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ARTICLE

An analysis of caregiver perceptions of early childhood music therapy telehealth groups

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ABSTRACT

Early childhood music therapy research typically examines the effects of music therapy sessions on children, but little research has examined the perspectives of caregivers: parents of the children and classroom teachers/staff. The purpose of this study was to formally analyse the perceptions of both groups of caregivers of the children who received music therapy services in this 12-week programme. Participants included six Parents and Legal Guardians (PLG) and five Early Childhood Professionals (ECP) who voluntarily took part in individual interviews after the 12-week sessions had concluded. The researchers conducted a thematic analysis of the interviews and created codes, categories, and themes. We identified six themes: two specific to PLG experiences and two specific to ECP, alongside two that were similar across all participants. Results indicated that both groups seemed to need more information as to the purpose of music therapy sessions. Secondarily, stress from the pandemic may have hindered the capacity of both groups to integrate the information from the music therapy research team over the period of the study. Future goals for music therapy researchers in early childhood education settings regarding their relationships with PLG and ECP are discussed.

KEYWORDS

parents,
caregivers,
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telehealth,
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INTRODUCTION

Young children form connections to the adults with whom they spend their time, primarily with caregivers in the form of biological, foster, or adoptive parents, and Early Childhood Professionals (ECP, referring to the various levels of professional staff in early childhood settings) if they attend an early childhood care centre of some kind. In the United States (US), a report from the National Center for Education Statistics (NCES, 2024) established that in 2021, 53% of three to five year olds were in some form of half or full-day care, a decrease from a 59%-61% in the years 2012-2019. A variety of ECP interact with children at childcare facilities every day and they play a growing role as more research shows the importance of healthy connection and attachments in early childhood.

This study was situated in a Head Start certified early learning centre. Head Start, a US-based programme for early education administered by the Department of Health and Human Services Administration for Children and Families, is structured around five key domains: approaches to learning, social and emotional development, language and literacy, cognition, and physical development (Families, 2023). Head Start (and Early Head Start for younger children) fund early childhood facilities who provide comprehensive educational environments for families with lower socioeconomic status.

Adults in young children's microsystems

Parents and Legal Guardians (PLG) and ECP have a place in each child's microsystem, according to Bronfenbrenner's Ecological Theory (1979). Social skills development occurs within this microsystem, wherein there is intersubjective relating learned through healthy attachment to caregivers. Music therapists and ECP might also be considered as part of a child's microsystem, along with PLG. Ideally, these adults are united in trying to provide safety and attachment in the relationship while encouraging the child's development in four phases, according to Briggs (1991): reflex (0-9 months, all ages are estimates based on typical neurodevelopment), intention (9-18 months), control (18-36 months), and integration (36-72 months). Using Bronfenbrenner's ecological systems theory, the current research project was conducted to better understand the nature of the microsystem that includes the interactions among music therapists, ECP, and PLG. Oldfield and Flower (2008) provided a variety of case studies that delved into how music therapists navigate their relationships with family members of children across the age and ability spectrum. Music therapists have collaborated with other professionals who work with children, addressing various concerns such as communication disorders (Boster et al., 2021; Devlin & Meadows, 2021) and physical difficulties (Eid et al., 2021).

To date, research suggests that ECP's comfort and competence with using music varies greatly across geographic areas (Kirby et al., 2023). This study seeks to add to the existing body of knowledge by investigating PLG and ECP attitudes toward collaborating with music therapists who provide large group, small group, and individual music therapy sessions via telehealth during the pandemic.

Attachment and early childhood

Attachment theory undergirds much of early childhood development and many have studied methods to improve and increase attachment between young children and the adults who care for them, including PLG and ECP (Wolfgang, 2018). Makridis et al. (2021) summarised early childhood pedagogical approaches and the "investments" that early childhood music engagement may foster, including cognitive and social development. They suggested that "there is ambiguity about exactly how to invest in children" and promoted "evidence that arts and music education is integral for childhood development" (p.14). Head Start actively engages parents in the learning and well-being of the young children they serve (Head Start, 2024). Early childhood music professionals, like educators and music therapists, may be able to educate PLG and ECP about the benefits of music in early childhood development in the context of remote learning. In this study, the focus was on the perspectives of PLG and ECP on the children they cared for who participated in telehealth music therapy group and individual sessions that occurred at an early childhood facility in the Western US. Additionally, there were technological barriers to overcome and questions around whether musical engagement could still provide some key development for the children in the way Makridis et al. (2021) and some music therapy researchers (Furman & Humpal, 2006; Humpal, 2018; Schwartz, 2008) have suggested. This study investigates PLG's and ECP's understanding of the benefit of music in early childhood development delivered through telehealth at one early childhood centre.

Music in early childhood settings

Kirby et al. (2022) reported on the uses of music by ECP in educational settings, including the purposes and challenges they face with music. They also suggested that music engagement can be influential for children who are multiple language learners, as was the case for many children in the current study who are primarily from LatinX and/or Hispanic cultures. One challenge for ECP is their lack of training in music, as opposed to a music specialist, such as a music therapist. Kim and Kemple (2011) and Rajan (2017) agreed that ECP's lack of musical understanding and knowledge prevents them from having more successful connections with young children through music. Hodijah and Kurniawati (2021) claimed, "in general, teachers believe that music has an important role […] and their attitude has an important role in the process of learning as well" (p.161).

