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## Music therapists' perspectives on returning to practice after lockdown at a Special Educational Needs (SEN) School in London, UK

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### Abstract

After the partial lifting of lockdown in late 2020, music therapy services which had moved online were able to resume some in-person contact, but within certain restrictions. For one SEN school-based National Health Service (NHS) music therapy service, these included the use of Personal Protective Equipment (PPE) such as masks and gloves and, for some at-risk clients, continued use of online techniques. This 'hybrid' way of working presented new challenges, choices, and opportunities for innovation. This qualitative study used a recorded online focus group discussion to collect data on the experiences of music therapists in a single Special Educational Needs (SEN) school setting. Reflexive thematic analysis was used to identify seven themes, which were: *Therapeutic priorities were identified, Therapeutic challenges were experienced, The school community was a crucial resource, Pragmatism as a response to difficulty, Positive side-effects of adaptation, Innovations in practice, and Future pitfalls*. It was found that innovations in practice were seen as potentially helpful for future practice, particularly where they allowed for greater accessibility for some clients, while the benefits of in-person work were acknowledged.

### Keywords

online music therapy,  
special educational needs  
schools,  
focus group,  
reflexive thematic analysis

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### Introduction

During the COVID-19 pandemic, in the UK a full lockdown was implemented in March 2020, leading, in most cases, to the abrupt cessation of in-person music therapy sessions. This study focuses on one school in particular, but several of the issues explored here will likely have been experienced by music therapists elsewhere. At the SEN school in London, which is the setting for this study, the National Health Service (NHS) Music Therapy Service (MTS) made swift adaptations to their practice.

This included the delivery of remote online sessions<sup>1</sup>, as well as the development of asynchronous materials<sup>2</sup> for parents to use with their children at home. After children and young people (CYP) returned to school in September 2020, the MTS delivered a blend of online and face-to-face interventions. This study seeks to explore the views of music therapists on aspects of this process. This includes practices which worked well, challenges and barriers to CYP accessing the service, challenges to implementation, and important learning for ongoing practice.

### *Music therapy online*

There are models for remote psychotherapy using telephone or video conferencing which date back a number of years (Scharff, 2013; Weinberg & Rolnick, 2019). Where clients are unable to access face-to-face sessions for any reason (e.g. living in remote locations, health issues, the absence of appropriate/preferred clinicians in the locality), psychotherapy at a distance has provided a viable alternative. At the time of data collection, there were also precedents for remote music therapy described in the literature (Baker & Krout, 2009; Spooner et al., 2019). Online music therapy faces key challenges, particularly where the emphasis of the work is on synchronous shared music-making. Since music relies more heavily on instantaneous response than on talking, for example where two musicians are playing together in a shared pulse, the time delay online makes interactions more difficult. Some music therapists and improvisers have described their attempts to grapple with these difficulties in online musical interactions (Annesley, 2020; Annesley & Haire, 2021; Knott & Block, 2020).

### *Music therapists' responses to the challenge of online sessions*

During lockdown, music therapy organisations and services in the UK found ways of working remotely. Notable examples were *Chiltern Music Therapy* and *North London Music Therapy*, both of which delivered online trainings to music therapists wanting to learn new techniques to adapt their practice. Nordoff and Robbins developed asynchronous aspects of their delivery, including online sing-along videos, while The British Association for Music Therapy (BAMT) drew up guidelines for remote work, addressing issues around professional boundaries and client safety (Rizkallah, 2021). There were some debates on social media about the validity or feasibility of remote music therapy. Questions about whether the absence of certain important aspects of the work compromised client experience too much for a genuine therapeutic process to be possible were raised. There was also the important issue of equity of access. While remote work may have been possible and beneficial for some clients, there were also some who were not able to make use of it (Annesley, 2020).

