaken to examine the effects of music. The authors Fancourt, Ockelford, and Belai (2014) identified this study as the first attempt to systematically review publications on this relationship. Of the selected 63 studies published over the past 22 years, a range of effects of music on neurotransmitters, hormones, cytokines, lymphocytes, vital signs, and immunoglobulin as well as psychological assessments were cataloged.

This above paper has demonstrated a clear increase in such literature over the past

decade (40 studies between 2003 and 2013, compared to 22 between 1993 and 2003, and only 1 study prior to this). The effect of music on a number of biomarkers is now well established, and many studies on other biomarkers are demonstrating promising patterns that, it is hoped, will be clarified through further study. The use of the term *biomarker* has been dated back to as early as 1980. In 1998, the National Institutes of Health Biomarkers Definitions Working Group defined a biomarker as a characteristic that is objectively measured and evaluated as an indicator of normal biological processes, pathogenic processes, or pharmacologic responses to a therapeutic intervention (Strimbu, & Tavel, 2011). The important role played by stress pathways in producing an immune response to music has been highlighted by this study, and further research will hopefully give a clearer insight into which types of stress are most responsive to music and how musical variables can best be manipulated to reduce stress levels (Fancourt, Ockelford, & Belai, 2014).

Music therapy practice. Theory and practice come together in the field of complementary health care modalities. While this discussion has referred to the ancient belief in the curative powers of musical participation, contemporary music therapy practice requires scientific explanations for elements of a discipline that are difficult to categorize scientifically. One of the most dedicated, prolific and respected individuals in the field is the late Tony Wigram, PhD., former Professor and head of PhD Studies in Music Therapy at the University of Aalborg, Denmark. He also served as Honorary Research Fellow in the Faculty of Music at the University of Melbourne, Australia, and Reader in Music Therapy at Anglia Ruskin University, Cambridge. An extensive list of his published material reflects the dichotomy of music therapy; is it science, art or some of each?

For one of his last publications, Professor Wigram chose the title: "The religion of

evidence-based practice: Helpful or harmful to health and well-being?" He concluded that evidence-based practice could be a force for good but should be supported not only by rigorous research, but also by clinical knowledge, wisdom, and personal experience (Wigram & Gold, 2012). The successful use of music therapy interventions to engage children with Autism Spectrum Disorders (ASD) is evident in the literature. For the purpose of this review, two articles co-authored by Tony Wigram concerning music therapy and ASD will be discussed. Goals that address the three defining areas of the disorder: reduction of repetitive behaviors, increased opportunities for positive peer socialization, and encouragement of communication skills, informed Wigram and Gold's (2006) study on clinical application and research evidence. Children and adolescents with ASD, presenting with significant limitations in conventional forms of verbal and non-verbal communication, have been found to respond positively to music therapy intervention involving both active, improvisational methods and receptive music therapy approaches. Improvisational musical activity with therapeutic objectives and outcomes has been found to facilitate motivation, communication skills and social interaction, as well as sustaining and developing attention. The structure and predictability found in music assist in reciprocal interaction, from which tolerance, flexibility, and social engagement to build relationships emerge, relying on a systematic approach to promote appropriate and meaningful interpersonal responses. Published reports of the value and effectiveness of music therapy as an intervention for children with ASD range from controlled studies to clinical case reports. Further documentation has emphasized the role music therapy plays in diagnostic and clinical assessment. Music therapy assessment can identify limitations and weaknesses in children, as well as strengths and potentials. Research evidence from a systematic review found two randomized controlled trials that examined

short-term effects of structured music therapy intervention. Significant effects were found in these studies even with extremely small samples, and the findings are important because they demonstrate the potential of the medium of music for autistic children. Case series studies were identified that examined the effects of improvisational music therapy where communicative behavior, language development, emotional responsiveness, attention span, and behavioral control improved over the course of an intervention of improvisational music therapy.

Kim, Wigram, and Gold (2009) studied emotional, motivational and interpersonal responsiveness of children with autism in improvisational music therapy. Through behavioral analysis, this study investigated the social-motivational aspects of musical interaction between the child and the therapist in improvisational music therapy, by measuring emotional, motivational, and interpersonal responsiveness in children with autism during joint engagement episodes. The randomized controlled study (n = 10) employed a single subject comparison design in two different conditions; improvisational music therapy and toy play sessions, and DVD analysis of sessions. Improvisational music therapy produced markedly more and longer events of 'joy', 'emotional synchronicity' and 'initiation of engagement' behaviors in the children than toy play sessions. In response to the therapist's interpersonal demands, 'compliant (positive) responses' were observed more in music therapy than in toy play sessions, and 'no responses' were twice as frequent in toy play sessions as in music therapy. The results of this exploratory study found significant evidence supporting the value of music therapy in promoting social, emotional and motivational development in children with autism.

The preceding studies of music therapy and children with autism contribute to furthering the understanding of music to engage unique populations of young people. These continue with Pellitteri's (2000) findings of the potential in music, as an agent of change, that can be applied to various educational and related services in the special education setting. McFerran, Roberts, and O'Grady (2010) assert that qualitative investigations have indicated that music therapy groups may be beneficial for bereaved teenagers. The authors theorized that the relationship between young people and music would encourage connectedness and emotional expression when used within a therapeutic, support group format. Grounded theory analysis of focus group interviews found significant positive effects on adolescent coping.

Kirschner and Tomasello (2010) looked for the evolutionary origins of music and pro-social behavior in a group of 4-year-old children. They acknowledge that humans are the only primates that make music, but the evolutionary origins and functions of music are unclear. In traditional cultures, music making and dancing are often integral parts of important group ceremonies, such as initiation rites, weddings, or preparations for battle. One hypothesis is that music evolved into a tool that encourages social bonding and group cohesion, thereby increasing pro-social, group behavior and cooperation. Support for this hypothesis may be demonstrated in joint music making among 4-year-old children, when observing increased spontaneous cooperative and helpful behavior, relative to a matched control condition with the same level of social and linguistic interaction but no music. The authors proposed that music making, including joint singing and dancing, encourages the participants to keep a constant audiovisual representation of the collective intention and shared goal of vocalizing and moving together in time which, they propose, satisfies the

intrinsic human desire to share emotions, experiences, and activities with others.

Music influences the mind and body in several ways and on multiple levels, including subjective, emotional, and feeling state changes, which are difficult to quantify, to various measurable neurochemical, endocrinal, and structural changes (Solanki, Zafar, & Rastogi, 2013). Patient motivation and numerous other factors influence outcomes in psychotherapy research and variables such as study design could make interpretation of results difficult. Music has been proven as a valuable, noninvasive, and cost effective therapy. These same authors explored the effect of music on neurochemicals and neurophysiology and suggest that the capacity to induce structural changes in the brain as well as a capacity to alter neurochemical and neurohormone secretions, indicate the need for more quality research in these areas, which may help to define exact mechanisms of action, and may also help to delineate potential areas of definite benefit in the realm of psychiatric disorders.

Ashrafzadeh (2011) examined the lived experiences of adolescents using a music lyrics technique and a transcendental phenomenological approach, concentrating more on the explanations of the participant than on the researcher's interpretations. This study illustrated the use of music lyrics as an active way for adolescent clients to relate something to their lives. Results indicate that the use of music lyrics, as a therapeutic technique, has the ability to assist adolescents with joining, enhancing communication, normalizing, and empowering. The study further concluded that music lyrics led the participants to express their thoughts, emotions, and experiences openly and free of reservations.

Historically, musical involvement has been a group activity. The research continues to explore how and why music encourages participation within otherwise reluctant populations. A study using qualitative research methodology in a music therapy setting

examines the emotional, psychological, or other possible responses that occur during a peak experience as elicited by music (Babani, 2010). During initial interviews, adults between the ages of 21 and 65 identified musical selections that had elicited peak experiences in the past. Brief, post-listening interviews were recorded, transcribed, and qualitatively analyzed to identify themes that characterized music-elicited peak experiences. The most unique finding is that a sense of emotional ambivalence—emotions of both joy and sadness—were often simultaneously present during the peak experiences, suggesting that music enhances memory along with the emotional responses to that memory, and that it is possible to use music in purposeful ways to deepen emotional self-awareness. Emotional ambivalence, enhanced memory, and deepened self-awareness, combined with the unconditional regard of skilled facilitators can create a supportive environment for fostering self expression, enhancing coping skills, managing stress, and strengthening a sense of self.

Therapists and researchers are engaging participants in a variety of ways. For example, a research study using aspects of grounded theory explored the concept and experience of musical humour in improvisational music therapy (Amir, 2005). In this study, music is being used as a tool for engagement with young people in two learning environments: an ESL high school for newly arrived immigrant and refugee students, and a residential care facility for adolescent boys (Cheong, 2009). Two other studies, described as rap therapy, with young African American men literally gave voice to participants. The narrative elements of rap music, which integrate life experience and aspirations from the storyteller, create a sense of autonomy and ownership for those who feel marginalized by circumstances beyond their control (DeCarlo & Hockman, 2003; Elligan, 2000). These unorthodox therapeutic approaches, using music to engage, defer to the preferences of the participants. This strengths-based approach acknowledges that the "experts" are the participants and that their experiences are valued, for they are the knowing (Ashrafzadeh, 2011).

Self-identity through the arts is being used in the First Nations communities of British Columbia and throughout the Indigenous world. First Nations youth in Canada demonstrate disproportionately high rates of negative behaviors such as violence, self-harm, substance abuse, and high school withdrawal. An understanding of historical context and current environment helps explain these patterns. Providing culturally relevant opportunities for youth to build healthy relationships and leadership skills has the potential to increase youth engagement (Crooks, Chiodo, Thomas & Hughes, 2010). Communities that have taken active steps to preserve and rehabilitate their own cultures are shown to be those in which youth suicide rates are dramatically lower (Chandler & Lalonde, 1998; Mignone & O'Neil, 2005; Turner, 2001). The arts in First Nations communities continue to be an evolving creative process and, while certain styles and techniques may be identified as being "traditional," the real tradition is a continuation of community participation and hope for the next generation.

Song writing plays a central role in music therapy with adolescents. A retrospective lyrical analysis of songs written by adolescents with anorexia nervosa was undertaken in order to identify common themes solicited through song-writing interventions. Fifteen participants contributed 17 songs, from which 368 lyrical units were identified. A modified content analysis approach was used with each lyrical unit being categorized to one of six themes determined from the literature and clinical experience. The theme of identity was used most frequently (28%), with the sub-theme of exploring new behaviors and positive self-talk, being addressed most often (12.5% of total). The dominance of the developmentally

important theme of identity may reflect the relationship between adolescents, music, and identity or may be related to the way in which anorexia nervosa has been theorized, to assist the adolescent in managing challenges to the emerging sense of self (McFerran, Baker, Patton & Sawyer, 2006).

Rio (2005) describes a qualitative investigation of the therapeutic process of a group of people receiving music therapy who were homeless and living in a shelter or had recently transitioned out of a homeless shelter into a private home. The purpose of this research is a systematic review and analysis of the progress of music therapy clients through the emerging thematic material presented in sessions. All participants were involved in the church gospel choir and agreed to participate in a music therapy treatment and research project exploring issues of homelessness, substance abuse, interpersonal relationships, music, creativity, and spirituality. Participants worked to become aware of factors that contributed to homelessness, and to develop greater insight into personal issues that would aid in recovery from addiction and life on the street. Themes that emerged were emotional expression, beauty and spirituality, relationship, story, structure, creativity, risk and health.