Telehealth music therapy sessions

The study included weekly group music therapy sessions for children at a Head Start facility in the Western US. The Head Start programme director divided the children into various classroom cohorts per spacing and distancing requirements put in place during the COVID-19 pandemic, which included morning and afternoon cohorts. A research team administrator sent the facility a variety of technology for the music therapists to create virtual music therapy sessions with the help of ECP at the facility. However, music therapy, like many professions, did not have a great deal of research on telehealth prior to the pandemic (Wang et al. 2023; WHO, 2010). Vaudreuil et al. (2020) noted this lack of literature in the profession and encouraged music therapists to learn more about audio fidelity when delivering

telehealth music therapy services. Knott and Block (2020) put forward a three-tiered model in virtual music therapy. In the current study, the music therapists practised at tier 3, which entails synchronous music therapy sessions through online video and audio platforms to encourage therapeutic music and movement experiences.

Session structures were created by the music therapists with input from the research team, focusing on the goal areas of social competence and emotion regulation. These goal areas have been investigated by other researchers in music therapy and early childhood, particularly Sena Moore and Hanson-Abromeit (2018). Before the study began, the research team asked the early childhood learning centre programme director to reach out to families to complete demographic surveys and inform them about what virtual music therapy sessions would look like with their children at the centre. The programme director also created a list of children who were more "at-risk" based on their facility assessment and those children were referred to music therapy for individual weekly sessions in addition to group sessions. The research team worked with PLG to schedule individual virtual music therapy sessions from 15-30 minutes once a week. Group sessions were typically around 30 minutes in length. Both individual and group sessions included ritual hello and goodbye songs (to promote social competence), small or large movement (for emotion regulation), and some instrument playing/singing songs that included social stories and worked on goals such as sustained attention.

PURPOSE OF THE STUDY

The purpose of this study was to formally analyse the perceptions of both groups of caregivers of the children who received music therapy services in this 12-week program. There are two unique aspects to this investigation. First, there is scant research on music therapy services in Head Start. Head Start's focus on involving parents in their child's learning is an ideal milieu to investigate how music therapists can serve as expert collaborators with ECP and PLG. Second, the pandemic created an environment for us to evaluate telehealth practices, specifically the pros and cons of trying to communicate without face-to-face contact and in-person feel that is found in typical music and movement-based moments.

Our aim as a research team was to better understand the perceptions of the adult participants in this research study. The guiding research questions were:

1) What were the experiences of PLG (Parents and Legal Guardians) and ECP (Early Childhood Professionals) during the music therapy research period?
2) How did their experiences compare? What were the similarities and differences?
3) What were their experiences specific to the telehealth aspect of music therapy service delivery?

METHOD

The research team was contracted with a Head Start facility in the Western US prior to the pandemic to conduct music therapy sessions over 12 weeks to include group and individual sessions by two board certified music therapists. The overall ethnic and cultural makeup of the children/families at

this facility are majority Hispanic/LatinX, which mirrors the ethnic makeup of the community where this facility is located.

The research team included three administrators from a music therapy company who built the relationship with staff at the early childcare facility, two board certified music therapists who facilitated the music therapy sessions, and two board certified music therapists who are the research consultants and authors of this paper. One of the co-authors (AK) conducted the interviews with ECP and PLG, and both co-authors analysed the qualitative data for this dissemination.

Given the above research questions, we employed thematic analysis, as defined by Braun and Clarke (2021), to learn how PLG and ECP understood and made sense of this telehealth music therapy session. Given the parameters of the pandemic, we conducted online video or phone interviews with these two groups of caregivers. None of the PLG had experienced their child in a music therapy group or individual session before and none of the ECP had facilitated any 'virtual' portions of music therapy groups, although some had prior experiences with a weekly in-person group. The music therapy sessions took place in early 2021 over 12 weeks and the interviews took place within three weeks immediately following the final weekly group session.

Intervention

The telehealth intervention was created by the research team to meet the obligation of the initial contract but also adhere to distancing guidelines of the school district that the Head Start facility was under. The intervention consisted of 30-minute sessions once a week, facilitated by one of the two music therapists over a video platform. Some children also received individual or small group services depending on referrals from the facility director. The research team provided the facility with instruments for each child, video and audio equipment to project the image of the music therapist, and any other support that was requested by the ECP and PLG. The research team met weekly initially to develop the session plans for group sessions. The music therapists were responsible for planning individual and small group sessions based on different goals and objectives for the children in those sessions.

Participants

Overall, five ECP and six PLG completed an interview with one of the co-authors for the purposes of this study. The ECP who worked in the two classrooms that received music therapy weekly groups were invited to be interviewed for this study and agreed to make time for an interview of thirty minutes or less. The other group interviewed for this study were PLG of the children who received both group and individual music therapy sessions over the 12-week period.

Response to intervention

The facility director, as part of their typical processes unrelated to this study, conducted a process through Response-to-Intervention (RTI; Brown-Chidsey & Steege, 2011) protocol. RTI (Jimerson et al., 2016) is a systematic method for identifying, defining, and resolving students' academic and/or

behavioural difficulties. RTI most frequently involves a multi-tiered approach to the implementation of instructional modifications (Pierangelo & Giuliani, 2008).