Knott and Block (2020) describe processes involved in setting up what they describe as 'virtual music therapy' (VMT), with an emphasis on the expertise required in using the technology, as well as recommendations for equipment and software. Remote work is identified in three 'tiers', with tier 3 being VMT and tiers 1 and 2 involving musically asynchronous methods of facilitation. With

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<sup>1</sup> Music therapy sessions which take place online, for example over a platform such as Zoom or MS Teams.

<sup>2</sup> These are materials which can be accessed and used as convenient, as opposed to online meetings/ sessions. Examples might be recordings of songs or websites with musical resources.

regard to VMT, the problem of online time delay is not addressed, although the clinical examples given refer mainly to receptive techniques, where the music therapy client's role is to listen or take part in musically-motivated relaxation exercises rather than to play or sing with the therapist. Another study measured the impact of a remote receptive music therapy intervention on clinical staff working with Covid-19 patients, with promising statistically significant results (Giordano et al., 2020). In summary, these examples provide a context in which music therapists were responding creatively to circumstances during lockdown, using a variety of ways of working remotely in their support of clients.

### *Potential learning for music therapy*

The current study explores responses to a specific set of circumstances, where adaptation was key to the continued delivery of services. Since the data was collected, lockdowns have subsequently been lifted, and in-person delivery of music therapy is, broadly speaking, back to pre-2020 conditions. However, the experiences of the pandemic raised important questions about how music therapy can adapt and be made more accessible to people who might face barriers to participation. Conversely, it also provided an opportunity to experience and understand what might be lacking in online interventions, which might vary substantially between different populations. Online music therapy continues to be incorporated into practice (Devlin, 2022; Kelly et al., 2024). Meanwhile debates continue about the efficacy of online in contrast to in-person practice in psychological therapies generally (Tomaino et al., 2024).

The relevance of the current study was a point of consideration regarding writing up and seeking publication, five years after data collection. On re-examination of the results and analysis, and after reflection on the current state of the profession, it is my judgement as author and principal investigator that the study has something useful to offer in its exploration of issues arising from experiences during and closely following lockdown. This captures a music therapy service at a point of the COVID-19 pandemic when they had developed new ways of working and had become more confident in what were still adverse conditions. This might be characterised as a 'forgotten period' of the pandemic, after the initial strict lockdowns but before the eventual lifting of all restrictions in the UK in late 2021.

### *Solutions during lockdown at an SEN school*

During the first 2020 lockdown, music therapy services at this SEN school in London were maintained for children and young people (CYP) and families through remote access. While the school was open throughout lockdown, the MTS withdrew music therapists from all face-to-face sessions for COVID-safety reasons, following NHS protocols to lower community transmission. No goodbyes were possible, meaning that this was, for many, an immediate and abrupt cessation of face-to-face contact. The music therapy team discussed best options for each client with the teacher or headteacher. Prior to conducting the data collection part of this study, I recorded and took notes on a conversation with the lead music therapist in the MTS, in which she outlined the key interventions used by the music therapy team during lockdown. These were as follows:

**'Musical letters':** Personalised video examples were created by music therapists for parents'/carers' to use with CYP at home. Typically, these were one minute long, consisting of the

therapist singing a song familiar to the child. This was a helpful resource for CYP already in therapy, for whom this had stopped abruptly, particularly those who were less able to access online sessions.

**Musical resources:** The team created video recordings of musical activities. Unlike the musical letters, these were not personalised for individual children but instead tailored to particular client groups, with an emphasis on receptive engagement. Richness of instrumentation was intended to engage CYP with the recordings (e.g. cello, viola, guitar, voice). It was also assumed that familiarity with the therapists would enhance engagement. Videos were uploaded to the school website by members of the school staff team.

**Parent contact:** Weekly parent support phone calls were provided. This was seen as an expansion of normal practice. Sometimes advice was given on use of music to engage children at home. In one instance, a parent was given a playlist of classical instrumental music for relaxation to help their child with relaxation. Signposting to other services was provided where helpful, for example, contacting the school's autism lead, or signposting to family support. Parents sometimes found it helpful just to talk about their child every week with a supportive person from the team.