Music, art, and drama as therapeutic and educational participatory modalities, can play a transformative role in the lives of those marginalized by socio-economic, biological, or traumatic experiences. This literature review has attempted to demonstrate that engagement in shared, arts-based activities has the potential to not only stimulate young people's personal focus and creativity, but also to inspire their innate capacity to understand group contribution. When this process is modeled and reinforced, they can reduce maladaptive behaviors and increase their understanding of the social and academic skills that will help them to succeed in school and the greater community.

## Chapter Three: The Program: Art, Music, and Drama

This section of the project outlines a weekly, one-hour program of a twelve week duration, leading to in-class performances. These performances are a part of the process of creativity. They are not intended to be a once-only single performance before an audience. They represent an improvisational, non-exhibitional, process-centered form of drama in which participants are guided by a leader to imagine, enact, and reflect upon human experiences. The classroom teacher(s) and the program facilitator will choose the theme through a collaborative effort. This ensures autonomy and support for the school's curriculum decisions by involving school subject content, i.e. history, culture, geography, reading, etc. The collaborative effort encourages cooperation and positive peer engagement, as the thematic material would be age - appropriate and reference familiar classroom material. This early planning will take place before the first session. As stated in the introduction, the theme may be drawn from classroom literature, including history, earth science, mathematics, cultural stories, and topical or seasonal focused ideas.

Potential themes:

- Camping or video games topical
- Gramma's house family, community
- Salmon in the river cultural, historical
- Making friends topical, experiential
- Raven creates the world cultural, historical, mythic
- Space travel science, mathematics
- Dinosaur days history, geology, archeology, paleontology

There are numerous frameworks used to engage students in school drama activities, many of which are included later in this chapter. This discussion focuses on two different approaches for the development of a dramatic enactment of a story. The first is drawing from a pre-determined story, which the students develop into a play. As an introductory dramatic activity, which will be blended with soundtrack and scenery components, all the students will take turns as narrators. To achieve this, each student has a copy of the narrative with sections colour – coded to designate a change of narrators. Everybody takes turns narrating.

The second approach is to develop a story idea and create a narrative to move the story along. This will also include student narration. This approach, known as Role Drama in which students take on roles, either of their own creation or suggested by the structure of the activity and supported by their teacher / facilitator, and then enter into the drama as thinking participants and they interact on a theme.

Example #1: A Pre-determined Story

The Boy Who Was Lazy: A Shuswap Story

Once there was boy called Kuxkain. He liked to play tricks on people. He didn't listen to the elders. At the band meeting all the people decided to go off to the mountains and leave him behind, to teach him a lesson. They hoped he would learn to hunt for his own food and not to be lazy (Spallumcheen Band School Reader, 1979, p. 2-3).

These opening sentences provide opportunities to develop this story into a drama with student narration, visual art-work, musical accompaniment and student actors playing the characters of: Kuxkain, the People he was playing tricks on, the Elders and the People at the band meeting. Scenes:

- Opening village scene with Kuxkain misbehaving. The Elders chastise him for his poor behavior, without success. At a band meeting that follows it is decided he will be left behind when the people leave for the mountains.
- 2) The people exit the village and Kuxkain remains.

The Role Drama approach provides the student actors with opportunities to improvise their dialogue on the themes of appropriate behavior, respect for others, obeying their elders, and the consequences of their actions. As the production is developed students change their roles and the themes of behavior and respect continue to be discussed and reframed as the actors and voices change. This process eliminates the traditional one person, one character, and the anxiety of one performance before an audience, as all the students share numerous roles and make a variety of contributions.

Example story outline #2: Developing a Story from a Theme

The Camping Trip

#### Scenes:

- 1) travelling
- 2) setting up tents
- 3) going fishing
- 4) campfire
- 5) sunrise
- 6) coming home.

## Characters:

• children, grown-ups, animals in the forest, fish in the lake/river, moon, sun,

mythic characters

Art :

• Drawings: of the landscape, the lake/river, wildlife, people fishing, birds, sky, tents, campfire, the wind, spirits.

Music:

- Songs: travelling song, lake song, working together (setting up tents), campfire songs, good morning song, coming home.
- Sounds: voices of children, of animals, thunder, wind, song accompaniment with instruments.

The story idea to be developed:

- Let's go camping
- No, too many bugs, I want to play video games
- We can cook hot dogs on the fire
- I'm afraid of the wild animals

Story ideas may start with an outline such as the above and a component of the

program is to encourage the students to fill in the dialogue as their confidence increases. In this way, they become more engaged in the activities and they bring their own feelings to the process. They also learn that they have the capacity to influence the outcome.

The following 12-week framework may apply to either of the above story outlines, as the activities are adaptable to any story.

Week #1: Introduction

The first session will begin with a reading aloud of the narrative and all the children will receive a copy of the story.

Goal:

• To initiate group interest and involvement with an introductory session focusing on the early development of the story.

Activity:

• Artwork, drawing scenes and characters for the story.

Description of the activity and purpose:

- Students draw sketches in their workbook of characters and landscape that will later be recreated on larger paper as "scenery" for the play.
- Early visualization of the drama.

## Materials needed:

Student workbook and pencil

Week #2 First Music Session

Goal:

• To make sounds together on rhythm instruments.

#### Activity:

 Students form the music circle and are involved in musical activities that are rhythmical and imaginative. The students form into a circular configuration, seated in chairs, allowing for sharing instruments, making eye contact and other forms of nonverbal communication and responding to cues and teacher instructions.

Description of the activity and purpose:

 Playing sounds with volume swells, stop and go, call and response; designed to develop listening skills, concentration, self-confidence, group musical cohesion and to have fun. The sounds for "The Camping Trip" may start with the bus wheels turning; slowly, then faster with the motor humming, honking the horn, rain-window wipers-the rain stops, slowing down for cows on the road, speeding up again to the speed limit, slowing down for road construction, talking to the traffic control, speeding up again and finally slowing down and stopping as the bus reaches the destination. There are many options and possibilities.

This activity encourages creative play, group interaction, abstract thinking and engagement in the narrative.

The sounds for "The Boy Who Was Lazy " will depend on the setting and era chosen for the drama. The village may be historical, contemporary, or blended. The sounds may include traditional or stylized music, natural or human-like wildlife sounds, and sonic interpretations of weather and natural phenomena such as northern lights, earth tremors and windstorms, all creating dramatic back-drops and interludes which support and intersperse the narrative / dialogue.

# Materials needed:

• Hand drums, rhythm shakers, ukuleles and guitars if available.

# Week #3: Artwork

Goal:

• To develop hand-eye co-ordination and drawing skills, to become artistically engaged and continue to develop group cohesion.

## Activity:

• Drawing, character development.

Description of the activity and purpose:

• Further drawing with colours to develop visual aspects of the drama and embellish sketches from week #1. This allows the students to expand on their original ideas, to make their images bigger, brighter and bolder. It encourages them to take an original thought and add to their ideas, filling in details and adding background features. Each student will add their images to those of their classmates in later cooperative sessions to complete the scenery backdrop for the drama.

## Materials needed:

• Student workbook, crayons.

Week #4: Music Session / Narrative Development

Goal:

 To continue building self-confidence and group cohesion, developing the story soundtrack, having the students learn the dynamics of ensemble music playing, and maintaining interest.

Activity:

• Music circle activities and taking turns reading sections of the narrative aloud.

Description of the activity and purpose:

• Continuing with musical conversations, trying vocal sounds applicable to scenes in the story, and students reading narrative sections.

Materials needed:

• Drums, rhythm instruments, stringed instruments, and color-coded narrative.

## Week #5: Artwork

Goal:

 To continue drawing and coloring skills development, to develop teamwork on larger art pieces, building group cohesion through cooperative artwork and group creativity.
 Activity:

• Larger drawings for the scenery of the play.

Description of the activity and purpose:

• Using notebook images in larger format for final visual scenery.

Materials needed:

• Crayons, paints, charcoal, workbooks.

Week #6: Music and Drama Workshop

#### **Narrative Pantomime**

This is an activity that can be done with any story. At its simplest: each person finds his or her own personal space in the room. There will be no interaction between the children – each student is interpreting the story. As the teacher reads from the narrative, each person, on their own, acts it out, going through the physical movements of the protagonist of the story, concentrating on the five senses and experiencing the character's adventures. Goal:

• Confidence building, introduction to drama, individual improvisation / group cohesion.

Activity:

• Music circle, narrative pantomime, character development.

Description of the activity and purpose:

• The students begin this session by using their instruments to make sounds from the narrative. This helps to create a musical image for sections of the drama. The narrative pantomime activity follows with each student participating. As seen above, there is no student interaction in this movement exercise; everyone is experimenting with physical improvisation.

#### Materials needed:

Musical instruments, narrative, workbooks.

Week #7: Artwork

#### Goal:

• Skill development, group cohesion, creativity.

#### Activity:

• Drawing, painting, completing the set.

Description of the activity and purpose:

 The students will be completing the set scenery to allow the final sessions to be spent playing the music, improvising sounds and dialogue and acting out the various roles of the play.

Materials needed:

• Paints, coloring crayons and pencils, found materials/set items.

From week 8 through week 12, the students will play the music and act out the roles of the drama. There will be opportunities to improvise different parts of the music and dialogue. This will be at the facilitator's discretion. The performance aspect of the play will develop with the student's emotional safety being paramount. By week 12, the students will have become more confident in the process and, if the school wishes to invite family members to the week 12 performance, the students will have had time to become comfortable in their shared roles.

Week #8: Music and Drama

Goal:

• Skill development, confidence building, group cohesion.

Activity:

• Music circle, narration, character development.

Description of the activity and purpose:

• Continuation of drama and musical development.

Materials needed:

• Musical instruments, workbooks, narrative.

Week #9: Music and Drama

Goal:

• Skill development, confidence building, group cohesion.

Activity:

• Music circle, narration, character development, drama performance.

Description of the activity and purpose:

• Within the music circle the play will unfold. The student actor/narrators will continue with the music and spoken word sections of the play and developing the pacing of the drama.

Materials needed:

• Musical instruments, workbooks, narrative.

# Week #10: Music and Drama

Goal:

• Continuation of skill development, confidence building, group cohesion.

Activity:

• Music circle, narration, character development.

Description of the activity and purpose:

The production continues to develop with students playing instruments and having speaking and narration roles. At this stage the students are becoming familiar with the process and will be interacting and improvising on the musical and narrative themes. This knowledge will allow them to safely continue with creative improvisation and an understanding that there is no "wrong way."

Materials needed:

• Musical instruments, workbooks, narrative.

Week #11: Music and Drama

Goal:

• Continuation of skill development, confidence building, group cohesion.

Activity:

• Music circle, narration, character development.

Description of the activity and purpose:

 The play continues to build on Week #10 with students playing instruments and having speaking and narration roles. The teacher may cue the students to further engage in some of the inner themes of respect, behavior, sharing, anxiety and making friends. Materials needed:

• Musical instruments, workbooks, narrative handout.

Week #12: Music and Drama / Final Session

Goal:

Completion of 12-week program.

# Activity:

• Final performance.

Description of the activity and purpose:

• The students will perform their play and demonstrate the skills they have developed as a group. After the final session there is a brief class discussion with the students concerning their thoughts and feelings about the class project and have them complete a short questionnaire.

Materials needed:

Musical instruments, stage set.

