

2005 Showcase Awards for Excellence in Schools Submission Form

- Submission required in hard AND electronic copy
- Maximum FIVE pages of submission information and TEN pages of appendixes
- Minimum font size of 11 points
- Multimedia material OPTIONAL
- For further details see Guidelines Section 3.2 – How to Enter

Title of submission: HEAL – Home of Expressive Arts and Learning

School/s: Milpera State High School

District: Corinda

Area: Western Metropolitan

Key Contact Person:

Name _____ Cheryl Geoghegan _____

Phone number _____ 3379 5588 _____

Mobile phone number _____

Email address _____ cgeog1@eq.edu.au _____

Please nominate (✓ or x) the Showcase category your project is to be entered into.
(See Section 1.2 of the guidelines for more information.)

<input type="checkbox"/>	Showcase Award for Excellence in the Early Phase of Learning
<input type="checkbox"/>	Showcase Award for Excellence in the Middle Phase of Learning
<input type="checkbox"/>	Showcase Award for Excellence in the Senior Phase of Learning
<input checked="" type="checkbox"/>	Showcase Award for Excellence in Inclusive Education
<input type="checkbox"/>	Showcase Award for Excellence in Leadership
<input checked="" type="checkbox"/>	Showcase Award for Excellence in Innovation

OPTIONAL multimedia items: (For further information see Guidelines Appendix I)

If included, please nominate (✓) the file type PowerPoint presentation
 Media Player file

N.B. Multimedia items are not required electronically. A maximum of TWO items are to be supplied on ONE compact disc with the hard copy.

Submission overview:

The HEAL program (Home of Expressive Arts in Learning) is a creative arts program that currently includes music therapy and arts therapy to support the social, emotional and psychological needs of its refugee and migrant students, thereby enhancing learning outcomes. The aim of this submission is to detail the innovative and inclusive approaches that Milpera State High School has taken in developing the HEAL program and highlight the evidence of quality outcomes for students.

Description:**Overview**

This is the first program of its type in Australia, possibly the world, where creative arts therapists are working specifically with newly-arrived adolescent refugee and migrant students in a school setting, to aid their settlement and ultimately improve learning outcomes. There are many innovative steps that have been taken as HEAL has developed, including:

- Employment of a Registered Music Therapist, currently funded by the school's budget
- Employment of an ESL teacher who is also qualified as an Arts Therapist
- Partnership with private enterprise to secure a purpose-built home for the program on the school grounds: the HEAL Building
- Establishment of Milpera as a regular location of practicum experience for music therapy students from The University of Queensland
- Securing a grant from the Queensland Gambling Community Benefit Fund to conduct a research project to investigate the benefits of short-term music therapy on the classroom behaviours of refugee students
- Ongoing partnerships with community arts organizations

Over 30 nationalities are represented in the present student population, with students' personal histories and educational experiences being very diverse. The HEAL program aims to enhance the learning outcomes of the school's most disadvantaged and vulnerable students by supporting their coping skills, building on their developing language and literacy abilities and providing opportunities for success. Good settlement and preparation for high school are essential ingredients for creating life long learners and active participants in Australian society.

Student Population and the need for HEAL

Milpera State High School is an intensive English language reception centre and settlement service for newly-arrived immigrant and refugee students, preparing for transition to mainstream high schools. Since 2001, the proportion of the student population that are of refugee status has risen from 36% to 65%. Their need for psychological support has also increased along with the complexity of their circumstances; the percentage of students who arrive with one or both parents deceased or missing has risen from 5% to 30%, and the percentage of students without age equivalent education has risen from 34% to 72% (for full details see Appendix 4). These changing demographics create many challenges for the school.