**Online sessions:** Members of the team talked with teachers first and made a plan for each child within the MTS. CYP able to access these were mostly those with profound and multiple learning disabilities (PMLD) who responded well to receptive methods (i.e. music listening) or those children with enough language development to relate verbally. There were some new referrals for online work. This was approximately 20-30% of the team's caseload. Parents and older siblings were often involved in this modality.

## *Aims of this research*

The focus of this study was on the period after full lockdown, when some in-person practice became possible again. This study explores the perceptions of music therapists from the MTS. The study sought to address the following research question: What are music therapists' perspectives on transition from lockdown to a blended model of practice at an SEN school?

## **Methodology**

This is a qualitative, snapshot case study, exploring experiences of participants within a limited time period, in a single setting (Starman, 2013). The research question indicates a critical realist paradigm (Fletcher, 2017; Fryer, 2022; Porter et al., 2017), where an existing reality is understood as being framed by the perspectives of the participants. The study seeks to discover potential implications for practice, and to suggest future avenues for larger scale research.

## *Ethics*

The study was approved as a 'service evaluation' by the Research and Development department of the NHS Trust, meaning that there was no requirement to submit to NHS ethics.<sup>3</sup> Participants were given

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<sup>3</sup> 'Service evaluation' is in this case a term used within the NHS in the UK to indicate that the study does not meet Health Research Authority (HRA) definitions for 'research', as determined through reference to the [HRA online decision tool](#).

the opportunity to volunteer for the study with the understanding that refusing to take part would not disadvantage them in any way.

### *Recruitment and sample size*

Purposive sampling was used. Participants were selected on the basis that they were members of the MTS conducting work in the school. All members of the MTS working in the school were invited to take part in the study, and all initially agreed to do so. While the initial sample size is slightly low for a study using reflexive thematic analysis, according to recommendations for small scale research (Braun & Clarke, 2013), constraints of funding and available time for data collection and analysis did not allow for larger scale research. This can be acknowledged as a limitation of the study.

### *Data collection*

Data collection was via an online focus group discussion, recorded using video conferencing software. The software recording facility was used to create an audio recording of the discussion, and this was subsequently transcribed verbatim, but without the inclusion of sounds of half words, with perceived intended meaning prioritised for clarity (Braun & Clarke, 2013).

### *Positionality and reflexive statement*

As the principal investigator, I am a white, non-disabled, cis-gendered, heterosexual man, who was at the time of data collection a member of the wider team of music therapists. While I was not working in this particular school, I was working for the larger music therapy service of which this particular school service was a part. Thus, my stance as a researcher is informed and influenced both by my position of privilege in society and by my role as a clinician-researcher. CYP supported by the MTS and their parents would have different perspectives on the circumstances explored in this study which would be highly informative. This study views the work through lenses which do not claim authority or objectivity but nevertheless seek to inform future work. This is in keeping with a methodology incorporating reflexive thematic analysis (see below), in which “researcher subjectivity is viewed as a resource, and an essential enriching part of analysis” (Braun & Clarke, 2022, p. 295).

### *Analysis*

Analysis followed procedures of reflexive thematic analysis (Braun & Clarke, 2013; Clarke & Braun, 2018). This was a staged, iterative process. The transcript was imported into NVivo12 software. This was then used for the initial coding process in which meaning units were generated. These were compared and merged where appropriate into a smaller number of codes. The codes were then grouped into themes. As the researcher, it is important to acknowledge that this is a process which involves personal judgements at every stage, and that the themes arrived at were devised by me in response to the data as I perceived it. Following the grouping of codes into themes, the writing up of the findings also allowed the possibility of relabelling themes, and the reconsideration of the

placement of codes within each theme. Throughout this process of analysis, the writing of memos alongside the development of codes and themes provided an additional record of my thinking process, enabling me to consider both the broader picture and the detail contained within the transcript. This was helpful in considering the 'candidates' for themes, so that themes were not only devised by grouping codes together, but also by reflecting periodically on the developing narrative.