The preceding 12-week outline demonstrates the slow but steady development of the drama and the supporting elements of artwork and music. The intention is for the students to have an enjoyable experience while learning new skills and working cooperatively. Weeks 1-7 are spent preparing the artwork, musical, and dramatic components. Weeks 8-12 are spent performing together and interacting with one another. The final session allows for an audience of family and friends. That decision is left to the teacher and school administrators.

**Program resources and framework.** The preceding section outlines the weekly activities and goals of the program. Each week the students are engaged in creating a component of the drama that they will be performing during the final sessions of the

program. The design is for the students to have enjoyable and successful weekly sessions, which they build upon during each following session. This process develops their artistic skills and their imaginations as to how the characters they are drawing may appear, how the music sounds and in the final sessions how the various elements come together in the drama. It is this process of individual and group creativity and collaboration that is the essence of the program. Mentors and facilitators assist the students but it is the children who are the creative force. This chapter provides resources and framework ideas that facilitators may draw from to engage students in artistic activities that will develop their interest and skills.

Drama lesson plans. The following list provides many ideas for the development of age-appropriate drama resources for school children.

Lesson plans sorted by age level. Most of these lesson plans work with a large age range (with appropriate adjustments in level of sophistication), listed from youngest to oldest. These lessons are presented with fairly specific instructions, for the most part, but should not be understood as carved-in-stone methods. Every teacher will have her or his individual slant on these activities.

- Drama from Picture Books: A collection of ideas for using a picture book to start a drama activity. Listed first here because the ideas vary widely as to appropriate age level.
- Hand Animals: A first character game. For first-time drama students.
- Nursery Rhyme Charades: A pantomime guessing game about nursery rhymes. For pre-kindergarten and up.
- A Tree Grows: A narrative pantomime about an apple tree growing from a seed. For elementary and younger.

- Painting the Box: A narrative pantomime about personal space and visualizing colors.
- Painting the Music: A narrative pantomime about emotion and drama in music and paint.
- Rainforest Lessons: A small collection of lessons and lesson variations about the rainforest. For pre-Kindergarten and up.
- No, You Can't Take Me!: A fun game that requires critical thinking skills. For elementary school students.
- The Lion King's Court: A role-playing game about friendship and animals. (Nothing to do with the Disney film.) For elementary school students.
- Seasons and Weather: An activity that teaches younger children about seasons and weather or that can be used with older students as an improvisation game. For elementary school and older.
- **Coming Together:** A narrative pantomime about space and visualizing space, and about community and friendships. For elementary school and older.
- Thanksgiving Feast: A narrative pantomime about using our senses and the first Thanksgiving. For kindergarten and up.
- Saint George and the Dragon: A pantomime project based on the famous story. Teaches analytical thinking skills and body awareness. For Kindergarten and up.
- Rhyme Charades: A game of rhymes and pantomime. For kindergarten and up.
- Around the World in 30 Minutes: An imaginary journey that teaches geography and cultures. For elementary school students.
- Inventions: A physical creativity game. For elementary school students.

- Sculpture Gallery: A game of posing and creating, which allows students to see the creative process from the inside and the outside. For elementary school and older.
- Mirror Mirror: A collection of mirroring exercises. For all ages.
- Puppets in the Drama Classroom: A collection of puppet-making and puppetry projects.
- Guided Imagery: Sensory awareness, imagination, story-making, and concentration all are enhanced by this meditation-like activity. For around grade three to adult.
- Emotion Walk: A big lesson about movement, body language, and the ability to consciously control our movements and the impressions we make with them. For older elementary school through adult.
- Three Lessons About Energy: Three lessons designed around a third-grade science unit on energy and the three states of matter. For elementary school students.
- The Jeffrey Game: A movement game of building on one another's ideas. For older elementary school through adult.
- Musical Freeze Improvs: An improvisation game of creative movement. For all students.
- Group Story Project: A big project. Guides a class to cooperatively write their own original story. Can be used to generate a story for the Group Playwriting Project. For elementary school students.
- Group Playwriting Project: Another big project. Guides a class to cooperatively write their own play from an existing story. For older elementary school students.
- News Plays: Supports Social Studies, History, or Current Events curricula. Involves improvisation, group planning, and performance. For older elementary school students.

- Oregon Trail Propaganda: Supports a Social Studies unit about the Oregon
  Trail. Examines the nature of propaganda, as well as the nature of advertising in today's world. For older elementary school students.
- Fourth-Grade Play: This is not really a lesson plan. It is a narrative description of the entire project, which took several months, by which my fourth-graders and I wrote and produced a play about the Oregon Trail. For older elementary and up.
- Social Roles: A pantomime guessing game that teaches the idea of social roles within any society, and supports a Social Studies curriculum in world cultures. For older elementary students.
- Gibberish Sentences: A pantomime game that explores ways to communicate without words. Can be used as a primer to more elaborate theatre games, or to support a Social Studies curriculum about immigrants. For older elementary and up.
- The Discovery of Fire: An improvised scene about early humans. For older elementary and up.
- **Rituals:** Students create their own magical rituals while exploring the importance of ritual to early (and modern) cultures. For older elementary and up.
- Paper Masks: A lesson using masks to teach body language. Can be related to a Social Studies unit on Greek Theatre. For older elementary and up.
- Edwena's Games: The first of what I hope will be many pages of games and lessons from other teachers. A collection of concentration, warm-up, and improvisation games from a friend.
- Three Words: A pantomime and improvisation exercise. For older theatre students

- Make Your Own Greek Play: An exercise designed to teach concepts about classical Greek drama in a hands-on way. For older middle school and up.
- Instant Journeys: A fun and fast-paced improvisation and teamwork game. For middle school and up.
- Story Story: A fun improvisation, storytelling and pantomime game. For middle school and up.
- I am Walking Instant Version: A game of cooperation and communication. For middle school and up.
- Job Interview: A wacky concentration game that makes you think on your feet. For older theatre students.
- Circle of Characters: A complex and challenging game of characters and observation. For older theatre students.
- Charades: Just for fun. For middle school and up.
- Concept Charades: A challenging game of improvisation and creativity. For advanced middle school and up.
- What Would You Do?: An exercise for helping young actors more fully inhabit their characters. For middle school and up.
- Slow Motion Walk: A writing exercise, really. Great for getting over writer's block. For middle school and up.
- Improvs and Warmups: A collection of warmup exercises and improvisation games collected from various places. For older theatre students. (Lesson Plans, 2014).

## **Teaching as Storytelling**

Visual art, music and drama are the three creative art forms that students will be actively integrating in their development of a story, to be performed as an in-class drama. The most compelling quality of the experience, for the students, is that it is fun.

The story. The story form is a cultural universal. It reflects a basic and powerful form in which we make sense of the world and life's experience. Children are readily and powerfully engaged by stories. In the earliest grades, the teachers direct the process of choosing and developing the story. It is important during the story development that the students contribute their ideas to the theme. For this discussion, drawing upon a story from reading or culture class may provide the story idea, or it may come from local community events or a large world concept. All the children will have roles in the drama and be actively involved in its development. In planning the story, facilitators must have a framework that questions or motivates the different aspects of the story.

#### **Planning Framework**

1. Identifying importance

What is important about this topic? What is affectively engaging about it?

2. Finding binary opposites

What binary concepts best capture the affective importance of the topic?

- 3. Organizing the content into a story form
  - 3.1 First teaching event

What content most dramatically embodies the binary concepts, in order to provide access to the topic? What image best captures that content and its dramatic contrast?

3.2 Structuring the body of the lesson or unit

What content best articulates the topic into a clear story form?

4. Conclusion

What is the best way of resolving the conflict inherent in the binary concepts? What degree of mediation is it appropriate to seek? How far is it appropriate to make the structuring binary concepts explicit?

5. Evaluation

How can one know whether the topic has been understood, its importance grasped, and the content learned? (Egan, K., 1989)

## **Visual Art**

The students create the visual aspects of telling the story. Drawing is one of the most important activities students can do. Drawing not only provides the basis for other creative activities - like painting, sculpture and printmaking - but it also provides a direct link with reading, writing and especially mathematics. The connection between drawing and geometric shapes and measurements are in use from cooking to carpentry. It can also provide a visual reference for expressing feelings. Drawing is the single most accessible form of art available. Materials required: pencil and a sheet of paper.

# Unifying Concepts in Creative Art

**Creative / productive.** Making art allows students and teachers to develop an initial idea or experience. During the process, students make choices around strategies, forms, materials, and elements. They have opportunities to work both independently and collaboratively, expressing ideas, gaining feedback, looking at others work, reflecting on their progress and planning for future art making.

**Cultural-historical.** Looking: Children have the ability to look at and respond to art in fresh and imaginative ways. They have opportunities to learn about elements and processes in art making as well as variety of styles, techniques, and materials used by artists over time. They can learn about the many reasons art is created and, in doing so, develop an appreciation for art as an expression of culture. Over time, they can use this knowledge to develop their own art and share thoughts and ideas about it. It is possible to reflect on the ways people see and respond to their world through the art process.

**Critical / responsive.** Reflecting: Students have opportunities to look at, and beyond, their worlds, by examining, discussing, experiencing and gaining an appreciation for the roles that art and artists have played through time and culture. They also examine the multimedia world in which they live and its effects on their lives and their art making. These processes of making, looking and reflecting are interrelated, and when learning experiences are designed to reflect these interrelationships, arts activities become more relevant to real situations and learning becomes more meaningful. (Nova Scotia Department of Education, 2004)

#### Drama

Children are drawn to the make believe world of drama / stories, and in doing so can safely engage in activities with their peers that provide psycho-educational benefits to them. Children gain from being involved in stories and drama, because they:

- build on children's capacity for play.
- deal with significant issues.
- engage multiple intelligences.
- appeal to different learning styles.

- suspend norms of time, place and identity.
- are social and communal.
- have rules and conventions. (Read, 2008)

### **Music Resources**

Children create and perform the music for the drama, i.e., they act as the orchestra for the play. Sounds come from voices, percussion instruments, drums, stringed instruments, found instruments, eg. wooden blocks, stones, clean milk jugs.

For a vast collection of age-appropriate, school musical instruments see: Empire Music

Instrument Catalogue: www.empire-music.com

Folk songs can be "rewritten" to provide vehicles for student compositions:

For a vast collection of traditional folk songs see: <u>http://rockytopconcert.weebly.com/public-</u> <u>domain-songs.html</u>
- Aigen, K. (1993). The music therapist as qualitative researcher. *Music Therapy*, 12(1), 16-39. doi: 10.1093/mt/12.1.16
- Aigen, K. (2008). An analysis of qualitative music therapy research reports 1987–2006: Articles and book chapters. *The Arts in Psychotherapy*, 35(4), 251-261.
- Alcobra Pharma Ltd. (2013). Alcobra strengthens management team with addition of industry veteran David C. Baker as chief commercial officer [Press release]. Retrieved from http://www.alcobra-pharma.com/releases.cfm
- Al-Yaseen, W. S. (2011). Expectations of a group of primary school teachers trained on cooperative learning on the possibility of successful implementations. *Education*, 132, 273-284.
- American Music Therapy Association. (2014). History of music therapy. Retrieved from http://www.musictherapy.org/about/history/
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed., text rev.). Washington, DC: American Psychiatric Association.
- Amir, D. (2005). Musical humour in improvisational music therapy. Australian Journal of Music Therapy, 16(1), 3-42.
- Amiri, S., Shafiee-Kandjani, A. R., Fakhari, A., Abdi, S., Golmirzaei, J., Rafi, Z. A., &
  Safikhanlo, S. (2013). Psychiatric comorbidities in ADHD children: An Iranian study among primary school students. *Archives of Iranian Medicine (AIM)*, 16, 513-517. doi: 10.1016/j.neurenf.2012.04.732
- Andra, M. L., & Thomas, A. M. (1998). The influence of parenting stress and socioeconomic disadvantage on therapy attendance among parents and their behavior disordered

children. Education & Treatment of Children, 21,195-208.