In this facility, there were three tiers used in their assessment procedures. Tier 1 children were seen as needing fewer additional supports throughout each day. Tier 2 children needed moderate supports, such as an occasional one-to-one ECP to help with emotion regulation. Tier 3 children were assessed as needing the most support, as they most frequently struggled with emotion regulation and social skills with other children.

All children in the facility received weekly music therapy groups. Children assessed at RTI levels 2 and 3 were referred to and scheduled for one-to-one 15-20 minute music therapy weekly sessions at times outside of the regular weekly groups. Music therapy was one way the facility could offer additional support to children assessed as tier 3 due to staff shortages related to the pandemic. A total of 92 children began music therapy groups at the facility, but we could not ascertain how many children were additionally enrolled or left the facility by the end of the study.

Interviewing procedure

The PLG were familiar with the music therapists who facilitated the weekly sessions over a video conferencing mobile device app. However, they did not know the interviewer. Therefore, we requested that the programme director partner with us to conduct a purposive sampling procedure. We communicated to find a sample of PLG and ECP that could "provide the relevant information about the topic or setting" (Ary et al., 2018, p. 429). Specifically, we relied on the programme director's rapport with their staff and PLG to encourage participation, given that the interviewer intentionally maintained detachment to reduce potential social desirability bias. Some interviews with PLG could not be completed because they either did not answer when contacted or did not respond to attempts to reschedule. All interviewees were provided with a consent form, in compliance with informed consent procedures approved by the school district where the facility is located. The form included information about the nature of the research and clarified that the music therapists and other staff from the music therapy company would not have access to the full transcripts of the recorded interviews. This was intended to encourage interviewees to feel comfortable providing an honest impression of music therapy.

Semi-structured interviews

We received ethical approval for the interviews from the school district's ethics and research review team. The approved list of questions for both PLG and ECP can be found in Table 1. We adopted a semi-structured approach, meaning these interviews are "non-standardized and are often used in qualitative analysis… [which] allows for probing of views and opinions where it is desirable for respondents to expand on their answers" (Gray, 2009, p. 373). The interviews were conducted by phone and audio recorded for transcription and review on a laptop using an audio editing programme. Alternatively, interviews were conducted using online video meeting software, the same used by the music therapists for their sessions, video recorded for transcription.Interviews lasted no longer than 30 minutes to be respectful of the time of each volunteer interviewee.

Questions approved for PLG semi-structured interviews	
1.	Tell me some overall impressions of the music therapy sessions that your child is involved in.
2.	What are some strategies that you see the music therapists employing that are successful?
3.	What kind of carryover from sessions to your home environment have you observed, if any?
4.	Please let me know any remaining thoughts that you wish to be recorded as part of this study.
Questions approved for ECP semi-structured interviews	
1.	Tell me some overall impressions of the music therapy sessions in your classes.
2.	What are some strategies that you see the music therapists employing that are successful?
3.	Do you see relations between music therapy groups and RTI systems? If so, please elaborate.
4.	What kind of carryover from sessions to your general classroom did you observe, if any?
5.	Please share a story about a specific instance where music therapy helped a child or group succeed.
6.	Please let me know any remaining thoughts that you wish to be recorded as part of this study.

Table 1: Semi-structured interview questions approved for asking ECP and PLG

We (the co-authors) used another source of data to assist in preparation for the interviews, although it was not included in the data analysis. Many of the music therapy sessions were recorded, since they took place over an online video conferencing platform that allowed for recording. Therefore, we were able to watch several hours of sessions to observe the ECP and children to get a sense of their interactions with the music and the music therapist implementing the session. Our goals in watching several of the sessions was to help us learn if there were experiences and/or moments of significance that would help us articulate other questions during interviews.

Data analysis

We used only the transcripts from the interviews of ECP and PLG as the core material and used our relationship with the research team to help contextualise the material. We employed an inductive coding approach within thematic analysis. This approach included creating codes from a line-by-line analysis of the transcripts, noting where some codes were no longer needed or could be collapsed into other codes (Braun & Clarke, 2006). We repeated this process until we felt we had a more manageable list of codes to create a coding frame and then converted the frame into categories written as phrases. Our approach to gathering and categorising primary data from two different primary sources (PLG and ECP) was similar to the data analysis procedure employed by Jang (2020).

We completed a first draft of the categories and sent them to the research team for their feedback and potential revisions/corrections. We compiled their feedback and edited the resulting categories which are presented in Figure 1. Table 2 is an outline of our analysis process based on Braun and Clarke (2006, p.96) “15-point checklist of criteria for good thematic analysis.”