## Results

### *Participation*

Of five people invited to participate, one had to drop out due to illness. Therefore, four music therapists took part in the focus group, which lasted for one hour and twenty minutes. One person left ten minutes before the end due to a prior engagement. The participants will be referred to as P1, P2, P3 and P4, with pronouns corresponding to their real-life identities.

### *Demographics*

The four participants consisted of two women and two men (all cis-gendered), all identifying as white British and non-disabled. All were HCPC registered music therapists, employed by the NHS, with at least ten years' experience post-qualification.

### *Analysis of the focus group discussion*

The group members discussed challenges of delivering the service during lockdown, as well as challenges in returning to practice, including maintaining COVID-safety during face-to-face music therapy. Several solutions were described, including innovations of practice in both online and face-to-face delivery of music therapy. There was some discussion about the need for compromises, where they were required to make the best of a less-than-ideal situation. After returning to school in September 2020, the team practised using a hybrid model of work, where some music therapy took place face-to-face, while other work remained online, depending on the needs and vulnerabilities of the CYP in the service.

The coding process produced 190 codes on the first pass. By comparing and merging codes using NVivo12 software these were eventually reduced to a total of 58 codes, which were then grouped into seven themes. These themes were:

- Therapeutic priorities were identified
- Therapeutic challenges were experienced
- The school community was a crucial resource
- Pragmatism as a response to difficulty
- Positive side-effects of adaptation
- Innovations in practice
- Future pitfalls

Each of these themes will now be elucidated and explored, with the narrative supported by illustrative quotations from the focus group transcripts.

### *Therapeutic priorities were identified*

These could be broken down into priorities observed during the initial period of lockdown, and those more relevant to the return to some face-to-face delivery in Autumn 2020. During lockdown, participants identified an emphasis on maintaining contact with MT clients, where supporting a sense of continuity in the work for clients was seen as having primary importance. P1 stated:

I think during lockdown we did quite a lot of holding...maintaining a therapeutic relationship...I was just trying to let clients know that they were still very much in mind, and to support the work after lockdown.

This led to an aspect of the work post-lockdown which included making links to lockdown experiences of the participants. This was described with particular reference to a group, where a song created during lockdown was recreated in sessions post-lockdown, and it was reported that the impetus for this came primarily from the clients. P1 referred to the 'impact' of the 'gap' after the 'sudden change' of lockdown, and the importance of bearing these factors in mind in the post-lockdown sessions.

Since much of the post-lockdown work described continued to be online, certain priorities were identified in online practice. This included the importance of bringing CYP together, making connections between them in the therapy. P1 reported that in group work, some CYP were able to be 'with peers that they weren't with all of the time', which included 'mixing clients from different classes', which was more possible online without the limitations imposed on in-person contact. Within the groups themselves, social interaction was identified as an important aim. P4 described working with a class group.

One of their main aims was about getting to know each other and settling in the class... [A] couple of children playing together...is really important for that class, because there's always a new person coming in.

In online work, turn-taking between CYP was identified as a useful way of addressing this, while also overcoming any problems caused by sound delay. P2 also identified musical interaction as a therapeutic priority, remarking that, where barriers exist to the work, such as those presented by the necessity of mask-wearing, the music can overcome these. Talking specifically about work with older CYP, he stated:

I think that the...masks have been fine and that the music, in my experience so far...has been enough. If you can keep the music responsive, that's been enough.

There was also a key reminder that, for some clients, being in the same room as the therapist was essential to meaningful therapeutic work, including the idea that online work "doesn't replace

what we were able to offer [face-to-face]" (P1). For one client in particular, "his parents and the staff and everyone are in full agreement that he needs to come back to face-to-face music therapy 'cause he can't access online." (P3) It was my understanding that this referred to his difficulty with engaging in an online medium because he needed to be in-person to 'feel' himself to be in relationship with others.