The well-being of adolescent refugees is impacted by traumatic experiences in their home countries, the refugee journey itself and adjustment to life in Australia. While young refugees are highly resilient and are often high-functioning within a short period after resettlement, there is ongoing concern about adjustment difficulties, conflict within the family, development of identity, isolation, effective schooling and possible long-term mental health problems (Bevan, 2000). Students without age equivalent education are particularly at risk; they must adjust to the high school environment while quickly gaining English language skills sufficient to facilitate transition into a mainstream high school. Failure to progress through the school at the same pace as their peers can lead to feelings of hopelessness and low expectations for the future. It may also lead to feelings of having failed the family or to conflict in the home (Bevan, 2000). The processes of adjustment and normal adolescent development, along with the pressure to quickly gain literacy and numeracy skills, compounds difficulties caused by their experiences in refugee camps and losing friends and family (Jones, Baker, & Day, 2004). It places many of the students at Milpera at high risk of school dropout and long-term mental health difficulties.

There is a great deal of literature to support the use of creative arts therapies to assist adolescents, refugees and those who have suffered grief and loss. The size of this submission does not allow for a review of this literature, however, interested readers are directed to the bibliography provided in Appendix 8. It is also important to note that the literature is often descriptive and anecdotal in nature, and this has led to Milpera leading the way in developing empirical evidence of the benefits of the HEAL program.

Background to the HEAL program

The music therapy program at Milpera began as a partnership with the University of Queensland, as a clinical placement for music therapy students. Since commencement in February 2003, a total of 12 first and final year music therapy students have completed supervised placements at the school.

In September 2004, the school received funding from the Queensland Gambling Community Benefit Fund for a research project to empirically establish the benefits of the music therapy program for the students. A Registered Music Therapist was contracted to conduct the program and collect data, and The University of Queensland was contracted to analyse and report on the results. The study found that short-term music therapy significantly reduced externalising classroom behaviours, especially hyperactivity and aggression. Extracts of the report are contained in this submission (see Appendix 5).

The school has now committed to continuing the position of Registered Music Therapist and one of the school's goals is to secure ongoing funding for the position. As the only music therapy program in Australia that specifically works with adolescent refugee and migrant students in a school setting, the therapists involved are leading the way in establishing literature and evidence of outcomes for students (for example, see Jones, Baker & Day (2004)).

In 2004 we were fortunate to gain the services of an ESL teacher who had also trained in arts therapy, allowing the school to provide an integrated creative arts program.

Music Therapy Interventions

Music therapy is the creative and planned use of music and musical experiences to attain and maintain health and well-being (Australian Music Therapy Association). It focuses on meeting therapeutic aims and may address physical, psychological, emotional, cognitive or social needs. Most students enter the program on the basis of teacher referral and attend music therapy in carefully selected groups, or one-on-one. Students participate in music experiences including instrumental improvisation, sharing music of each others' cultures, song writing, song singing and dancing. Examples are provided in Multimedia 1 and 2.

Arts Therapy Interventions

Arts Therapy is the focussed use of visual arts and play activities within the therapeutic relationship to meet developmental, emotional and psychological needs, and is based on the understanding that the creative process is healing and life-enhancing. Students are timetabled for art as therapy in class groups, where they participate in a variety of visual arts activities including drawing, painting, collage, sculpting and group murals. Some students also receive one-on-one attention (through self-referral or teacher referral), where they work with the therapist through sand play and visual art techniques to explore their current situation and available choices. Examples are provided in Multimedia 1 and 2.

Partnership with private enterprise to create the HEAL Building.

A major achievement for the HEAL program was the development of a partnership with private enterprise to secure the purpose-built home for the HEAL program on the school grounds. OPD Lennon Developers purchased the building, relocated it to the site and completed carpentry work. Others who donated to the project were community members including Marie Siganto, Noel Tidmarsh, David Solley and Judy-Anne Moule.