Process	Number	Criteria
Interview Recording	1	Data recorded from phone or online video interviews
Transcriptions	2	Discussions were transcribed and auto-transcriptions were reviewed and edited for accuracy
Coding	3	Each data item was given attention as a potential code
	4	Codes were collated and categorised thematically
Analysis	5	Analysis and data are matched - themes and codes seem well-aligned
	6	Analyses include quotes/anecdotes as supportive examples
Written Report	7	Researchers claim agency in the iterative and meaning-making process of theme creation

Table 2: Thematic analysis processes

Throughout the thematic analysis, we took steps to ensure trustworthiness (Nowell et al., 2017) using the following steps:

1. Reading and immersion: It was important to take some distance of time and thought between recording each interview, listening back to recordings, creating transcripts, and repeating the listening and reading process until we had a sense of the narrative in each individual account. We did not create codes until we were able to sense the uniqueness of each interviewee's experience before looking for commonalities in coding.
2. Expert checking: We sent the categories and resulting themes to members of the research team who are practicing music therapists, including the two interventionists for this study.
3. Triangulation of data: The analysis of the data was influenced by our interactions with the music therapists who prepared and implemented the sessions, our review of several hours of recorded group sessions, and the transcripts of each interview of ECP and PLG. We were able to probe interviewees about what they meant by certain answers/terms used since we were familiar with the session content and aims.
4. Researcher bias and acknowledgement of the researcher perspective: As members of the research team, we were involved with the entire process of designing and preparing sessions. We did not have any previous relationships or meetings with any of the interviewees and made clear to them that their responses and transcripts would not be seen by other members of the research team with whom they had interacted or may interact with in the future. As music therapists who work in early childhood (EC), we also had to consider the context of our own experiences and our hopes of productive and meaningful results from the 12-week session. We have decades of experience facilitating early childhood music therapy sessions as well as family music classes. Given our extensive experience, we have thought deeply about how we can communicate with the adults in our sessions. For instance, we place a high value on

empowering adults to make music with their children outside of "music time". Stige et al. (2009) suggested our biases and experiences are integral parts of the reflexive process and self-critique.

5. Negative case analyses and exploration of rival explanations: Interviewees provided valuable insight that challenged the direction of our analysis, resulting in a rich, nuanced understanding of their experience. This informed our understanding of the data. Simultaneously, we had to imagine a rival explanation that would help us understand, particularly with PLG interviewees, what they were referring to with some explanations of their child's musicality, enjoyment of, or indifference to a music therapy moment, and whether it was an aberration to the norm as they recalled it.

FINDINGS: THEMES AND ASSERTIONS

Based on our analysis, we grouped the codes into three categories: those unique to PLG, those unique to ECP, and those similar for both groups (Figure 1).

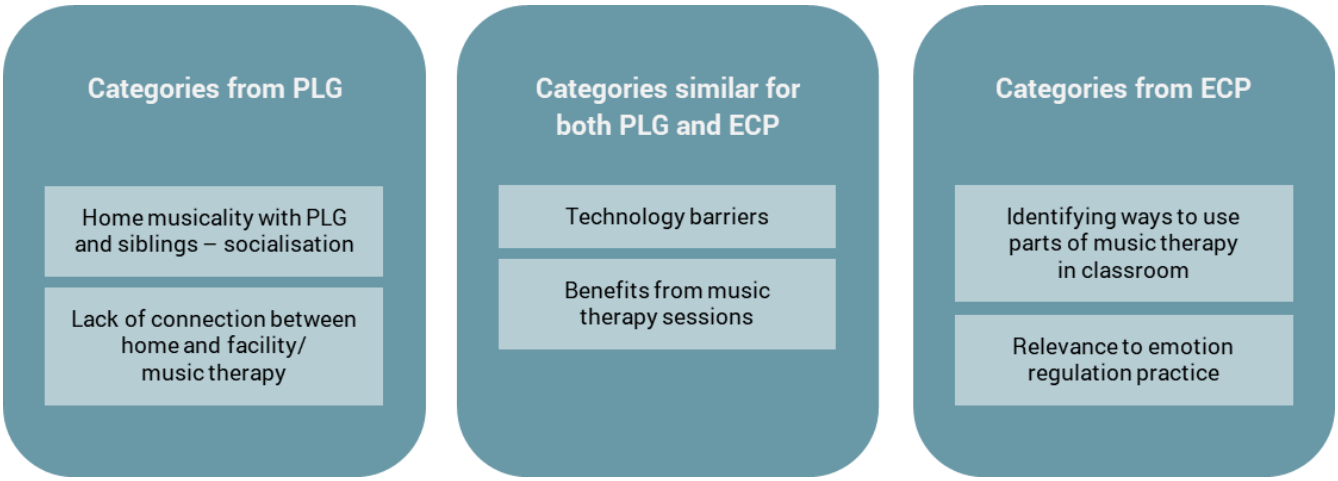

Figure 1: Three groups of categories resulting from codes and coding frame analysis

Each of the six categories above resulted from an iterative process in analysing the coding frames and then receiving feedback from other members of the research team. We sent these data and a link to an anonymous survey where they could provide feedback to add more context, challenge a category or wording, or decide not to participate. This feedback is contextualised below as we explicate the process of converting the categories into broader themes and assertions using quotes from interviewees and observations (Figure 1).

Home musicality with PLG and siblings – socialisation

The COVID-19 pandemic necessarily limited socialisation opportunities for young children. As such, music therapy sessions represented a necessary moment of normalcy for the children. PLG were encouraged to supervise and engage with their child during the learning day. This gave PLG the

opportunity to observe music therapy sessions and formulate opinions regarding the importance or impact of music therapy on their child. One interesting finding is that PLG noted musicality about their child when at home, sometimes in the context of the child making music with PLG and/or siblings, particularly during a time when the pandemic limited most other non-family social contact. There would have been no other way to capture this aspect of musicality at home without the interviews.