### *Therapeutic challenges were experienced*

Alongside therapeutic priorities were a number of challenges. These first two themes can be seen as complementary aspects of the same narrative, about how to make therapy effective. There were challenges in both modalities, some of which overlapped. A feeling of being clinically compromised was described.

I feel hugely clinically compromised in both actually - face-to-face and online.  
I think maybe online I ...lowered my expectations of anything musical. (P3)

This included a feeling of reduced ability to support CYP with affect regulation.

[I have been] working with a group who have difficulties in their regulation of mood and affect and of the whole sensory experience of their environment, and when I'm at such a distance I have no control over how to support them to regulate that. (P3)

Online work was also perceived to limit capacity for expression, both in that it became harder to discern musical nuance and because certain activities, such as playing or singing in unison, became much more difficult. Meanwhile, face-to-face work, complying with safety guidelines, made spontaneous responses more difficult in some cases. P1 described an instance where a young child moved towards him to play the guitar, but where this was not deemed safe, and so had to be worked around by providing another guitar for the child. P3 commented that 'you could've done so much more if you'd been with him...on the same guitar'.

There were emotional and psychological challenges for the therapists themselves. Feelings of demotivation were described, which had the potential to jeopardise the quality of practice.

Also then this giving in, in me, which must be there somewhere to just lower expectations, which doesn't sit easily with me at all when I really want to get the best of them and give them the best in musical quality. (P3)

This worry was somewhat assuaged by the observation that the CYP themselves seemed to be continuing to benefit from their experiences in music therapy, that they seemed less adversely affected than the practitioners themselves.

I think perhaps the level of discomfort we're feeling is greater than the compromise to the therapy from their perspective. (P3)

General worries about new modes of intervention being effective were expressed. Despite the innovations in practice and a strongly positive attitude towards these, doubts were clearly present at various points throughout the discussion.

### *Innovations in practice have been developed*

Participants identified specific innovations in practice. The discussion also included statements about experiences of these innovations, that there was a need to adopt a stance of flexibility towards the work, and that this could feel exciting. This was about looking forward as well as responding to need in the moment:

I think there is a really exciting looking forward and perhaps it's part of the hope as well of the situation. (P1)

There was a strong focus on the need to learn new skills to meet the demands of the situation. The idea of 'newness' pervaded the discussion and was expressed in various ways. Broadly, the sense that it became necessary to invent new ways of working 'on the ground', through trial and error, was clearly expressed. The importance of doing this as a team was expressed by P3:

So we chose to do that as a way of peer support and peer reviewing in starting this return to face-to-face practice because of anxiety, wanting to get it right, learn from each other in a real-time way.

P2 described the need to adapt to the difficulty posed by safety concerns around singing in sessions.

Well again I think this comes down to new skills. I think it probably does until you've worked out that singing might be a bit more, you know, a bit less clear with a mask on, you know, finding ways to meet them that don't involve singing really.

Understanding information technology (IT) better, as well as enlisting the help of experts in this area, were seen as essential aspects of the work. Alongside this, certain benefits of online working were identified. Some online work in the post-lockdown model included working remotely from home with groups in school, watching the therapist on a screen in the classroom. Visual aspects of this included the fact that the therapist could appear larger on the screen than they would face-to-face.

To start with, they said it was more the music and my voice that they were engaging in but then they got me on the big screen and then actually they've been engaging visually. (P4)

Conversely, because the sound online was sometimes unclear, visual interpretation by therapists was key to understanding clients' responses to their music in some instances. Alongside this, certain resources could be more easily accessed online by therapists. When working from home, it was felt to be easier to have instruments to hand, as well as other play objects such as puppets.