Connection to QSE – 2010, Destination 2010 and/or Education and Training Reforms for the Future:

- **QSE - 2010** “central purpose of schooling in Qld is to create a safe, tolerant and disciplined environment that allows all students the opportunity to learn” (p16).
- **Destination 2010** “goals are to improve the quality of the educational experience and to increase the number of Queensland students who successfully complete 12 yrs of education” (p6)
- **ETRF** is concerned with “helping young people improve participation in learning and achieve qualifications” (p11) and states “Good preparation for school can make all the difference throughout a child’s education”.

Music and Arts Therapy have become an integral part of the Milpera settlement program, translating these ideals into practice. As detailed previously, the students enrolled at Milpera experience many challenges and are at high risk of school drop-out. By supporting the students’ psychological needs, it is hoped that the HEAL program is providing the best possible opportunity for them to succeed within the Queensland Education system.

Students are also informed of, and encouraged to self refer to outside support agencies such as QPASST (Queensland Program of Assistance to Survivors of Torture and Trauma), so that when they exit to mainstream high schools they have appropriate support structures in place. This further aids the long term mental health needs of our students.

Outcomes:

Music and art therapy at Milpera form an integrated, supportive program that enhances students’ learning outcomes by:

- Building confidence, self-esteem and assertiveness through gaining a sense of mastery and pride in a creative product: Students who feel confident and good about themselves are likely to cope better with and take more risks in their classroom work and are less likely to give up when they find the work difficult. (See Multimedia 2, slide 2 and 7)
- Improving social skills & peer relationships across cultures by working creatively in groups: Students at Milpera need to be taught social behaviours that are appropriate in our society. They need to learn to respect the many differences between their cultures. Working in groups creatively gives them practice at these skills and offers opportunities to communicate non-verbally, thus overcoming the language barriers. (See Multimedia 2, slides 4, 5, 6 and 7)
- Reducing aggression, hyperactivity and anxiety by providing a vehicle for self-expression & creativity: This increases the students’ potential to learn, and reduces the distractions to other students. It also breaks the cycle between poor behaviour and poor achievement. (See Multimedia 2, slide 6)
- Further building English language and literacy ability through Music and Arts Therapy: In Music Therapy this is achieved through song writing, song singing and discussion in small groups or pairs, with English as the common language. The genre of song writing is discussed, modelled and then jointly constructed with teacher assistance. (See Multimedia 2, slide 3 & 7) Arts Therapy uses sand play, visual art techniques and story telling to explore emotions and feelings and to express them in English. As students tell their stories, recounts are modelled and written for them to be reread, explored and added to if needed.
- Improving fine and gross motor skills while learning to hold pencils, paint brushes, sculpting dancing and playing instruments: Many students at Milpera have had minimal opportunity to develop these important skills. The motivation for students to participate in music and art plays a large part in the development of these skills.
- Developing impulse control and improving attention through creative activities that are highly attractive to adolescents: The opportunity to practice these skills as part of a highly motivating activity is essential to some students’ ability to learn. (See Multimedia 2, slide 6)
- Exploring issues of adjustment and loss, and building resiliency as well as providing time for fun and relaxation: Students’ mental health and well-being is fundamental to their successful engagement in the education system over the longer term (for more information see Bevan, 2000). At HEAL, students can explore difficult issues and future possibilities. (See Multimedia 2)

The program also aims to develop safe and ongoing relationships between the therapists and students, so that in times of crisis students have someone that they feel comfortable turning to for support. This is particularly important for survivors of trauma, who may experience situations that trigger memories and is especially important for those students at Milpera who do not maintain a constant classroom teacher.

Evidence:

It is inherently difficult to obtain quantitative data to support the benefits of creative arts therapies, however, Milpera has gone some way to achieve this. The claims of outcomes are supported by:

Findings by the University of Queensland that music therapy reduces disruptive classroom behaviours of refugee students, especially hyperactivity and aggression	Appendix 5
Case studies that demonstrate the importance of Arts Therapy in resolving past traumas, enabling students to focus on learning and begin to look towards a brighter future.	See Below
Reduction in the number of behaviour management incidence in the school and results of student satisfaction surveys showing above average across all areas	Appendix 6
HEAL satisfaction surveys from students that report their own sense of improved well-being	Appendix 7
Creative output by students demonstrate clearly the importance of HEAL as a medium for processing students' experiences	Multimedia 2
Teachers repeatedly report that students are more settled, focussed and more able to engage in educational activities after returning from HEAL	
The School Based Youth Nurse has observed and noted a reduction in psychosomatic complaints since the HEAL program was implemented.	