One PLG lamented the loss of social activities for their child but commented on the importance of being in school: "It's good that...just being around his friends, his teacher, arts and crafts, he gets to play music, things that he doesn't do at home... he's naturally a social butterfly."

Another mentioned that a lack of social interactions may have stalled progress in the speech domain for their child: "I think socialization was a big part of it... they [ECP and music therapists] provided a really structured routine...We went through music therapy and... what is it? Speech therapy? And now he is back on track." Music therapy may have helped to mitigate some of the skill stagnancy that some young children experienced during the extended shut down.

A third PLG sensed their child was creating more music on her own around the house

> maybe because you guys were doing that stuff at school, maybe that built (*sic*) to why she was so active with singing and with her instruments and stuff at home. (Music) really is part of her every day all day, now that I really think about it.

Lack of connection between home and facility/music therapy

During weekly research team meetings, staff and interventionists shared some of the problems in connecting with families to schedule times for individual sessions. Over time, we also learned that connecting over a video conferencing platform was a barrier for some PLG who struggled to get the technology set up for their child in an appropriate environment and sometimes resulted in PLG forgetting about a scheduled session, which meant the child might not be emotionally or cognitively ready if waking from a nap, coming off a diaper change, or part of other plans the family was already engaged in.

Some of the PLG struggled to understand the communication from the research team as delivered through channels at the early childhood facility. This highlighted the difficulty with centre-family communication that may have been exacerbated by the pandemic. A mother of a 3-year-old in the school was not sure why I was calling her at a time arranged by the early childhood programme director.

> When she (director) told me you were gonna call I was like, wait, what? Is she in music therapy? Like, I don't even know or are you calling me to see if I want her to be in music therapy? Well if I did (know she was in music therapy) and maybe I missed it, maybe I said 'Yes' and didn't hear anything after that.

One PLG said "initially I didn't even know that (music therapy) was a thing, or what it was for... but I had an idea (of) it being something about teaching coping mechanisms." Another PLG gave

a response that crossed over into the technology category (Figure 1) when asked "What were your impressions of music therapy sessions?" The PLG apologised for the nature of her English-speaking ability which she also noted in her child.

> The songs? She (My child) like (*sic*) to dance, like to sing. It (Music therapy sessions) was a little bit complicated because she has troubles with the speech and, um, it's a little bit hard for her to get in contact with the phone or the computer, the session, by internet. I think the last two months she was ok, because we changed the schedule... and she was ok.

Assertion #1

PLG were able to articulate aspects of musicality in their children and see a particular way music is or could be a catalyst for socialisation between their children and siblings. However, a lack of connection between the PLG and the facility staff and research team prevented them from understanding the potential and intentions of music therapy group and individual sessions.

Technology barriers

Technology barriers were mentioned by each ECP, several of the PLG, and were a common topic of the research team. These barriers consisted of a wide variety of issues including stable internet availability during sessions, audio fidelity, physical connections to speakers and projectors, PLG using smaller mobile devices for individual sessions, and lower quality video inputs. Apart from the physical issues, ECP mentioned several issues that impacted the utility of these sessions, including the setup time to complete all connections, troubleshooting audio/video issues during sessions, the general anxiety of these responsibilities while also caring for their cohort of students during sessions, and finally, not having the music therapist there in person impacted the utility of the sessions.

An ECP noted:

> It was a little frustrating in the beginning because we would really have to take a while to set everything up and take it down and a few sessions we had more time setting up and tearing down (than) actually doing music.

Benefits from music therapy sessions

An ECP who had experience with a music therapist in their classroom prior to this programme summed up the notion of music therapy benefits by stating that music therapists are "working on so many things all at the same time like language and attention and socialisation and all these things that we are thinking about every day these kids come to us." So while this ECP had an experienced lens with which to see the efforts of the music therapists in the current program, they were also able to tell the less experienced staff in their classroom what was happening and to feel more comfortable with the expectations that music therapists have of the ECP during sessions. Another ECP synthesised what they saw happening in music therapy groups, particularly with emotion regulation: "They play

music, and it helps them get in a better space, or peace of mind, (they know) that it relaxes them… (helps them) regulate maybe?"

A PLG also articulated some of the goals of music therapy sessions:

> They're learning about ways to calm their bodies. Singing or learning an instrument can help them learn to self-regulate... they can get in a place where there is no reasoning with them... so she (the PLG's child) has a list of things on wall that she can do to self-regulate... maybe it can be play (sic) an instrument or sing a song. Sometimes she says, 'Mom I'm doing my breathing, watch!'

Interestingly, the emotion regulation focus came through much more than socialisation and social skills training in the comments from PLG, which could be because the children were still limited by pandemic-based social distancing requirements. It is possible that PLG did not observe groups and so they did not see any elements of social skills practice. It is also possible that ECP associate social skills training primarily with children in proximity with each other, sharing props/instruments, and other similar activities that were not allowed. Thus, music therapists implemented other therapeutic experiences to foster social skills while social distancing, such as singing each other's names and sung social stories.

Assertion #2

Both PLG and ECP expressed some level of frustration in the technology barriers, including stable internet access, tablets, and sound quality, and shared how these issues may have hindered the effectiveness of sessions. However, ECP saw benefits from music therapy sessions and PLG, who did not necessarily have an understanding of the intention of music therapy, were interested in learning more and had suggestions and a desire for music therapy sessions to continue.