### *Pragmatism as a response to difficulty*

This theme explores the attitude of the participants towards difficulties posed in the work. Many comments throughout the discussion focused on the need to find solutions that worked, even if not ideal, or temporary compromises. This particularly applied to decisions about who to work with and when, including consideration of group sizes, and whether work would be online or face-to-face. There were several statements about the adaptability of the CYP in the circumstances. P4 remarked that 'whatever music therapy that they're offered, they're very happy that they're getting it' and this was supported by a statement of P3's:

The resilience of so many of the children to bounce back, I think, after such a gap, and to get back into school, and how important that situation and experience is ... to bounce back and make use of what we're bringing as well.

The implication here is that as long as children were receiving *something* from the music therapy team, it was likely that this would be beneficial. This was the basis of a pragmatic stance towards the work.

The make-up of groups, including size and which cohorts were being worked with, was determined to some extent by practical considerations. Groups needed to be kept to a smaller manageable size in order to maintain COVID-safety face-to-face. Certain groups were considered more manageable for online groupwork, for example CYP who had less mobility.

We've chosen to do the two PMLD classes 'cos they're more manageable for online sessions, whereas we need to get closer, we need to be present with the ASD [autistic] ones more. (P3)

Similarly, there was initially some avoidance of working with groups where substantial behavioural concerns might compromise COVID-safety.

We weren't gonna work with the really unpredictable behavioural children whilst we were learning a new way of working involving PPE and safety. (P3)

There was at least one example, however, of prioritising clinical need over COVID-safety, where P1 described working up close to a child because 'that's the only way he can access music-making'. At the same time, pragmatism could create new opportunities for involvement. In this instance, a young person was included in a group which he might otherwise have been excluded from:

We've just introduced a young man who's not in the same bubble<sup>4</sup> as the rest of the...group, but is at the same cognitive social level, but he has physical disabilities, so he's in another class, so the head teacher said, 'Well why don't you Zoom him in to the...group?' So, we've got him in another room, and [he] joins us via Teams, and he's quite ecstatic about it. (P3)

While the size of groups was an important consideration, there was also a comment from P3 that the limitations of working online could require shorter periods of work, because 'you can't do as much as you would be able to face-to-face'.

### *The school community was a crucial resource*

This theme highlights the strong focus on relationships within the community as an essential contribution to the operations of the music therapy service in this time of transition. This includes relationships with staff, parents, and the CYP themselves. An important aspect of the work was in the value of already established relationships. This included both known class groups and individuals who had already been attending music therapy.

The staff team were frequently referred to as providing essential support in facilitating the work. An obvious example was where therapists were working online, while staff were on site, enabling the participation of the CYP in online music therapy groups. Similarly, in in-person groups, school staff were relied on to facilitate interactions while maintaining COVID-safety. Communication with school staff on a strategic/planning level was also important. In particular, a good relationship with the school head was perceived as strongly supportive of the ongoing music therapy practice. Staff generally provided positive feedback about music therapy. This was experienced as supportive and reassuring. At the same time, it was remarked by P4 that more balanced feedback would have been welcomed, that it 'would be nice to have the critical feedback in some respects'. The presence of 'highly skilled school staff' was perceived to enhance children's online music therapy experiences beyond what they had been able to access when at home (P4).

The existence of pre-established relationships with CYP, parents and staff seemed to be important in allowing the work to continue smoothly, both during lockdown and afterwards. Several examples were cited of CYP who were able to engage well with music therapy because relationships had already been established. There was also one comment about the usefulness of social media during lockdown to maintain people's awareness of the work of the music therapy team.

It's been all over Twitter throughout COVID which is shared with the whole community, with the [school] community - photos of what's been happening in the kids' homes in music therapy. (P3)

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<sup>4</sup> 'Bubbles' were identified groups whose members were only allowed to interact in-person with other members of the same group, in order to reduce the spread of coronavirus. They evolved from 'support bubbles', which was a government scheme.