Arts Therapy Case Study 1

Child A is a 12 year old male from Sudan. At the time of referral he had been in Australia for only 2 weeks. Child A's educational experience was minimal, as he received only occasional Refugee Camp schooling for two years. He was referred by his class teacher and school administration because he had told the teacher of sadness re deaths of Dad & sister, and grief in feeling homesick and missing his mother and brothers who are in a Refugee Camp in Kenya. He had also been involved in fights and displayed disruptive classroom behaviour.

Presenting characteristics: At first meeting, Child A appeared to be withdrawn, avoiding eye contact and speaking almost inaudibly in a low voice. He spoke of his sadness about his family being in Kenya, and his anxiety about violence and night attacks upon those in camp. He answered when questioned but otherwise did not speak willingly. This attitude alternated with angry and emotional outbursts concerning his wish to be a soldier and fight those who caused him pain and threatened his family.

The sessions: Initially, sand play figures were used to allow Child A to play out his aggression and anxiety, in which he chose to use the army sets, monster toys, and snakes. By using the figures, he was able to share his story. He revealed that he was unhappy at the house where he was staying. As sand play sessions continued, the use of drawing and painting was introduced as a method of relaxation after recounting upsetting stories. He appeared to derive great enjoyment from using art materials, and with each session his ability to focus improved. When he produced a finished piece his sense of pride was obvious. Drawings were also used by him to reveal his emotional state and to help him work on issues of grief and loss. Playdoh was used for physical release and to allow another mode of expression, through which he was able to communicate his distress at physical abuse he was suffering at home.

The physical abuse was reported by the therapist, and due process resulted in the cessation of physical violence directed at Child A.

As the therapeutic relationship developed, Child A's trust and ability with English were improving. Through play and art, he was helped to understand the necessity for impulse control, and his self-confidence appeared

to increase. Although the physical abuse stopped, the emotional abuse at home continued, and Child A came to Arts Therapy Sessions once every two or three days, for a number of months. The objective of these sessions was to support him through this difficult time, help him build resilience, and improve impulse control, self-esteem and social skills. Sand play, the visual arts and talk therapy were used.

Conclusion of treatment: Some months after the original referral, the therapist and Child A agreed that the sessions would be ending. Child A was obviously more resilient and able to understand and cope with his life circumstances. He had recognized his need to acknowledge his grief and was able to concentrate better in class. He had developed or recovered his sense of humour and reported enjoyment of various school activities. His teacher reported no further apparent grief in class, and Child A was not involved in any further fights. His peer relationships improved and his confidence was clearly better developed. Therapy ended with the invitation for Child A to ask for help if needed. It was not needed, and Child A went on to High School where he is settling in well. He has a love for visual arts that manifests itself in his prolific painting output. He credits Arts Therapy with giving him a chance to be heard and to be supported when he needed it most, and he is thankful for finding the emotional outlet painting provides. He uses it as a self-soothing activity when facing difficulties where he lives.

Arts Therapy Case Study 2

Child B is a 16 year old male from Iraq. At the time of referral he had been in Australia for one week. Child B had very little, interrupted schooling. He self-referred to Arts Therapy, saying, that he could not think in class, because he had so much suffering in his past.

Presenting characteristics : At first meeting, Child B appeared to be extremely anxious to tell his story. However, his English ability meant he was unable to use talk successfully. The therapist brought in an interpreter who helped Child B tell the story of his life in his own language. It was very emotional for him, and created a large grief reaction.