Identifying ways to use parts of music therapy in classrooms

Each ECP recalled ways that some of the content of the music therapy session, song lyrics or goals/topics, reappeared outside of the sessions and as part of the early childhood classroom environment. One commented: "Well, some of the songs are pretty catchy, so we'd be lined up to wash hands or something and someone would just start singing a song and change the words to be about hand-washing." Another remarked: "Even with a smaller group of kids, lining up to go outside gets them going so we tried to sing or like, kind of sing or chant some of the lyrics about taking a deep breath."

Relevance to emotion regulation practice

One ECP also added that they also could refer back to the music therapy session to make a point.

> One time this boy was having a really hard time just not being so crazy in the classroom and we got to a point where we could, you know, sit together, and I tried to say, like, remember in music when we were trying to give ourselves a hug? So maybe the music helped him remember that.

One ECP seemed to equate emotion regulation with compliance, which was not an approach espoused by the music therapists. They commented: "I think it's really good when they can follow the directions and calm themselves down between some of the more energising things they do with music." In this instance, the ECP was likely referring to sung directions to perform actions that were meant to correlate with mindfulness and some sensory prompts from the music therapist. Compliance with the directives as given was not the goal in the case of these moments where they facilitated an experiential on emotion regulation.

An interesting overlap with the technological troubles came about with an ECP who recalled how the staff was trying to help the students regulate themselves while patiently waiting for the issues to get ironed out:

> I don't really know techie stuff, so another teacher was trying to connect or move something around and I was really trying to keep the kids from getting too antsy. We just started trying to rap something or remember a song from last week. Because if they get to a certain point, the music therapy would probably not be too great that day!

Assertion #3

The ECP worked through 2020, despite the increasing dangers of the pandemic. They appreciated that music therapy groups could offer some tools that they were able to bring into non-music therapy instructional time. Specifically, they most easily recognised the music therapists working on emotion regulation and incorporated that content into non-music therapy portions of their school week.

Barriers and limitations

Some of the benefits we found are categorised as environment, social and emotional practice online, and props and tangibles. While all three had the beneficial qualities listed, all three also had drawbacks. For instance, there are benefits to having a music therapist who is able to bring a wider variety of instruments and props to create novelty and use some adapted approaches from music education. Similarly, there are benefits to learning social practices of giving comfortable space to peers, practicing appropriate touch, and other elements of proximity which all contribute to social competence. The need for social distancing and infection control certainly created those barriers that the music therapists struggled to overcome with the online platform. The main barriers and limitations, however, included the interaction of technology and environment, as well as overall therapeutic rapport.

DISCUSSION AND IMPLICATIONS FOR FUTURE RESEARCH

The purpose of the study was to formally analyse the perceptions of both groups of caregivers, PLG and ECP, of the children who received music therapy services in this 12-week program. The members of the research team are unaware of previous literature that delves into these two groups of caregivers and early childhood music therapy via telehealth practices.

In summary, the research team created and implemented a 12-week telehealth music therapy programme for two classrooms at an early childhood learning centre. This programme comprised group and individual sessions for students with higher needs in the latter part of 2020 and early 2021. PLG of students in music therapy groups and ECP who participated in music therapy groups were asked to participate in interviews. We recorded, transcribed, and coded all the interview data and worked to contextualise it with our observations of sessions and recollections of participating in weekly planning sessions with the programme team. The codes were converted into categories and elaborated into themes. After conducting validity checks, we made three assertions:

Assertion #1: *PLG were able to articulate aspects of musicality and ways music could be a catalyst for socialisation between their children. However, a lack of connection between the PLG, the facility staff, and research team prevented PLG from understanding the potential and intentions of music therapy group and individual sessions.*

Assertion #2: *Both PLG and ECP expressed some level of frustration regarding technological barriers, including stable internet access, tablets, sound quality, and how these issues may have hindered the effectiveness of sessions. However ECP and PLG saw benefits from music therapy sessions. ECP noted how music had affected their children positively. PLG were interested in learning more and had suggestions and a desire for music therapy sessions to continue.*

Assertion #3: *Despite the increasing dangers of the pandemic, ECP worked through 2020. They expressed appreciation of the music therapy groups, which offered them tools to bring into non-music therapy instructional time. Specifically, they most easily recognised when music therapists worked on emotion regulation and incorporated that content into non-music therapy portions of their school week.*

Benefits

Overall, the ECP were agreeable to try music therapy via telehealth since some had experience with in-person music therapy services. The added benefit of having music therapists who understood how to implement RTI approaches for individual sessions appealed as well, since music therapy seemed to be a modality that children benefited from anecdotally, regardless of their assessed tier level. In practice, we believed that continued attempts to refine telehealth delivery of music therapy services were in line with non-music therapy-specific conclusions from Huisman Koops and Webber (2021) and worthy of efforts to engage the children and early childhood learning centre staff musically.