- Ansdell, G., & Pavlicevic, M. (2010). Practicing 'gentle empiricism'—The Nordoff Robbins research heritage. *Music Therapy Perspectives*, 28(2), 131-139. doi: 10.1093/mtp/28.2.131
- Anvari, S. H., Trainor, L. J., Woodside, J., & Levy, B. A. (2002). Relations among musical skills, phonological processing, and early reading ability in preschool children. *Experimental Child Psychology*, 83(2), 111–130. doi: 10.1016/S0022-0965(02)00124-8
- Art Therapy Journal. (n.d.). *The history of art therapy*. Retrieved from http://www.arttherapyjournal.org/art-therapy-history.html
- Arthdata. (n.d.) Datenbank für Kunsttherapie. Retrieved from http://cambase.dmz.uniwh.de/CiXbase/kunthera/.
- Ashrafzadeh, N. (2011). A qualitative study of the application of music lyrics as a therapeutic technique with adolescent clients (Doctoral dissertation). Available from Proquest dissertations and theses database. (UMI No. 3415801)
- Avstreih, A.K., & Brown, J. J. (1979). Some aspects of movement and art therapy as related to the analytic situation. *Psychoanalytic Review*, 66(1), 49-68.
- Babani, A. I. (2010). Exploring peak experiences as elicited by music: A qualitative study (Doctoral dissertation). Available from Proquest dissertations and theses database. (UMI No. 3381473)
- Bader, A., & Adesman, A. (2012). Complementary and alternative therapies for children and adolescents with ADHD. *Current Opinion in Pediatrics*, 24, 760-769. doi: 10.1097/MOP.0b013e32835a1a5f

- Ball, J. (2009). Fathering in the shadows: Indigenous fathers and Canada's colonial legacies. Annals of the American Academy of Political and Social Science, 624(1), 29-48. doi: 10.1177/0002716209334181
- Barry, N., Taylor, J., Walls, K., & Wood, J. (1990). The role of the fine and performing arts in high school dropout prevention. Retrieved from http://www.artsedsearch.org/summaries/the-role-of-the-fine-and-performing-arts-inhigh-school-dropout-prevention
- Baumgaertel, A. (1999). Alternative and controversial treatments for attentiondeficit/hyperactivity disorder. *Pediatric Clinics of North America*, 46, 977-992. doi: 10.1016/S0031-3955(05)70167-X
- Becker, S., Luebbe, A., & Langberg, J. (2012). Co-occurring mental health problems and peer functioning among youth with attention-deficit/hyperactivity disorder: A review and recommendations for future research. *Clinical Child & Family Psychology Review*, 15, 279-302. doi:10.1007/s10567-012-0122-y
- Berger, A. (2011). Self-regulation: Brain, cognition, and development. Washington, DC: American Psychological Association.
- Binder, M., & Kotsopoulos, S. (2011). Multimodal literacy narratives: Weaving the threads of young children's identity through the arts. *Journal of Research in Childhood Education*, 25, 339-363. doi: 10.1080/02568543.2011.606762
- Bitel, M. (2011). Adolescents, music and music therapy: Methods and techniques for clinicians, educators and students by McFerran, K. Social Work with Groups, 34, 344-347. doi: 10.1080/01609513.2011.561044

- Blum, L. M., (2007). Mother-blame in the prozac nation: Raising kids with invisible disabilities. Gender & Society, 21(2) 202-226. doi: 10.1177/0891243206298178
- Blum, K., Chen, T. J., Chen, A. L., Madigan, M., Downs, B. W., Waite, R.L., Braverman,
  E.R., Kerner, M., Bowirrat, A., Giordano, J., Henshaw, H., & Gold, M.S (2010). Do
  dopaminergic gene polymorphisms affect mesolimbic reward activation of music
  listening response? Therapeutic impact on reward deficiency syndrome (RDS).
  Medical Hypotheses, 74, 513-520. doi: 10.1016/j.mehy.2009.10.008
- Bodrova, E., & Leong D. J. (2001). The tools of the mind project: A case study of implementing the Vygotskian approach in American early childhood and primary classrooms. Geneva, Switzerland: International Bureau of Education, UNESCO.
- Boyer, W. (2009). Crossing the glass wall: Using preschool educators' knowledge to enhance parental understanding of children's self-regulation and emotion regulation. *Early Childhood Education Journal*, 37(3), 175-182.
- Brand, S., Dunn, R., & Greb, F. (2002). Learning styles of students with attention deficit hyperactivity disorder: Who are they and how can we teach them? *The Clearing House*, 75, 268-273. doi: 10.1080/00098650209603953
- British Columbia Representative for Children and Youth. (2013). Still waiting: First hand experiences with youth mental health services in B.C. Retrieved from http://www.rcybc.ca/Images/PDFs/Reports/RCY-CYMHreport-Apr2013.pdf
- British Columbia Teachers' Federation. (2004). The Challenge of specialist support teachers – learning assistance, ESL, and special education – in multiple roles: A PSA / BCTF research discussion paper. Retrieved from https://bctf.ca/issuesineducation.aspx?id=5770

Brondum, J. (2007). Environmental exposures and ADHD. Environmental Health Perspectives, 115(8), A398. doi: 10.1289/ehp.10274

- Campbell, S. B., & von Stauffenberg, C. (2008). Child characteristics and family processes that predict behavioral readiness for school. In A. Booth and A. C. Crouter (Eds.). *Disparities in school readiness: How do families contribute to transitions into school?* (225-258). New York, NY: Lawrence Erlbaum Associates.
- Canadian Agency for Drugs and Technologies in Health. (2011). Summary of current evidence: Guidelines and recommendations for ADHD in children and adolescents. Retrieved from http://www.cadth.ca/media/pdf/RC0290\_ADHD\_Children\_Adolescents\_overview.pd

f

- Canadian Art Therapy Association (n.d.) *Our history*. Retrieved from http://canadianarttherapy.org/about-cata/our-history
- Canadian Association for Music Therapy. (2014). *Music Therapy*. Retrieved from http://www.musictherapy.ca/en/information/music-therapy.html
- The Canadian Encyclopedia. (n.d.). *Music therapy*. Retrieved from www.thecanadianencyclopedia.com/en/article/music-therapy-emc/
- Cartledge, G., & Cochran, L. (1993). Developing cooperative learning behaviors in students with behavior disorders. *Preventing School Failure*, 37(3), 5-10. doi: 10.1080/1045988X.1993.9944602
- Cartledge, G., & Milburn, J.F. (1978). The case for teaching social skills in the classroom: A review. *Review of Educational Research*, 48(1), 133-156. doi: 10.3102/00346543048001133

- Caughy, M. O., Mills, B., Owen, M. T., & Hurst, J. R. (2013). Emergent self-regulation skills among very young ethnic minority children: A confirmatory factor model. *Journal of Experimental Child Psychology*, 116, 839-855. doi: 10.1016/j.jecp.2013.07.017
- Center for the Study of Art and Community, (2000). Research and evaluation. Retrieved from http://www.artandcommunity.com/csac/research-and-evaluation.html
- Centers For Disease Control and Prevention. (2013). Attention-deficit / hyperactivity disorder (ADHD): Data and statistics. Retrieved from http://www.cdc.gov/ncbddd/adhd/data.html
- Chandler, M. J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*, 35(2), 191-219. doi: 10.1177/136346159803500202
- Cheong-Clinch, C. (2009). Music for engaging young people in education. Youth Studies Australia, 28(2), 50-57.
- Choi, A., Lee, M. S., & Lee, J. (2010). Group music intervention reduces aggression and improves self-esteem in children with highly aggressive behavior: A pilot controlled trial. *Evidence-based Complementary & Alternative Medicine*, 7, 213-217. doi: 10.1093/ecam/nem182
- Choi, J., Johnson, D.W., & Johnson, R. (2011). Relationships among cooperative learning experiences, social interdependence, children's aggression, victimization, and prosocial behaviors. *Journal of Applied Social Psychology*, 41, 976-1003. doi: 10.1111/j.1559-1816.2011.00744.x
- Cohen, E. G. (1994). Designing group work: Strategies for the heterogeneous classroom. New York, NY: Teachers College Press.

- Coleman, V. D., & Farris-Dufrene, P. 1996). Art therapy and psychotherapy: Blending two therapeutic approaches. Muncie, IN: Accelerated Development.
- Colomer-Diago, C., Miranda-Casas, A., Herdoiza-Arroyo, P., & Presentacion-Herrero, M. J.
   (2012). Executive functions and stressful characteristics of children with attentiondeficit hyperactivity disorder: Influence on behavioral problems during adolescence. *Revista De Neurologia*, 54(1), 117-126.
- Community Arts Training Institute. (2001). Bringing artists and social service providers together to create and implement successful arts programming for the community. Retrieved from http://www.art-stl.com/cat.html
- Corey, G. (2009). Theory and practice of counseling and psychotherapy (8th ed.). Belmont, CA: Thomson.
- Costello, E. J., He, J. P., Sampson, N. A., Kessler, R. C., & Merikangas, K. R. (2013). Services for adolescents with psychiatric disorders: 12-month data from the national comorbidity survey-adolescent. *Psychiatric Services*, 65, 359-366. doi: 10.1176/appi.ps.201100518.
- Cowden, P. A. (2012). Cognitive strategies for students with mild learning disabilities. Eclucation, 133(1), 151-154.
- Crooks, C. V., Chiodo, D., Thomas, D., & Hughes, R. (2010). Strengths-based programming for First Nations youth in schools: Building engagement through healthy relationships and leadership skills. *International Journal of Mental Health and Addiction*, 8(2), 160-173. doi: 10.1007/s11469-009-9242-0
- Crossley, I., & Buckner, J. (2012). Maternal-related predictors of self-regulation among lowincome youth. *Journal of Child & Family Studies*, 21, 217-227. doi:10.1007s/10826-

- Deasy, Richard J. (Ed.). (2002). Critical Links: Learning in the arts and student academic and social development. Washington, D.C.: Arts Education Partnership.
- DeCarlo, A., & Hockman, E. (2003). RAP therapy: A group work intervention method for urban adolescents. Social Work with Groups, 26(3), 45-59. doi: 10.1300/J009v26n03 06
- Degmečić, D., Požgain, I., & Filaković, P. (2006). Music as Therapy / Glazba kao terapija International Review of the Aesthetics and Sociology of Music, 36, 287-300.
- Demirtas, V. Y. (2013). Self-regulation strategies of the six- year- old pre school children. International Journal of Academic Research, 5, 264-273.
- Dereli, E. (2009). Examining the permanence of the effect of a social skills training program for the acquisition of social problem-solving skills. Social Behavior & Personality:
   An International Journal, 37, 1419-1427. doi: 10.2224/sbp.2009.37.10.1419
- Dere-Meyer, Bender, Metzl, & Diaz (2011). Psychotropic medication and art therapy: Overview of literature and clinical considerations. *The Arts in Psychotherapy*, 38(1), 29-35. doi: 10.1016/j.aip.2010.10.003
- Eaton, L. G., Doherty, K. L., & Wildrick, R. M. (2007). A review of research and methods used to establish art therapy as an effective treatment method for traumatized children. *The Arts in Psychotherapy*, 34, 256-262. doi: 10.1016/j.aip.2007.03.001
- Edwards, J. (2004). Report of the 5th international symposium for qualitative music therapy research. *Music Therapy Perspectives*, 22(2), 116-117. doi: 10.1093/mtp/22.2.116
- Egan, K. (1989). Teaching as Storytelling: An alternative approach to teaching and curriculum in the elementary school. University of Chicago Press.