The sessions: Drawing was used by the therapist to reflect Child B's story back to him, and to ensure he knew he had been really heard. Child B responded to drawing extremely willingly, combining his narrative with his own drawing, to express his sorrow and grief concerning the deaths of his brother, mother and father, and his horror at the torture he endured in jail. His anxiety about the brother he now lived with and the well-being of his sister and brother still in Baghdad, was expressed through sand play and drawing. The therapeutic relationship appeared to be extremely important to Child B, who expressed gratitude at having someone to hear his story. The therapist offered him the chance to also share his story with QPASTT (QLD Program of Assistance for Survivors of Torture and Trauma), and was able to refer him to a worker there. The two therapists then offered ongoing support at different times. The Arts therapist gave Child B time out of class with her at least once a week.

Child B had expressed concern that he could not concentrate in class, and through his drawings it became apparent that he had never had a chance to say goodbye to his dead family members. Therefore drawing and ritual were used to commemorate their deaths and celebrate their memories. The objective was for him to go through the grieving process in order to move on emotionally. An extremely articulate person, Child B said that this helped him a great deal, and greatly restored his ability to concentrate on his school work. He also claimed that the relaxation he experienced in the HEAL room eased the pain of memories.

Conclusion of treatment: The treatment has not concluded, as Child B is still supported by the Arts therapist and QPASTT. It is recommended that he have support for some time yet as he is alone in Brisbane. However, the nature of the Arts therapy sessions has changed. They occur less often, and only when Child B asks for them. The sand play and drawing work now involves more talk, as Child B is able to speak English well now, a year along. He will have ongoing support from QPASTT when he goes on to High School. He also has gained the ability to use drawing as a form of self-therapy, something he says he does often at home. He says that without Arts Therapy, he would not have been able to learn English, and sees it as a life-changing event.

Other documentation:

- a signed supporting statement from the principal (Appendix 1)
- a signed supporting statement from the parents and citizens' association (Appendix 2)
- a signed supporting statement from Queensland Program of Assistance for Survivors of Torture and Trauma (QPASTT) (Appendix 3)

Personnel involved in the project (names and roles):

Carolyn Jones, Registered Music Therapist;

Jane Griffin, ESL Teacher and Art Therapist;

Cheryl Geoghegan, Deputy Principal;

Margaret Munro, Teacher Librarian

ENTERING YOUR SUBMISSION

1. Ensure you have enclosed all compulsory information by completing the Entrants' Checklist in Appendix C.
2. Ensure the principal signs this submission form.
3. Forward your submission to your District Coordinator by 4 April 2005.

Signature/s of principal/s

Date

To be completed by the Executive Director (Schools) after completion of the checklist:

I support this submission and its entry in the Showcase Awards for Excellence in Schools 2005. This submission meets the requirements set out in the Executive Director's Checklist.

Signature of Executive Director (Schools)

Date

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N/A

APPENDIX 1

Letter from Principal

Milpera State High School

English Language Preparation Centre

Parker St Chelmer Q.4068

Telephone: (07)33795588

Facsimile: (07)33793200

Email: the.principal@milperashs.qld.edu.au

To Whom It May Concern

The H.E.A.L. Program (Home of Expressive Arts Learning) has had the ultimate outcome of keeping young people, unschooled from war-torn Africa with dislocated families and missing and deceased parents, at school with nil suspensions and exclusions.

Despite their traumatic pasts and despite the fact that 73% of students do not have adequate or suitable education for their chronological age, 99% of refugee students have exited into another educational program, namely a receiving secondary school or TAFE, notably, with almost nil attrition rates from Milpera.

Given that refugee students enter the HEAL program largely through a process of teacher referral, the program is working with the most vulnerable students. That is, the ones having the most adjustment problems, those who cause conflict but who can't manage conflict, those who are so traumatized that they present as severely learning disabled, and those who are experiencing and showing they are suffering the most profound grief and loss. One hundred percent of these referrals progress in some or many ways through the therapies.