Environment

First, children were able to receive music therapy services with some sense of comfort in that they were in familiar confines of the early childhood learning centre (for groups) or home (for individual sessions), instead of a music therapy clinic. While an argument could be made for having young children in a music therapy-centric environment with a wider variety of instruments and acoustic treatment, music therapists have often used itinerant scheduling as private practice clinicians to see service users where they are most comfortable (Wilhelm & Knight, 2020). In addition to this general benefit of a familiar environment for the children, having other adult caregivers take part in music seems to help the non-music therapist adults understand more about the therapeutic process of sessions over time. In groups at the early childhood learning centre, ECP serve as models for

the children, taking an active role, getting the technology set up, and are seen as partners with the music therapists. Some ECP also reported using songs from music therapy sessions in non-music therapy instructional times to help with arousal regulation and classroom rituals. For individual sessions at home, some PLG reported how frequent their child received music therapy services, what their child was most interested in doing during sessions, and how long their attention was sustained on different musical stimuli. When these children are in their typical early childhood learning centre, PLG may not be as attentive to how often their child received "pull-out" tier 3 services because they were required to schedule sessions and prepare their child physically and mentally for the session. It also made PLG aware of the kinds of musical stimuli already existing in their home environment: instruments, "found sound" (household items that could be used musically), and radio/video/toys with musical elements. The music therapists would endeavour to incorporate these at-home musical elements in the individual sessions as a child-led portion. In some cases, PLG and siblings were able to join in for a more family-based music therapy session.

Social and emotional practice online

Through telehealth, it seems that the music therapists were able to find ways to incorporate musical aspects to address social competence and emotional regulation through various Therapeutic Music Experiences (TMEs). They used TMEs to embed social stories (Schwartzberg & Silverman, 2013) and songwriting through children's suggestions and leadership (Baker & Wigram 2005), primarily through receptive and compositional music therapy methods (Bruscia, 2014). The focus areas for social competence included joint attention, common theme interactions, and music-making together. Emotion regulation and social competence are areas of focus at this early childhood learning facility.

Sena Moore and Hanson-Abromeit (2018) created the Musical Contour Regulation Facilitation (MCRF) protocol to address emotional regulation, as it plays a role in "social competence and school adjustment" (p. 409). Therefore, it was important to create sessions that included TMEs directed at both goals, emotional and social in all sessions. Even online, the music therapists were able to provide children opportunities for both emotion identification and regulation using a mixture of receptive music therapy methods and mindfulness exercises (Zeman et al., 2006). Furthermore, using the RTI model, children who might have struggled to practice these concepts in a group setting were able to process the information in their individual sessions. Subsequently, PLG at home could reinforce the information throughout the week by singing an approximation of the melody as a kind of mnemonic device or reminder of the emotion regulation goal area.

Props and tangibles

Through this online setting, we found that it was possible to use fewer props and tangibles. This meant that less transition time was needed for distributing and collecting instruments in sessions. For in-person group sessions, children would be tempted to play with the props. Instead, the online format meant that therapists needed to use few behaviour management strategies. Additionally, they could transition musically between TMEs, keeping the flow of the session at an optimal level.

Technology and environment

Implementing in-home telehealth music therapy sessions included certain difficulties. Some PLG were able to provide a larger screen with better speakers, external or attached to the computer interface, while others either did not have those means or chose to hand their mobile phone to the child for the individual sessions. In some cases, this limited the music therapists' ability to appropriately use music applications and online platform features such as screen and audio share. It is possible that, at times, PLG were not able to create an appropriate space for telehealth music therapy services with reduced distractions. The music therapists recorded some clinical notes to this effect, stating that in some cases, children had to be awakened from naps to have their music therapy session, for example. In addition, scheduling sessions around family emergencies, family dynamics and support, lack of instruments at home, and knowledge of how to use the online video conferencing platform likely impacted the music therapy sessions. Poole et al. (2020) recently created a 'Tele-intervention Virtual Visit Checklist' that is an outstanding recommendation for all early childhood professionals to consider for any future telehealth work to better navigate these problematic issues.

Group sessions had different technology and environmental challenges to navigate. The music therapists conducted a technology primer to familiarise ECP with the technology to be used in sessions and confirmed start times and durations of weekly music therapy sessions still needed to include time for setting up the projector, two tablets, online video sign-in information from the music therapists, and audio/video troubleshooting from the study observer (music therapy intern). While this time decreased over the first few weeks, the overall time given in direct service was shorter in the earlier sessions. The facility did not own the technology, so the music therapy company had to take on the cost of purchasing audio/visual equipment and troubleshooting technological issues from a distance. It also proved sometimes problematic for ECP as they were not able to use the technology successfully. These issues, directly before sessions, also meant that the children had unstructured time just prior to the expectation of the ritual hello song and structure provided by the music therapists for the session.

Therapeutic rapport

Therapeutic rapport and the therapeutic relationship are commonly understood terms for clinicians in the helping professions (Lambert & Barley, 2001) and in early childhood learning centres (Harden et al., 2010; Wolfgang, 2018). Therapists recognise that therapeutic rapport may often be the singular factor that determines whether progress is possible within any individualised clinical relationship. So, the focus of the assessment and initial sessions is on cultivating this therapeutic relationship. As stated earlier, the music therapy company had conducted sessions at this facility before 2020. However, the two interventionists had never met these children or ECP prior to the telehealth study.

Moreover, the music therapists had to work to create therapeutic rapport with two classrooms of children. In weekly team meetings, they expressed a lack of confidence that they were growing their working alliance with each child. Oldfield and Flower (2008) described the importance of music therapists establishing therapeutic rapport not only with children, but also with the adults as part of a child's microsystem (Bronfenbrenner, 1979). This seems to be one of the biggest challenges to

telehealth, at least preliminarily. Music therapists who are able to have an in-person relationship with the ECP and PLG might better establish therapeutic rapport with them.