- Egan, K. (2007). The educated mind: How cognitive tools shape our understanding. University of Chicago Press.
- Elbing, U., Schulze, C., Zillmann, H., Raak, C., & Ostermann, T. (2009). Arthedata—An online database of scientific references on art therapy. *European Journal of Integrative Medicine*, 1(1), 39-42. doi: 10.1016/j.eujim.2009.01.001
- Elligan, D. (2000). Rap therapy: A culturally sensitive approach to psychotherapy with young African American men. *Journal of African American Men*, 5(3), 27. doi: 10.1007/s12111-000-1002-y
- Epstein, R. M. (2007). Assessment in medical education. New England Journal of Medicine, 356, 387-396.
- Estrella, K., & Forinash, M. (2007). Narrative inquiry and arts-based inquiry: Multinarrative perspectives. *Journal of Humanistic Psychology*, 47, 373-383. doi: 10.1177/0022167807301898
- Fancourt,D., Ockelford, A., & Belai, A. (2014). The psychoneuroimmunological effects of music: A systematic review and a new model. *Brain, Behavior, and Immunity*, 36(1), 15-26. doi:10.1016/j.bbi.2013.10.014
- Fauth, R. C. (2004). The impacts of neighborhood poverty deconcentration efforts on lowincome children's and adolescents' well-being. *Children*, 14(1), 1-55.
- First Call: BC Child and Youth Advocacy Coalition. (2013). British Columbia 2013: Child poverty report card. Retrieved from http://worstincanada.org/wpcontent/uploads/2013/11/First Call Report Card 2013 web FINAL.pdf
- Forinash, M. (1993). An exploration into qualitative research in music therapy. *The Arts in Psychotherapy*, 20(1), 69-73.

Fox, J., Warner, C., Lerner, A., Ludwig, K., Ryan, J., Colognori, D., Lucas, C., & Brotman, L. (2012). Preventive intervention for anxious preschoolers and their parents:
 Strengthening early emotional development. *Child Psychiatry & Human Development*, 43, 544-559. doi: 10.1007/s10578-012-0283-4

- Frances, A. (2014, February 12). How parents can protect kids from the ADHD 'epidemic' [Web log post]. Retrieved from http://www.huffingtonpost.com/allen-frances/howparents-can-protect-k b 4767047.html
- Friedman, S., & Lichter, D. T. (1998). Spatial inequality and poverty among American children. Population Research and Policy Review, 17(2), 91-109.

Frolich, J., Banaschewski, T., Spanagel, R., Dopfner, M., & Lehmkuhl, G. (2012). The medical treatment of attention deficit hyperactivity disorder (ADHD) with amphetamines in children and adolescents. *Zeitschrift Fur Kinder- und Jugendpsychiatrie und Psychotherapie*, 40(5), 287-99. doi: 10.1024/1422-4917/a000185

- Gardner, R. A. (1975). Dramatized storytelling in child psychotherapy. Acta Paedopsychiatrica, 41(3), 110-116.
- Geist, K. (2007). Review of 'case study designs in music therapy'. *Music Therapy Perspectives*, 25(1), 60-62.

Geist, K., McCarthy, J., Rodgers-Smith, A., & Porter, J. (2008). Integrating music therapy services and speech-language therapy services for children with severe communication impairments: A co-treatment model. *Journal of Instructional Psychology*, 35, 311-316.

Ghuman, J.K., & Ghuman, H.S. (2013). Pharmacologic intervention for attention-deficit

hyperactivity disorder in preschoolers: Is it justified? *Paediatric Drugs*, 15(1), 1-8. doi:10.1007/s40272-012-0001-5

- Gilboa, A., & Ben-Shetrit, S. (2009). Sowing seeds of compassion: The case of a music therapy integration group. Arts in Psychotherapy, 36(4), 251-260. doi: 10.1016/j.aip.2009.06.001
- Gilbertson, S. & Aldridge, D. (2006). The Canadian journal of music therapy and the music therapy world journal index: A full-text bibliographic database. *Canadian Journal of Music Therapy*, 12(1), 139-153.
- Gillies, R. M. (2006). Teachers' and students' verbal behaviours during cooperative and small-group learning. *British Journal of Educational Psychology*, *76*, 271-287.
- Gillies, R. M., & Ashman, A. F. (2000). The effects of cooperative learning on students with learning difficulties in the lower elementary school. *Journal of Special Education*, 34(1), 19-27. doi: 10.1348/000709905X52337
- Glazer, H. R., & Stein, D. S. (2010). Qualitative research and its role in play therapy research. International Journal of Play Therapy, 19(1), 54-61. doi: 10.1037/a0017933
- Gold, C., Voracek, M., & Wigram, T. (2004). Effects of music therapy for children and adolescents with psychopathology: A meta-analysis. *Journal of Child Psychology & Psychiatry*, 45, 1054-1063. doi: 10.1111/j.1469-7610.2004.t01-1-00298.x
- Gold, C., Wigram, T., & Voracek, M. (2007). Predictors of change in music therapy with children and adolescents: The role of therapeutic techniques. *Psychology & Psychotherapy: Theory, Research & Practice, 80,* 577-589. doi: 10.1348/147608307X204396

- Gooding, L. F. (2011). The effect of a music therapy social skills training program on improving social competence in children and adolescents with social skills deficits. *Journal of Music Therapy*, 48, 440-462. doi: 10.1093/jmt/48.4.440
- Gooding, L., & Standley, J. M. (2011). Musical development and learning characteristics of students: A compilation of key points from the research literature organized by age.
   UPDATE: Applications of Research in Music Education, 30(1), 32-45. doi: 10.1177/8755123311418481
- Guderjahn, L., Gold, A., Stadler, G., & Gawrilow, C. (2013). Self-regulation strategies support children with ADHD to overcome symptom-related behavior in the classroom. Attention Deficit and Hyperactivity Disorders, 5, 397-407. doi: 10.1007/s12402-013-0117-7
- Hadley, S. (2008). Review of 'music therapy research. second edition'. *Music Therapy Perspectives*, 26(2), 137-138.
- Hardaway, C. R., Wilson, M. N., Shaw, D. S., & Dishion, T. J. (2012). Family functioning and externalizing behaviour among low-income children: Self-regulation as a mediator. *Infant & Child Development*, 21(1), 67-84. doi: 10.1002/icd.765
- Harris, M. (2009). Music and the young mind: Enhancing brain development and engaging learning. Lanham, MD: Rowman & Littlefield.
- Headley, S. (2000). Mental health. Retrieved from http://www.acys.info/topics/mental\_health
- Health Canada. (2012). *Statement regarding ADHD drugs*. Retrieved from http://www.hc-sc.gc.ca/ahc-asc/media/ftr-ati/\_2012/2012\_145-eng.php
- Hill, A. (1948). Art versus illness: A story of art therapy (2nd ed.). London, UK: Allen &

Unwin.

- Hoag, M. J., & Burlingame, G. M. (1997). Evaluating the effectiveness of child and adolescent group treatment: A meta-analytic review. *Journal of Clinical Child Psychology*, 26, 234–246. doi:10.1207/s15374424jccp2603\_2
- Hofferth, S. L. & Sandberg, J. F. (2001). How American children spend their time. Journal of Marriage and Family, 63, 295–308. doi: 10.1111/j.1741-3737.2001.00295.x
- Hoffman, L. R. (2010). Developmental counseling for prekindergarten children: A preventive approach. *Elementary School Guidance & Counseling*, 26(1), 56-66.
- Hong, S. B., Dwyer, D., Kim, J. W., Park, E. J., Shin, M. S., Kim, B. N., Yoo, H.J., Cho,
  I.H., Bhang, S.Y., Hong, Y.C., Pantellis, C., & Cho, S.C. (2013). Subthreshold
  attention-deficit/hyperactivity disorder is associated with functional impairments
  across domains: A comprehensive analysis in a large-scale community study. *European Child & Adolescent Psychiatry, 20*(2), 61-66. doi: 10.1007/s00787-010-0150-4
- Humphrey, N., Lendrum, A., Wigelsworth, M., & Kalambouka, A. (2009). Implementation of primary social and emotional aspects of learning small group work: A qualitative study. *Pastoral Care in Education*, 27, 219-239. doi: 10.1080/02643940903136808
- Ibrahim, K. S., & El-Sayed, E. M. (2013). Proposed remedies for some developmental disorders. *Toxicology and Industrial Health, 29*, 367-384. doi 10.1177/0748233711433937
- Ivrendi, A. (2011). Influence of self-regulation on the development of children's number sense. Early Childhood Education Journal, 39, 239-247. doi:10.1007/s10643-011-0462-0

- Jackson, N. A. (2003). A survey of music therapy methods and their role in the treatment of early elementary school children with ADHD. Journal of Music Therapy, 40(4), 302-323. doi: 10.1093/jmt/40.4.302
- Jacques, N., Townsend, M. & Wilton, K. (1998). Cooperative learning and social acceptance of children with mild intellectual disability. *Journal of Intellectual Disability Research*, 42(1), 29-36. doi: 10.1046/j.1365-2788.1998.00098.x
- Jenkins, J. R., Antil, L. R., Wayne, S. K., & Vadasy, P. F. (2003). How cooperative learning works for special education and remedial students. *Exceptional Children*, 69, 279-292.
- Jensen, P. S., Garcia, J. A., Glied, S., et al. (2005). Cost-effectiveness of ADHD treatments: Findings from the Multimodal Treatment Study of Children with ADHD. American Journal of Psychiatry, 162, 1628–1636. doi: 10.1176/appi.ajp.162.9.1628
- Johnson, R. T., & Johnson, D. W. (1986). Action research: Cooperative learning in the science classroom. *Science and Children*, 24(2), 31-32.
- Johnson, D. W. & Johnson, R. T. (1989). Cooperation and competition: Theory and research. Edina, MN: Interaction Book Company.
- Kamps, D. M., Dugan, E. P., Leonard, B. R., & Daoust, P. M. (1994). Enhanced small group instruction using choral responding and student interaction for children with autism and developmental disabilities. *American Journal of Mental Retardation*, 99(1), 60-73.
- Kim, J., Wigram, T., & Gold, C. (2009). Emotional, motivational and interpersonal responsiveness of children with autism in improvisational music therapy. *Autism: The International Journal of Research & Practice, 13*, 389-409. doi: 10.1177/1362361309105660