Quantitative data has just been released through UNIQUEST Pty Ltd re the benefits of Music Therapy for Refugee Students. This is the first time in the world that such data is available about the effects of music therapy on refugee students. The results show that music therapy has a significant effect on reducing the severity of classroom externalizing behaviours particularly hyperactive and aggressive behaviours.

The Creative Arts Therapist is also an ESL teacher so the outcomes evidenced in this aspect of the HEAL program are visible, are holistic in their impact on the student and able to be identified and described by her in terms of development of cognitive abilities, improved physical skills, better social skills, and important elements of psychological factors, as resilience is built. Both therapists' observations are documented in the body of the submission and I have seen evidence of them in our students.

In essence, the HEAL program makes a valuable and quantifiable difference to students re-building their lives. As new students from similar contexts continuously arrive, it is clear to see and comforting to know with the knowledge of experience and scientific verification that they too can access a program that will enable them to learn better and to manage their lives.

Adele Rice
Principal, Milpera State High School.

APPENDIX 2

Letter from P&C Association

Milpera State High School

English Language Preparation Centre

Parker St Chelmer Q.4068

Telephone: (07)33795588

Facsimile: (07)33793200

Email: the.principal@milperashs.qld.edu.au

Monday 21 March 2005

Coordinator
Showcase 2005
Corinda District Office

RE: Milpera State High School Showcase 2005 Submission

The Parents and Citizens Association of Milpera State High School strongly supports the implementation of Learning Arts Therapy at the school.

Over recent years our population has dramatically increased in refugee numbers from one third to over two thirds. These students are primarily from Africa, have experienced the trauma of war, including the dislocation of families and have had minimal opportunities for formal education. Often after multiple migrations they are now faced with a very different culture, language and education system. Welfare and health issues remain critical in their early years of settlement.

It is difficult to learn when social, emotional and psychological issues are not adequately dealt with beforehand. Music and Arts Therapy have provided such an integrated service. Feedback from staff, families and our many community volunteers indicate the profound effects that these therapies are having on our students. Outcomes for all students can only be enhanced with less behaviour issues and happier more confident and well adjusted students. This translates into more productive lessons and more positive responses to community members assisting students with their learning. There will also be long term benefits for our society as a whole.

Our Association is committed to the continuation of Music and Arts Therapy and strongly supports the current application to Showcase 2005.

Yours faithfully

Cheryl Geoghegan
(President)

Gail Hood
(Secretary)

APPENDIX 3

Letter supplied by QPASTT

QPASTT – Queensland Program of Assistance to Survivors of Torture and Trauma

There is no doubt that Music and Art provide some of the most useful and important tools in working with refugee survivors of torture and trauma because they transcend culture and enable communication without words.

Milpera School is a leader in the use of Music and Arts Therapy for school students, faced as it is with the daunting task of preparing young people from many different cultures and often with little English, for entry into the mainstream process. The gains from this approach are quite clear to anyone visiting the school or attending its functions. Young people are able to express themselves through music and art and also to communicate some of their own cultural heritage to those around them.

It is true to say that there can be no positive educational gain without engagement of the student and, with its population of displaced young people, Milpera does a first class job through its Music and Art Therapy programs in supporting them and preparing them for the future.