Future research

Future research with ECP and PLG should include both quantitative and qualitative data, and outreach and connection to these two groups of individuals are paramount. Quantitative data that are usable by directors of childcare facilities is essential, particularly, in the United States where metrics are desirable to policy-makers. Some of the ECP in the study might have been less sceptical about the music therapy programme if we had evidence that showed them how their work might improve due to fewer incidences of unwanted physical touch between children or that more children are able to express a wider variety of emotions after going through a music therapy unit at a facility.

In terms of outreach and connection, music therapists in early childhood must work to gain cultural competence when working in such diverse settings. Rather than simply creating inventories and forms in other languages, we need to establish two-way communication with families in the language that they are most comfortable with. This helps us connect with parents to feel more included by virtue of availability of Spanish-language information about music therapy and what their child experiences. When a music therapist sends a session outline home with a parent tip, is there/should there also be a check-in every 20-25% of the music therapy programme to each PLG? Is there a way to work with the early childhood learning facility director to guarantee responses to pre- and post-data? Is there a way to assess 'buy-in' from ECP and PLG on a programme to ensure that it does not feel forced upon by families? Music therapists have to recognise ways to communicate the value of their work to ECP and then work with ECP to continue that line of communication to PLG. Instead of this post hoc interview analysis of ECP, is there a check-in structure that music therapists can implement to gain a continuous assessment of ECP regarding their awareness and thoughts about music therapy sessions? If that were established, music therapists would more easily address some of the issues in the main assertions in our findings.

We encourage ECP to partner with music therapy professionals and organisations to create more innovative methods including and independent of online formats. Research in music therapy and early childhood should continue to investigate the important topics around developmental stages of musical and non-musical development, as well as domains such as emotion regulation and social competence that are at the fore of the early childhood profession. At this point in the history of the profession, technology should not be a barrier that stops a potential service user from engaging in music therapy services. ECP and early interventionists, such as music therapists, can continue collaborating on research to identify best practices in using music to develop the social and emotional domains of young children.

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Ελληνική περίληψη | Greek abstract

Μια ανάλυση των αντιλήψεων των φροντιστών για ομάδες τηλεϋγείας μουσικοθεραπείας στην πρώιμη παιδική ηλικία

Andrew Knight | Carol Ann Blank

ΠΕΡΙΛΗΨΗ

Οι μελέτες στο πεδίο της μουσικοθεραπείας κατά την πρώιμη παιδική ηλικία συνήθως εξετάζουν τις επιδράσεις των συνεδριών μουσικοθεραπείας στα παιδιά, αλλά λίγες μελέτες έχουν εξετάσει τις αντιλήψεις των φροντιστών: των γονέων και των παιδαγωγών/του σχολικού προσωπικού. Ο σκοπός της παρούσας εργασίας είναι η παρουσίαση της ανάλυσης των συνεντεύξεων με τους φροντιστές σε ένα πλαίσιο πρώιμης παιδικής ηλικίας μετά από ένα πρόγραμμα τηλεϋγείας μουσικοθεραπείας διάρκειας 12 εβδομάδων. Στη μελέτη συμμετείχαν έξι γονείς/νόμιμοι κηδεμόνες και πέντε επαγγελματίες πρώιμης παιδικής ηλικίας που έλαβαν μέρος εθελοντικά σε ατομικές συνεντεύξεις μετά την ολοκλήρωση των συνεδριών των 12 εβδομάδων. Οι ερευνητές διεξήγαγαν θεματική ανάλυση των συνεντεύξεων και δημιούργησαν κωδικούς, κατηγορίες και θεματικές ενότητες. Έξι θεματικές ενότητες προέκυψαν από την ανάλυση, δύο στις κατηγορίες Γονείς και Νόμιμοι Κηδεμόνες (PLG), και Επαγγελματίες Πρώιμης Παιδικής Ηλικίας (ECP), και δύο θεματικές που ήταν παρόμοιες και για τις δύο ομάδες. Τα αποτελέσματα έδειξαν ότι και οι δύο ομάδες φάνηκε να χρειάζονται περισσότερη πληροφόρηση σχετικά με το σκοπό των συνεδριών μουσικοθεραπείας. Δευτερευόντως, το γονεϊκό άγχος που προέκυψε από την πανδημία μπορεί να εμπόδισε την ικανότητα και των δύο ομάδων να ενσωματώσουν τις πληροφορίες που παρέχονταν από τη μουσικοθεραπευτική ερευνητική ομάδα κατά τη διάρκεια της μελέτης. Στο άρθρο συμπεριλαμβάνονται μελλοντικοί στόχοι για

μουσικοθεραπευτές ερευνητές της πρώιμης παιδικής ηλικίας αναφορικά με τις σχέσεις τους με τους Γονείς και Νόμιμους Κηδεμόνες (PLG) και τους Επαγγελματίες Πρώιμης Παιδικής Ηλικίας (ECP).

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

γονείς, φροντιστές, πρώιμη παιδική ηλικία, τηλεϋγεία, μέθοδοι έρευνας, μουσικοθεραπεία