- Kim, J., Wigram, T., & Gold, C. (2008). The effects of improvisational music therapy on joint attention behaviors in autistic children: A randomized controlled study. *Journal* of Autism & Developmental Disorders, 38, 1758-1766. doi: 10.1007/s10803-008-0566-6
- Kirschner, S., & Tomasello, M. (2010). Joint music making promotes pro-social behavior in 4-year-old children. *Evolution and Human Behavior 31*, 354–364.
- Kornberger, R., Fast J., & Williamson, D. (2001). 'Welfare or work: which is better for Canadian children?' *Canadian Public Policy* 27, 407–22. doi: 10.2307/3552534
- Landau, S., & Milich, R. (1988). Social communication patterns of attention-deficitdisordered boys. *Journal of Abnormal Child Psychology*, 16(1), 69-81. doi: 10.1007/BF00910501
- Lazarowitz, R., & Karsenty, G. (1990). Cooperative learning and students' academic achievement, process skills, learning environment, and self esteem in tenth grade biology classrooms. In S. Sharan (Ed.), *Cooperative Learning: Theory and Research* (123-149). New York, NY: Praeger.
- Lee, J., Kolomer, S., & Thomsen, D. (2012). Evaluating the effectiveness of an intervention for children exposed to domestic violence: A preliminary program evaluation. *Child & Adolescent Social Work Journal*, 29, 357-372. doi: 10.1007/s10560-012-0265-1
- Lefevre, M. (2004). Playing with sound: The therapeutic use of music in direct work with children. *Child & Family Social Work, 9*, 333–345. doi: 10.1111/j.1365-2206.2004.00338.x
- Legg, R. (2009). Using music to accelerate language learning: An experimental study. Research in Education, 82, 1-12. doi: 10.7227/RIE.82.1

- Leigh, L. (2012). Dramatherapy with children, young people, and schools: Enabling creativity, sociability, communication and learning. New York, NY: Routledge.
- Lemelin, J., Boivin, M., Séguin, J. R., Forget-Dubois, N., Dionne, G., Brendgen, M., Vitaro, F., Tremblay, R. E., & Pérusse, D. (2007). The genetic-environmental etiology of cognitive school readiness and later academic achievement in early childhood. *Child Development*, 78, 1855-186. doi: 10.1111/j.1467-8624.2007.01103.x
- Lerner, R. M., Lerner, J. V., Bowers, E. P., Lewin-Bizan, S., Gestsdottir, S., & Urban, J. B.
  (2011). Self-regulation processes and thriving in childhood and adolescence: A view of the issues. New Directions for Child & Adolescent Development, 133(1), 1-9.
  doi: 10.1002/cd.300
- Lesson plans sorted by age level. (2014). Retrieved from http://www.childdrama.com/lessons.html#crosstop
- Lewit, E. M., & Schuurmann Baker, L. (1995). School Readiness. *The Future of Children*, 5(2), 128-139. doi: 10.2307/1602361
- Magnuson, K. A., Meyers, M. K., Ruhm, C. J., & Waldfogel, J. (2004). Inequality in preschool education and school readiness. *American Educational Research Journal*, 41(1), 115-157. doi: 10.3102/00028312041001115
- Mallay, J. N. (2002). Art therapy, an effective outreach intervention with traumatized children with suspected acquired brain injury. *Journal of Intellectual Disability Research*, 42(1), 29-36. doi: 10.1016/S0197-4556(02)00147-8
- Mate, G. (2012). Scattered minds: The origins and healing of attention deficit disorder. Toronto, ON: Vintage Canada.

- McClary, R. (2007). Healing the psyche through music, myth, and ritual. *Psychology of Aesthetics, Creativity, and the Arts, 1*(3), 155-159. doi: 10.1037/1931-3896.1.3.155
- McClelland, M. M., & Cameron, C. E. (2011). Self-regulation and academic achievement in elementary school children. New Directions for Child & Adolescent Development, 133, 29-44. doi: 10.1002/cd.302
- McFerran, K., Baker, F., Patton, G. C., & Sawyer, S. M. (2006). A retrospective lyrical analysis of songs written by adolescents with anorexia nervosa. *European Eating Disorders Review*, 14, 397-403. doi: 10.1002/erv.746
- McFerran, K., Roberts, M., & O'Grady, L. (2010). Music therapy with bereaved teenagers: A mixed methods perspective. *Death Studies*, 34, 541-565. doi: 10.1080/07481181003765428
- Mignone, J., & O'Neil, J. (2005). Social capital and youth suicide risk factors in First Nations communities. Canadian Journal of Public Health. Revue Canadienne De Santé Publique, 96(1), S51-S54.
- Millichap, J. G., & Yee, M. M. (2012). The diet factor in attention-deficit/hyperactivity disorder. *Pediatrics*, 129, 330-337. doi: 10.1542/peds.2011-2199
- Moschini, L. B. (2005). Drawing the line with a difficult client. Hoboken, NJ: John Wiley & Sons.
- Mössler, K., Assmus, J., Heldal, T. O., Fuchs, K. & Gold, C. (2012). Music therapy techniques as predictors of change in mental health care. *The Arts in Psychotherapy*, 39, 333-341. doi: 10.1016/j.aip.2012.05.002

- Mrázová, M., & Celec, P. (2010). A systematic review of randomized controlled trials using music therapy for children. Journal of Alternative & Complementary Medicine, 16, 1089-1095.
- Mueller, A., & Fleming, T. (2001). Cooperative learning: Listening to how children work at school. *The Journal of Educational Research*, 94, 259-265. doi: 10.1080/00220670109598761
- Neufeld, P., & Foy, M. (2006). Historical reflections on the ascendancy of ADHD in North America, c. 1980 - c. 2005. *British Journal of Educational Studies*, 54, 449-470. doi: 10.1111/j.1467-8527.2006.00354.x
- North American Drama Therapy Association. (2014). What is drama therapy? Retrieved from http://www.nadta.org
- Nova Scotia Department of Education. (2004). Learning outcomes framework: Grades 7 9. Retrieved from

http://homeschooling.ednet.ns.ca/sites/default/files/home\_schooling/pdf/grades\_7-9.pdf

- O'Herron, P., & Siebenaler, D. (2007). The intersection between vocal music and language arts instruction: A review of the literature. UPDATE: Applications of Research in Music Education, 25(2), 16-26. doi: 10.1177/87551233070250020103
- Olfson, M., Gameroff, M. J., Marcus, S. C., & Jensen, P. S. (2003). National trends in the treatment of attention deficit hyperactivity disorder. *American Journal of Psychiatry*, 160, 1071-1077. doi: 10.1176/appi.ajp.160.6.1071
- Mantzicopoulos, P. (2003). Academic and school adjustment outcomes following placement in a developmental first-grade program. *Journal of Educational Research*, 97(2), 90-

105. doi: 10.1080/00220670309597512

- Pastor, P. N., & Reuben, C. A. (2005). Racial and ethnic differences in ADHD and LD in young school-age children: Parental reports in the National Health Interview Survey. *Public Health Reports*, 120(4), 383–392.
- Pellitteri, J. (2000). Music therapy in the special education setting. Journal of Educational & Psychological Consultation, 11, 379-391.
- Pianta, R. C., Barnett, W. S., Burchinal, M., & Thornburg, K. R. (2009). The effects of preschool education: What we know, how public policy is or is not aligned with the evidence base, and what we need to know. *Psychological Science in the Public Interest*, 10(2), 49. doi: 10.1177/1529100610381908
- Porter, S., Holmes, V., Mclaughlin, K., Lynn, F., Cardwell, C., Braiden, H., Dolan, J., & Rogan, S. (2012). Music in mind, a randomized controlled trial of music therapy for young people with behavioural and emotional problems: Study protocol. *Journal of Advanced Nursing, 68,* 2349–2358. doi: 10.1111/j.1365-2648.2011.05936.x
- Public Health Agency of Canada. (2011). What determines health? Retrieved from http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php
- Rafalovich, A. (2001). The conceptual history of attention deficit hyperactivity disorder:
  Idiocy, imbecility, encephalitis and the child deviant, 1877–1929. *Deviant Behavior*, 22 (2), 93–115. doi: 10.1080/016396201750065009
- Rave, C.C., Jones, S.M., Li-Grining, C., Zhai, F., Metzger, M., & Solomon, B. (2009). Targeting children's behaviors in preschool classrooms: A cluster-randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 77, 302-316.

- Read, C. (2008). Scaffolding children's learning through story and drama. Retrieved from http://www.carolread.com/articles/s%20learning%20through%20story%20and%20dr ama%20CATS%20Autumn%2008.pdf
- Representative for Children and Youth. (2012). 2012/13 annual report and 2013/14 and 2014/15 service plan. Retrieved from

http://www.rcybc.ca/Images/PDFs/Reports/RCY-AnnualReport2013-final.pdf

- Richters, J.E., Arnold, L. E., Jensen, P. S., Abikoff, H., Conners, C.K., Greenhill L.L., Hechtman, L., Hinshaw, S. P., Pelham, W.E., & Swanson, J. M. (1995). NIMH collaborative multisite multimodal treatment study of children with ADHD: I.
  Background and rationale. *Journal of American Academy of Child and Adolescent Psychiatry*, 34, 987-1000. doi: 10.1097/00004583-199508000-00008
- Rickson, D. J., & Watkins, W. G. (2003). Music therapy to promote pro-social behaviors in aggressive adolescent boys: A pilot study. *Journal of Music Therapy*, 40, 283-301.
- Riddle, M.A., Yershova, K., Lazzaretto, D., Paykina, N., Yenokyan, G., Greenhill, L.,
  Abikoff, H., Vitiello, B., Wigal, T., McCracken, J.T., Kollins, S.H., Murray, D.W.,
  Wigal, S., Kastelic, E., McGough, J.J., dosReis, S., Bauzo-Rosario, A., Stehli, A., &
  Posner, K. (2013). The preschool ADHD treatment study (PATS) 6-year follow
  up. Journal of American Academy of Child and Adolescent Psychiatry 52, 264-278.
  doi:10.1016/j.jaac.2012.12.007
- Rio, R. (2005). Adults in recovery: A year with members of the choirhouse. Nordic Journal of Music Therapy, 14(2), 107-119. doi: 10.1080/08098130509478133
- Robb, S. (2007). Review of 'music therapy research, 2nd edition'. Journal of Music Therapy, 44(2), 169-172. Doi: 10.1093/jmt/44.2.169

- Roff, M., Sells, S., & Golden, M. (1972). Social adaptation and personality development in children. Minneapolis, MN: University of Minnesota Press.
- Ronen, T. (2001). Collaboration on critical questions in child psychotherapy: A model linking referral, assessment, intervention, and evaluation. *Journal of Social Work Education*, 37(1), 91-110.
- Rooney, R. (2004). Arts-based Teaching and Learning: Review of the Literature. Retrieved from https://www.kennedy-center.org/education/vsa/resources/VSAarts\_Lit\_Rev5-28.pdf
- Schwarz, L. (2013). The selling of attention deficit disorder. *The New York Times*. Retrieved from http://www.nytimes.com/2013/12/15/health/the-selling-of-attention-deficit-disorder.html?action=click&
- Secretariat of the Assembly of First Nations of Quebec and Labrador. (2011). First Nations education: The time to act is now [Press release]. Retrieved from http://www.cepnfnec.com/PDF/accueil/CEPN\_Panel%20national\_%20ENG.pdf
- Shaffer, A., Suveg, C., Thomassin, K., & Bradbury, L. (2012). Emotion socialization in the context of family risks: Links to child emotion regulation. *Journal of Child & Family Studies, 21*, 917-924. doi 10.1007/s10826-011-9551-3
- Sharan, S., & Shaulov, A. (1990). Cooperative learning, motivation to learn, and academic achievement. In S. Sharan, (Ed.), *Cooperative learning: Theory and Research*, (173-202). New York, NY: Praeger.
- Shaw, P., Ekstrand, K. Sharp, W., Blumenthal, J., Lerch, J.P., Greenstein, D., Clasen, L., Evans, A., Geidd, J., & Rapoport, J.L.(2007). Attention-deficit/hyperactivity disorder is characterized by a delay in cortical maturation. *Proceedings of the National*

Academy of Sciences 104(49), 19649-19654. doi: 10.1073/pnas.0707741104

Shechtman, Z. (2002). Child group psychotherapy in the school at the threshold of a new millennium. Journal of Counseling & Development, 80, 293-299. doi: 10.1002/j.1556-6678.2002.tb00194.x

Slayton, S. C. (2012). Building community as social action: An art therapy group with adolescent males. *The Arts in Psychotherapy*, 39, 179-185. doi: 10.1016/j.aip.2011.12.010

- Solanki, M. S., Zafar, M., & Rastogi, R. (2013). Music as therapy: Role in psychiatry. Asian Journal of Psychiatry, 6, 191-278. doi: 10.1016/j.ajp.2012.12.001
- Solanto, M. V., Arnsten, A. F. T. & Castellanos, F. X. (2001). The neuroscience of stimulant drug action in ADHD. In M.V. Solanto, A.F.T. Arnsten, & F.X. Castellanos (Eds.), *Stimulant Drugs and ADHD: Basic and Clinical Neuroscience* (355-379). New York, NY: Oxford University Press.
- Sonstegard, M. A. (1998). A rationale for group counseling. Journal of Individual Psychology, 54, 164-175.
- Sonstegard, M. A., & Bitter, J. R. (1998). Counseling children in groups. Journal of Individual Psychology, 54, 251-267.

