

COMMENTARY

A commentary on “An analysis of caregiver perceptions of early childhood music therapy telehealth groups” (Knight & Blank)

Eugenia Hernandez-Ruiz

Arizona State University, USA

AUTHOR BIOGRAPHY

Eugenia Hernandez-Ruiz, PhD, MT-BC is Associate Professor of Music Therapy at the School of Music, Dance & Theatre, Herberger Institute for Design and the Arts, Arizona State University, USA. Eugenia is Co-Lead Editor of *Music Therapy Perspectives*. [Eugenia.Hernandez.Ruiz@asu.edu]

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The COVID-19 pandemic posed an unprecedented challenge for service providers, particularly in essential services such as healthcare and education. Many providers rose to the challenge through telehealth delivery, music therapy being no exception (Clements-Cortes et al., 2023). An unexpected silver lining of this crisis was the increased awareness that such a telehealth delivery mode has, in fact, the potential to remain in our toolbox as it has increased healthcare and educational access of underserved communities (e.g., Cole et al., 2021). However, those benefits do not come without drawbacks. Anyone who has experienced a virtual session can attest to the difficulties presented by limited or inefficient technology, a lack of expertise in its use, technical limitations specific to synchronous music-making, and the challenges of nonverbal communication in the virtual setting. As we emerge from the immediate crisis, we continue to examine best practices in telehealth music therapy. Knight and Blank (2025) engage in precisely this evaluation and reflection by analysing caregiver perceptions of early childhood music therapy telehealth groups. Their study is welcomed and timely.

The following is a commentary on Knight and Blank's (2025) article, *An analysis of caregiver perceptions of early childhood music therapy telehealth groups*, published in *Approaches* earlier in 2025. I approach the commentary from the perspective of a music therapy researcher, educator, and clinician, trained in the US, with clinical experience in my home country, Mexico, and currently a tenured faculty member at a US university. I was initially trained in behavioural models of music therapy, but this has been enriched by specialised training in autism interventions with a developmental and naturalistic perspective, parent coaching of those interventions, and brief family therapy. From the latter, I have espoused a family systems approach, where working with the family (specifically, the parents) becomes an essential ingredient of change for the autistic child. My own research on

telehealth music therapy and virtual parent coaching of music interventions generates both biases and empathy towards the difficulties and strengths of conducting a study in this modality.

Knight and Blank (2025) interviewed six parents and legal guardians (PLG) and five early childhood practitioners (ECP) who were caregivers to children participating in a 12-week virtual music therapy programme during 2020 and 2021. The interviews explored PLGs and ECPs perceptions of the programme. Researchers engaged in thematic analysis of the interviews.

Overall, the study is interesting and explores the acceptability of telehealth in early childhood settings. The interventionists were professionals and interns, and the interviewing researchers were not previously known to the participants. This is a strength that highlights the value of co-designing an investigation with a group of clinicians. By separating roles, we can assume that researchers got more naïve responses. On the other hand, although researchers sent themes to expert music therapists for “member check,” there was no explicit mention of participant check, which was an intriguing methodological choice.

Regarding the theoretical framework, I was also intrigued by the absence of a significant body of recent literature that has addressed music therapy and caregivers (e.g., Gottfried et al., 2022; Jacobsen et al., 2014; Kern et al., 2007; Oldfield & Flower, 2008; Pienaar, 2012; Thompson, 2017; Shoemark, 1996; Yang, 2015; Yates et al., 2018 to name a few) and telehealth music therapy and caregivers (e.g., Baker & Tamplin, 2021; Brault & Vaillancourt, 2022; Hernandez-Ruiz, 2023; Kantorova et al, 2021; McLeod & Starr, 2021). Although several, but not all, of these studies occur outside of an early childhood setting, the findings regarding caregivers’ perceptions of music therapy and of telehealth music therapy are similar and seem worth comparing. With the studies that do involve early education settings, the parallels are even more apparent, which makes their absence in the literature review conspicuous.