### *Positive side-effects of adaptation*

The process of adapting to new and unforeseen circumstances produced some unpredicted and useful side-effects. There were comments about the crisis producing new and higher levels of engagement from some children. The experience of distance and then reconnection seemed to heighten the experience for them:

The fact that we've kept in touch with- and been through lockdown with them...does that develop the relationship hugely because you've been with them through this crisis in some sense, or is it that it was so limiting online that it's so exciting being back face-to-face? (P4)

For P3, this included an increased capacity for self-expression:

Kids who we've been seeing online during lockdown and then we're back seeing face-to-face, certainly the ones that I work with, they've sort of gone into orbit with their ability to express themselves.

There were opportunities for new experiences, including things which would not have been possible, or considered as an option before, and this enabled CYP to find new ways of engaging with the musical play. One particularly vivid example was provided by P4:

If you're using a puppet or something, you can almost fill the screen, like it's a big thing, whereas it might be a very small puppet, but actually if you put it very close to the camera it becomes really- it fills the whole screen, so- and actually they've really responded to that.

There was also a brief but arguably very significant comment from P3, that for those young people who may have to spend periods of time in hospital, or in isolation at home for reasons other than COVID in the future, new ways of enabling engagement online for them have now been explored and will continue to be used in future. P1 supported this idea, saying that 'there's an application for using this kind of working that can maintain some of that benefit in situations where we haven't been able to make an impact'.

### *Future pitfalls*

The final theme, and the smallest one in terms of content within the discussion, explores a single distinct idea. This was that there may be a danger that some of the 'discoveries' of lockdown might be exploited for cutting corners in future. This was not seen as a risk in this particular setting but was explored conceptually. P1 asked the question:

Could you provide a cheaper service and see far more people by doing video?  
And I think that would be the really wrong reason to do something like this.

He went on to say that working online 'doesn't replace what we were able to offer'. This theme is included because it expresses an important caveat which, while not explored in the rest of the focus group discussion, is worthy of further exploration because 'it captures something important in relation to the overall research question' (Braun and Clarke 2006).

## Discussion and conclusions

The music therapist and educator Maggie Pickett is reported by former students to have adopted the phrase 'adapt or perish' (originating from H.G. Wells) to describe her stance towards practice (Bunt, 2010). Music therapists in the UK typically emphasise the importance of improvisation in their therapeutic practice (Annesley & Haire, 2021; Brown & Pavlicevic, 1996; Hadar & Amir, 2021; Haire, 2025; Nielsen & Holck, 2020; Sutton, 2001, 2019; Wigram, 2004). This can be observed both in the musical interactions that make up the moment-to-moment processes within each music therapy session, and in a broader attitude, where their work involves responding to need in a flexible and creative way. This study has provided a snapshot of these processes in action, as described by the practitioners themselves.

The results demonstrate this team's pragmatic and creative approach to finding new ways of working. This comes across as strongly client-centred, while also being rooted in the school community. Two distinct practices were described, both with shortcomings identified when compared to 'normal' face-to-face practice. These were online music therapy in its various forms (synchronous and asynchronous), and face-to-face music therapy incorporating safety precautions for infection control, including social distancing and PPE. While the latter may continue to be relevant in certain clinical situations, the former has become more established, with the increasing prevalence of online music therapy post-lockdown (Ahessy, 2023; Devlin, 2022). This can be compared to pre-pandemic use of online psychotherapy. In this sense, music therapists have needed to catch up with techniques already established in talking therapies (Inchausti et al., 2020; MacMullin et al., 2020; Scharff, 2013; Weinberg & Rolnick, 2019).

This research has highlighted the creative and innovative responses to the need for hybrid working in an SEN school during a period where the initial restrictions of lockdown in 2020 were lifted. It afforded an opportunity to explore the potential advantages and disadvantages of a variety of new approaches to music therapy with a particular population. While online music therapy is perceived by these participants to involve some challenges not applicable in talking therapies, the advantages, of increased accessibility where in-person practice has become impossible, for whatever reason, are self-evident. A strong message emerges, however, which is that remote work is not appropriate for everyone, and that maximising accessibility also involves identifying those CYP who need to be in the same room as the therapist to have a meaningful experience of musical therapeutic relationship.