SOS Children's Village British Columbia. (2014). Our focus. Retrieved from http://sosbc.org

Standley, J. M. (2008). Does music instruction help children learn to read? Evidence of a meta-analysis. *Journal of Individual Psychology*, 54, 251-267. doi: 10.1177/8755123308322270

- Statistics Canada. (2013). 2011 National household survey: Aboriginal peoples in Canada: First Nations people, Metis, and Inuit. Retrieved from http://www.statcan.gc.ca/dailyquotidien/130508/dq130508a-eng.htm
- Stickel, S. A. (1990). Using multimodal social-skills groups with kindergarten children. Elementary School Guidance & Counseling, 24, 281-294.
- Strimbu, K. & Tavel, J. A. (2011). What are biomarkers? *Current Opinion in HIV and AIDS*. 5, 463–466. doi: 10.1097/COH.0b013e32833ed177
- Suzuki, L. A., Alexander, C. M., Pei-Ying L., & Duffy, K. M. (2006). Psychopathology in the schools: Multicultural factors that impact assessment and intervention. *Psychology in the Schools, 43*, 429-438. doi: 10.1002/pits.20157
- Tarim, K. (2009). The effects of cooperative learning on preschoolers' mathematics problemsolving ability. *Educational Studies in Mathematics*, 72, 325–340. doi: 10.1007/s10649-009-9197-x
- Tervo, J. (2001). Music therapy for adolescents. *Clinical Child Psychology & Psychiatry*, 6(1), 79. doi: 10.1177/1359104501006001007
- Thompson, R. M., & Johnston, S. (2013). Use of social stories to improve self-regulation in children with autism spectrum disorders. *Physical and Occupational Therapy in Pediatrics*, 33, 271-284. doi: 10.3109/01942638.2013.768322
- Tierney, A. T., & Kraus, N. (2013). The ability to tap to a beat relates to cognitive, linguistic, and perceptual skills. *Brain and Language*, 124, 225-231.
- Takeda, T., Ambrosini, P. J., deBerardinis, R. & Elia, J. (2012). What can ADHD without comorbidity teach us about comorbidity? *Research in Developmental Disabilities*, 33, 419-425. doi: 10.1016/j.ridd.2011.09.024

- Truchon, K., (2007). Challenging stereotypes about first nations children and youth:Collaborative photography with the Innu from Uashat mak Mani-Utenam. *Children,Youth and Environments,* 17, 254-279.
- Turner, R. A. (2001). Risk and protective factors for propensity for suicide among British Columbia First Nations adolescents using the adolescent health survey (Doctoral dissertation). Available from Proquest dissertations and theses database. (UMI No. NQ51929)
- Turry, A. (2009). Integrating musical and psychological thinking: The relationship between music and words in clinically improvised songs. *Music and Medicine*, 1, 106-116. doi: 10.1177/1943862109344851
- University of Pittsburg. (2013). Youth and family research program: Publications. Retrieved from http://www.wpic.pitt.edu/research/adhd/Publications/default.html
- Utay, J. & Utay, C. (1996). Applications of Adler's theory in counseling and... Journal of Instructional Psychology, 23, 251-256.
- van den Broek, E., Keulen-de Vos, M., & Bernstein, D. P. (2011). Arts therapies and schema focused therapy: A pilot study. *The Arts in Psychotherapy*, 38, 325-332. doi: 10.1016/j.aip.2011.09.005
- Vasileiadou, M. (2009). Cooperative learning and its effects on pre-primary, marginalized children. *Emotional & Behavioural Difficulties*, 14, 337-347. doi: 10.1080/13632750903303179
- Vedder, P., & Veendrick, A. (2003). The role of the task and reward structure in cooperative learning. Scandinavian Journal of Educational Research, 47, 529-542. doi: 10.1080/0031383032000122444

- Vitiello, B., & Jensen, P. S. (1997). Medication development and testing in children and adolescents: Current problems, future directions. *Archives of General Psychiatry 54*, 871-876. doi: 10.1001/archpsyc.1997.01830210119016
- Vygotsky, L. (1978). Mind in society: The development of higher psychological processes. Cambridge, MA: Harvard University Press.
- Webb, N. M., & Farivar, S. (1994). Promoting helping behavior in cooperative small groups in middle school mathematics. *American Educational Research Journal*, 31, 369–395. doi 10.3102/00028312031002369
- Webb, L. D., & Myrick, R. D. (2003). A group counseling intervention for children with attention deficit / hyperactivity disorder. *Professional School Counseling*, 7 (2), 108-115.
- Wheeler, B. L. (2007). Music therapy research: Contributions from Canada. Canadian Journal of Music Therapy, 13(2), 10-36.
- Wigram, T., & Gold, C. (2012). The religion of evidence-based practice: Helpful or harmful to health and wellbeing? Oxford Scholarship Online. Advance online publication. doi: 10.1093/acprof:oso/9780199586974.003.0013
- Wigram, T., & Gold, C. (2006). Music therapy in the assessment and treatment of autistic spectrum disorder: Clinical application and research evidence. *Child: Care, Health & Development, 32*, 535-542. doi: 10.1111/j.1365-2214.2006.00615.x

Wikipedia (2014). Drama therapy. Retrieved from

http://en.wikipedia.org/wiki/Drama\_therapy#History\_of\_drama\_therapy

Willcutt, E. G., Nigg, J. T., Pennington, B. F., Solanto, M. V., Rohde, L. A., Tannock, R., Loo, S.K., Carlson, C.L., McBurnett, K., & Lahey, B.B. (2012). Validity of DSM-IV attention deficit/hyperactivity disorder symptom dimensions and subtypes. Journal of Abnormal Psychology, 121, 991-1010. doi: 10.1037/a0027347

- Williford, A. P., Vick Whittaker, J. E., Vitiello, V. E., & Downer, J. T. (2013). Children's engagement within the preschool classroom and their development of self-regulation. *Early Education and Development*, 24(2), 162-187. doi: 10.1037/a0027347
- Wittig, J., & Davis, J., (2012). Circles outside the circle: Expanding the group frame through dance/movement therapy and art therapy. *The Arts in Psychotherapy*, 39, 168-172.
  doi: 10.1016/j.aip.2011.12.012
- Yalom, I. D., & Leszcz, M. (2005). The theory and practice of group psychotherapy. New York, NY: Basic Books.
- Yinger, O. S., & Gooding, L. (2013). Music Therapy and Music Medicine for Children and Adolescents. Child and Adolescent Psychiatric Clinics of North America. Advance online publication. doi: 10.1016/j.chc.2013.03.003
- Zentall, S. S., Kuester, D. A., & Craig, B. A. (2011). Social behavior in cooperative groups: Students at risk for ADHD and their peers. *Journal of Educational Research*, 104(1), 28-41. doi: 10.1080/00220670903567356

#### **Appendix: Assessment Measures**

### **Summary of Assessment Measures**

Below are the recommended clinical measures, which can be used in school mental health programs, to help assess symptoms of clinical disorders (e.g. depression, anxiety, ADHD). Also included below are measures to assess school climate that may also be useful for school mental health.

## **Clinical Measures - Global**

The following measures are designed to assess an array of target problems, including internalizing and externalizing disorders.

# Youth Top Problems (TP)

TP is simply a structured way of assessing client and/or parent report of primary concerns to be addressed in treatment. However, the way you use this in your own practice can be somewhat flexible. According to John Weisz and colleagues' paper on Top Problems (2011), TP could support clinical practice in several ways: (a) adding specificity to problems that other scales ask about too generally or would miss; (b) identifying specific client priorities within a large array of problems (c) giving clients a voice in shaping the agenda and goals of treatment; (d) enhancing rapport and alliance between clients and clinicians; (e) providing a way to monitor progress of treatment by tracking ratings on these TP; (f) informing decisions about when to end treatment, and (g) using an approach that can fit into everyday practice because it builds on an already widely used procedure—that is, identifying client concerns at the beginning of treatment.

#### **Brief Problem Checklist (BPC)**

The BPC is a fifteen item measure of internalizing and externalizing problems among youth ages seven to adolescence. It is designed for repeated periodic assessments of clinical progress among children with a wide variety of problems. There are both child and parent versions of the measure. The measures can be accessed at:

- Child version <u>http://www.childfirst.ucla.edu/Brief%20Problem%20Checklist%20-</u> <u>%20Child.pdf</u>
- Parent Version <u>http://www.childfirst.ucla.edu/Brief%20Problem%20Checklist%20-</u> <u>%20Parent.pdf</u>

#### Strength and Difficulties Questionnaire (SDQ)

The SDQ is a brief behavioral screening questionnaire for children and adolescents ages 3-16. There are several versions of the SDQ including a parent form, a teacher form, a modified form for parents and teachers of nursery school children, and a self-report form for youth aged 11-16. Each form is comprised of 25 items that assess the following 5 domains: emotional symptoms, conduct problems,

hyperactivity/inattention, peer relationship problems, and prosocial behavior. There is an impact supplement that can also be added to the measures that includes questions about whether the respondent thinks the child has a problem and, if so, inquires further about the chronicity, distress, social impairment and burden to others caused by this problem. These measures can be accessed at: http://www.sdqinfo.org/py/doc/b3.py?language=Englishqz(USA)

#### Global Appraisal of Individual Needs – Short Screener (GAIN-SS)

The GAIN-SS serves as a 3-5 minute, self- or staff administered screener for general populations to accurately identify clients who have one or more behavioral health disorders (e.g. internalizing or externalizing psychiatric disorders, substance use disorders, or crime/violence problems). Reponses are given in terms of frequency of the problem in the past month, 2-12 months, more than a year, or never. The number of past-month symptoms is used as a measure of change; the number of past-year symptoms is used as a covariate to measure lifetime severity. This screener also rules out those not identified as having those behavioral health disorders, serves as an easy-to-use quality assurance tool across diverse field-assessment systems for staff with minimal training or direct supervision, and as a periodic measure of change over time in behavioral health. This 20-item instrument is available in English and Spanish. To access these measures and learn more about GAIN-SS visit: http://www.gaincc.org/