Several methodological choices were thought-provoking. After careful consideration, I agree with some, but for others, I would still like deeper explanations. For example, the researchers justified their choice of integrating Early Childhood Practitioners’ (ECP) perspectives with those of Parent and Legal Guardians’ (PLG) by alluding to Bronfenbrenner’s Ecological Theory, which posits that both groups play a significant role in the child’s microsystem. This is indeed a convincing argument. Knight and Blank also use attachment theory as part of the theoretical framework that explicates the value of including these groups in their analysis. Although I wholeheartedly agree with the notion that ECPs and PLGs are meaningful for young children and serve as attachment figures, the quality and impact of those attachments are considerably different. A paid, certified professional ECP, in charge of a group and not only of an individual child, would certainly establish a different relationship with a child than their own parent or legal guardian. Not only the amount of time spent together, but the quality of the interaction differs drastically.

Another area that provided much food for thought was the researchers’ choice to mix perspectives from participants in in-home sessions with those from an early childhood centre, as well as participants in individual and group sessions. At face value, this mix does not seem a sound methodological choice. As with ECP and PLG differences, home and centre settings differ substantially. The opportunities, environmental setups, and resources are very different. Regarding group vs. individual sessions, one could argue that a child in a group setting would pay more attention

to the adults and children sharing the space than to a person on a screen. Contrastingly, a single child sitting in front of a screen, prompted by a parent, may direct their attention more easily to the interventionist. The amount of work and the prompting that the ECP and the PLG caregiver thus provided may not be comparable. Their perspectives on the programme would yield very different results.

However, researchers very astutely compared and contrasted ECP and PLG perceptions, revealing a three-level categorisation of themes that is quite interesting. Themes unique to PLG included home musicality, socialisation with siblings, and difficulties in the flow of information among the centre, the PLGs, and the music therapists. Unique themes to ECPs included the usefulness of music therapy elements in the classroom and the relevance of emotional regulation practices in everyday behaviours. Both groups mentioned technology barriers and benefits of music therapy sessions as important themes. The careful analysis of these two perspectives, combined and contrasted, produced interesting conclusions that can be used in future programming. For example, music therapists working with PLG and ECPs in a telehealth model would be wise to create a clear communication system, inform PLGs of music therapy principles and effects, and educate ECPs on technology use before attempting such a programme.

Another important methodological choice was to include participants with different needs for support. Outside of this study, participant children had been “classified” through a Response-to-Intervention model (Pierangelo & Giuliani, 2008) in different tiers according to their needs for support. In this study, students at levels 2 and 3, corresponding to higher needs, were offered individual music therapy sessions in addition to or in place of group sessions. Although I understand this choice from a programmatic perspective, researchers did not acknowledge the different effect that such participation would have on caregivers’ perceptions. As mentioned, the amount of involvement that PLGs and ECPs had differed based on individual/group and home/centre settings. This discrepancy in services also raises concerns about inclusive practices that allow students to be educated in the least restrictive environment. I was left wanting a deeper explanation of these choices. These aspects should be addressed in future research and iterations of the programme.

Another point where I would have liked more information was the intervention programme itself. The authors mention that each session was based on “different goals and objectives for the children in those sessions” (p. 5). I empathise with the difficulties in creating succinct descriptions of complex programmes that accurately reflect the multitude of in-the-moment choices interventionists make. A description, even if general, of the music therapy programme would have made this study more translatable to practice. That said, it is clear that the intent of this study is not to evaluate programme efficacy, but to understand caregiver perspectives. The study does that effectively. Helping readers contextualise those perceptions to a specific programme would have made this study even more beneficial.

Finally, and I must admit my own bias towards explicitly distinguishing therapeutic roles, I was curious about the lack of discussion of alternative roles for the music therapist. Several authors have long considered consultation a viable role for music therapists (Kern et al., 2007; Register, 2002; Rickson, 2010; Steele, 2020). In the telehealth setting, being a consultant rather than a direct interventionist seems to be especially beneficial, as adult caregivers are better equipped to follow

instructions than children (e.g., Hernandez-Ruiz, 2023). Although direct services were the focus of this programme, a discussion of alternative roles to address technological and communication difficulties seemed warranted.

Telehealth delivery of music therapy programmes has demonstrated its value and has become an essential tool for music therapists (Clements-Cortes et al., 2023; Cole et al., 2021). Continuing to research its efficacy, reporting accuracy, fidelity, cost effectiveness, training needs, and consumer perspectives of complex programmes engages clinicians and researchers in fruitful conversations.

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