## *Implications for practice*

There is a clear indication in these findings that remote music therapy work has led to some important and useful innovations in practice, enabling clients to access music therapy who might previously have been unable to do so, for example due to health vulnerabilities. This points to the potential for

ongoing incorporation of the flexibility of approach described into practice more generally. The creative approaches and attitudes on display here may provide inspiration for music therapists in a variety of settings.

### Implications for further research

Research into online music therapy continues. At present, there are a large number of articles (including the current study) which relate to innovations in response to the COVID-19 pandemic (Agres et al., 2021; Ahessy, 2023; Annesley & Haire, 2021; Cephas et al., 2022; Devlin, 2022; Gaddy et al., 2020; Negrete, 2020). As music therapists develop and refine online practice, it is the hope of this author that these new frontiers in music therapy practice will be reflected in a broadening range of research, enabling further developments in the scope and reach of the discipline.

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#### Author contributions

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AI was not used at any stage in this research .

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The data are not available due to the nature of the study and its research ethics approval.

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## Ελληνική περίληψη | Greek abstract

### Οι απόψεις των μουσικοθεραπευτών σχετικά με την επιστροφή στην εργασία σε ένα σχολείο ειδικής αγωγής στο Λονδίνο, Ηνωμένο Βασίλειο μετά την καραντίνα

Luke Annesley

Μετάφραση: Ευφροσύνη Ευθυμίου

#### Περίληψη

Μετά τη μερική άρση της καραντίνας στα τέλη του 2020, οι υπηρεσίες μουσικοθεραπείας που είχαν μεταφερθεί διαδικτυακά μπόρεσαν να ξαναρχίσουν μερική δια ζώσης επαφή, αλλά υπό συγκεκριμένους περιορισμούς. Για μία υπηρεσία μουσικοθεραπείας του Εθνικού Συστήματος Υγείας που λειτουργεί σε σχολικό πλαίσιο ειδικής αγωγής, οι περιορισμοί αυτοί περιελάμβαναν τη χρήση Μέσων Ατομικής Προστασίας (ΜΑΠ), όπως μάσκες και γάντια, και για ορισμένους ευάλωτους μαθητές, τη συνέχιση της χρήσης διαδικτυακών τεχνικών. Αυτός ο «υβριδικός» τρόπος εργασίας παρουσίασε νέες προκλήσεις, επιλογές και ευκαιρίες για καινοτομία. Η παρούσα ποιοτική μελέτη χρησιμοποίησε μια καταγεγραμμένη διαδικτυακή ομάδα εστίασης για τη συλλογή δεδομένων σχετικά με τις εμπειρίες μουσικοθεραπευτών σε ένα σχολείο ειδικής αγωγής. Χρησιμοποιήθηκε αναστοχαστική θεματική ανάλυση για την ανάδειξη των επτά ακόλουθων θεματικών ενοτήτων: *Καθορίστηκαν θεραπευτικές προτεραιότητες, Αναγνωρίστηκαν θεραπευτικές προκλήσεις, Η σχολική κοινότητα αποτέλεσε κρίσιμο πόρο, Ο πραγματισμός ως απόκριση στις δυσκολίες, Θετικές παράπλευρες συνέπειες της προσαρμογής, Καινοτομίες στην πράξη, και Μελλοντικές παγίδες*. Διαπιστώθηκε ότι οι καινοτομίες στην πρακτική θεωρήθηκαν ως δυνητικά χρήσιμες για τη μελλοντική πρακτική, ιδίως όταν επέτρεπαν μεγαλύτερη προσβασιμότητα για ορισμένους πελάτες, ενώ αναγνωρίστηκαν τα οφέλη της δια ζώσης εργασίας.

#### Λέξεις κλειδιά

διαδικτυακή μουσικοθεραπεία, σχολεία ειδικής αγωγής, ομάδα εστίασης, αναστοχαστική θεματική ανάλυση