#### Children's Global Assessment Scale (CGAS)

The CGAS is a global measure of social and psychiatric functioning for children ages 4-16 years. This can be used as an indicator of need for clinical services, a marker for the impact of treatment, or a single index of impairment in epidemiological studies. This scale is completed by a clinician based on information acquired from direct examination and/or derived from informants such as parents, educators, or case managers. The CGAS is a single rating scale ranging from 1 to 100 designed primarily to be used by clinicians who are knowledgeable about a child. The single numerical score representing severity of disturbance ranges from 1 (most impaired) to 100 (healthiest). Scores above 70 are considered in the normal range and scores between 61-70 indicate that the child has some difficulty in a single area, but is generally functioning well. Additionally, scores on the low end of the continuum indicate a need for constant supervision (1-10) or considerable supervision (11-20). To access CGAS visit: http://www.thereachinstitute.org/files/documents/cgas.pdf

#### Pediatric Symptom Checklist (PSC and Y-PSC)\*

This psychosocial screen is designed to aid in the recognition of cognitive, behavioral and emotional problems in children ages 3-16 so that appropriate interventions can be delivered as early as possible. Though this measure cannot be used in making a specific diagnosis, it can serve as a useful first step. Thirty-five item parent and youth (for adolescents age 11 and up) versions of the measure are available in several languages. A shorter 17-item version of the measure and a pictorial version are also available. All forms can be found at:

http://www2.massgeneral.org/allpsych/psc/psc\_forms.htm

# Patient Health Questionnaire (PHQ) and GAD -7

These measures offer clinicians concise, self-administered screening and diagnostic tools for mental health disorders which have been field-tested in office practice. The screeners are quick and user-friendly, improving the recognition rate of depression and anxiety and facilitating diagnosis and treatment. http://www.phgscreeners.com/

### Narrative Description of Child's Impairment - Home and School Versions\*

This measure asks parents and teachers to describe the child's primary problem and how this problem has affected functioning with peers, relationship with parents/teacher, academic progress, self-esteem and overall family/classroom functioning. Both the home and school versions can be accessed at: <u>http://ccf.buffalo.edu/pdf/Impairment\_scale.pdf.</u>

#### **Clinical Measures – Disorder Specific**

The following measures are designed to assess a cluster of difficulties (e.g., internalizing problems) or specific disorder (e.g., OCD).

### Parent/Teacher Disruptive Behavior Disorder Scale

The Parent/Teacher DBD is a 45-item scale that assesses symptoms associated with ADHD, oppositional defiant disorder and conduct disorder. It is designed to be filled out by parents or teachers. The scale can be accessed at: <u>http://ccf.buffalo.edu/pdf/DBD\_rating\_scale.pdf</u>.

### NICHQ Vanderbilt Assessment Scales (ADHD)

The Vanderbilt Assessment Scale is a 55-item measure that can be completed by parents and teachers to assess for high frequencies of symptoms associated with ADHD. The scale also includes screening questions for commonly coexisting conditions, including oppositional defiant disorder, conduct disorder and anxiety disorders. The target population for this measure is children ages 6 to 12. The scales can be accessed at:

- Parent Measure <u>http://www.multicare-assoc.com/pdfs/NICHOVanderbiltParent.pdf</u>
- Parent Follow Up https://www.pedialliance.com/sites/default/files/pdfs/adhd\_parent\_follow\_up form43.pdf
- Teacher Measure <u>http://www.jeffersandmann.com/client\_files/file/JMA\_Vanderbilt-Teacher-Informant.pdf</u>
- Teacher Follow UP <u>http://www.jeffersandmann.com/client\_files/file/JMA\_Vanderbilt-Teacher-Informant.pdf</u>
- Scoring instructions <u>https://www.uthsc.edu/pediatrics/general/clinical/behavior/aapnichqadhd-toolkit/07ScoringInstructions.pdf</u>

# Center for Epidemiological Studies Depression Scale for Children (CES-DC)

This is a 20-item self-report depression inventory with possible scores ranging from 0 to 60. Higher CES-DC scores indicate increasing levels of depression. Scores over 15 can be indicative of significant levels of depressive symptoms. The CES-DC can be used with children and adolescents ages 6-17. It can be accessed at: http://www.brightfutures.org/mentalhealth/pdf/professionals/bridges/ces\_dc.pdf.

# Child Dissociative Checklist (CDC) Version 3\*

The CDC is a 20-item parent/adult observer report measure of dissociative behaviors for children ages 5 to 12. A score of more than 12 warrants additional evaluation. The measure can be accessed at: <u>http://www.seinstitute.com/pdf\_files/cdc.pdf.</u>

# Yale-Brown Obsessive Compulsive Scale (Y-BOCS)

The Y-BOCS is a 40-item measure used by clinicians to assess obsessive-compulsive symptoms in adolescents ages 15 and over. The Y-BOCS rating scale is a gradated scale to measure the severity of OCD symptoms, and can be repeated to measure treatments and interventions. A version of the Y-BOCS is available at: <u>http://home.cogeco.ca/~ocdniagara/files/ybocs.pdf</u>

### Parent Version of the Young Mania Rating Scale

This 11- item scale, used for assessing children and adolescents ages 5-17, was adapted from the clinician version of the Young Mania Rating Scale. Parents are asked to rate the severity of manic symptoms. This measure can also be useful in measuring the impact of interventions. The scale takes about 5 minutes to complete. Teachers can also complete the P-YMRS, substituting the word "student" in each item where the word "child" appears. The P-YMRS can be accessed at: http://www.healthyplace.com/images/stories/bipolar/p-ymrs.pdf

## **Revised Children's Anxiety and Depression Scale (RCADS)**

The RCADS is a 47-item designed to assess depression and anxiety in youth from grades 3 to 12. The subscales of the measure include: separation anxiety disorder, social phobia, generalized anxiety disorder, panic disorder, obsessive compulsive disorder, and major depressive disorder. Both youth and parent versions of the measure are available in several languages. The measures can be accessed at:

- User guide <u>http://www.childfirst.ucla.edu/RCADSGuide20110202.pdf</u>
- Child version http://www.childfirst.ucla.edu/RCADS%202009.pdf
- Parent version <u>http://www.childfirst.ucla.edu/RCADS-P%202009.pdf</u>

## Self-Report for Childhood Anxiety Related Disorders (SCARED)

This measure is designed to screen for anxiety disorders in children ages eight and above. It consists of 41 items that measure general anxiety, separation anxiety, social phobia, school phobia, and physical symptoms of anxiety. Both child self-report and parent report versions of SCARED are available.

- Child Form http://www.wpic.pitt.edu/research/AssessmentTools/ChildAdolescent/Scared Child-final.pdf
- Parent Form http://www.wpic.pitt.edu/research/AssessmentTools/ChildAdolescent/ScaredP arent-final.pdf

# Spence Children's Anxiety Scale

The SCAS is a self-report measure of anxiety for children and adolescents. Normative data is available separately for boys and girls between the ages of 7 and 18. The SCAS consists of 45 items (38 assessing anxiety, 7 items assessing social desirability). The subscales include: panic/agoraphobia, social anxiety, separation anxiety, generalized anxiety, fear of physical injury, and obsessions/compulsions. It can be accessed at: <u>http://www2.psy.uq.edu.au/~sues/scas/</u>.

# UCLA-PTSD Index for DSM-IV – Revision I (UCLA PTSD)

The UCLA PTSD Index is used to evaluate for symptoms of PTSD; Part II and III can be used to monitor treatment progress. There are parent, child, and adolescent versions, covering an age range of 7-18 years. It takes approximately 20-30 minutes to administer and maps on directly to the DSM-IV criteria. It is recommended to read the measure aloud to children under the age of 12 years old.

### Childhood PTSD Symptom Scale (CPSS)

The CPSS is a 26-item self-report measure that assesses PTSD diagnostic criteria and symptom severity in children ages 8 to 18. It includes 2 event items, 17 symptom items, and 7 functional impairment items. Symptom items are rated on a 4-point frequency scale (0 = "not at all" to 3 = "5 or more times a week"). Functional impairment items are scored as 0 = "absent" or 1 = "present". The CPSS yields a total symptom severity scale score (ranging from 0 to 51) and a total severity-of-impairment score (ranging from 0 to 7). Scores can also be calculated for each of the 3 PTSD symptom clusters (i.e., B, C, and D).

http://www.ptsd.va.gov/professional/pages/assessments/cpss.asp

# **Traumatic Events Screening Inventory for Children (TESI-C)**

The TESI-C is a 15-item clinician-administered interview that assesses a child's experience of a variety of potential traumatic events including current and previous injuries, hospitalizations, domestic violence, community violence, disasters, accidents, physical abuse, and sexual abuse. Additional questions assess PTSD Criterion A and other additional information about the specifics of the event(s). The measure is intended for children and youth 3-18 years and can be accessed at: http://www.ptsd.va.gov/PTSD/professional/pages/assessments/assessment-pdf/TESI-C.pdf

## **CAGE Interviewing Technique (CAGE)**

Four clinical interview questions, the CAGE questions, have proved useful to quickly screen for problem drinking. The questions focus on Cutting down, Annoyance by criticism, Guilty feeling, and Eye-openers. The acronym "CAGE" helps the provider to recall the questions (used most often with physicians in brief alcohol screening). The four simple questions are "Have you ever: (1) felt the need to cut down your drinking; (2) felt annoyed by criticism of your drinking; (3) had guilty feelings about drinking; and (4) taken a morning eye opener? A cutoff of one or more positive response indicates problem drinking. The CAGE can be accessed at: <a href="http://www.iprc.unc.edu/longscan/pages/measures/Baseline/CAGE%20Questionnaire.pdf">http://www.iprc.unc.edu/longscan/pages/measures/Baseline/CAGE%20Questionnaire</a>

#### CRAFFT

CRAFFT is a brief alcohol and drug screening test developed by Center for Adolescent Substance Abuse Research at Children's Hospital Boston. The test is comprised of six questions and is designed specifically for use with adolescents. The CRAFFT questions can be accessed at: <u>http://www.ceasarboston.org/CRAFFT/index.php</u>

#### Autism Treatment Evaluation Checklist (ATEC)

The purpose of the ATEC is to monitor treatment progress for clients with autism spectrum disorders, though research is in progress for the ATEC's use as diagnostic screener. The observer (i.e., clinician-report) version is for age range 5-12 years old. For online scoring, please visit: <u>http://www.autism.mobi/atec.html#checklist</u>

#### Pervasive Developmental Disorder Assessment Scale (PDDAS)

The PDDAS is a free, online experimental PDD screening scale based on DSM-IV criteria. The scale is comprised of 48 items. Also, the PDDAS has extensive descriptions of areas of impairment, which may be qualitatively useful for screening. In order to view a version of the scale, and/or enter your client's results online for easy scoring, visit <u>http://www.childbrain.com/pddassess.html</u>

#### The Weight Concerns Scale (WCS)

The WCS is a 5-item questionnaire that assesses fear of weight gain, worry about weight and body shape, the importance of weight, diet history, and perceived overweightness. To view the scale with scoring:

http://sp.rpcs.org/rpcsweb/home/parents/Parent%20Documents/WeightConcernsScale .pdf