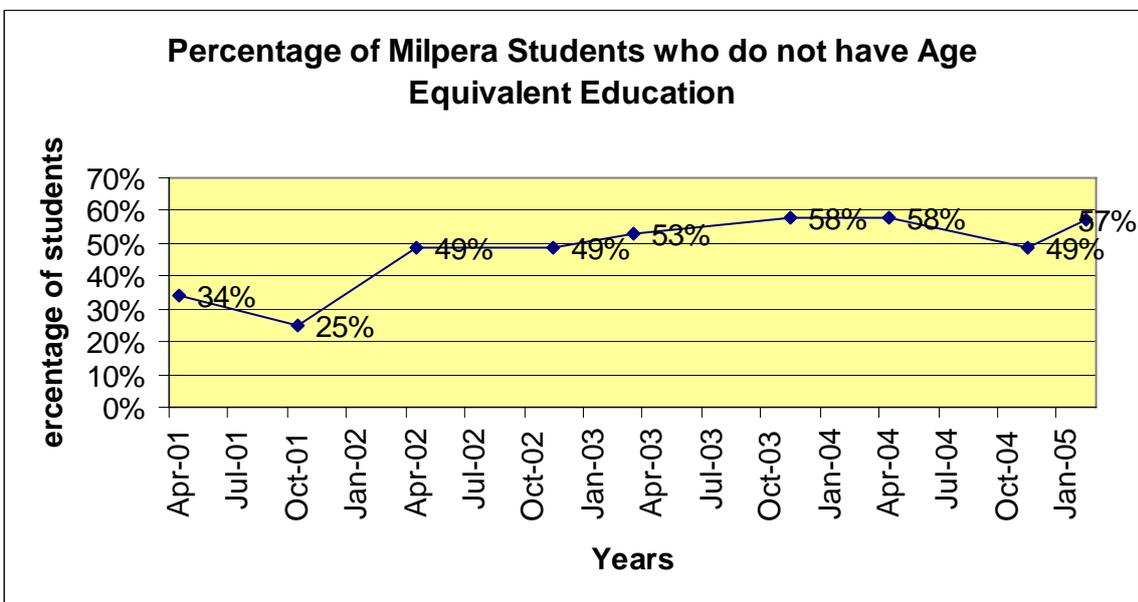
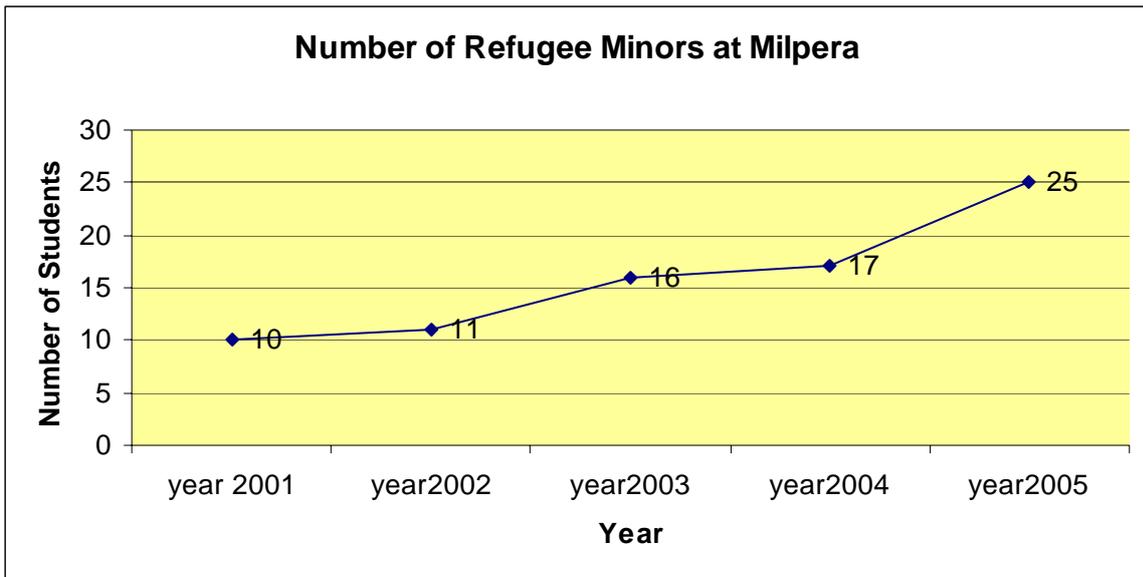
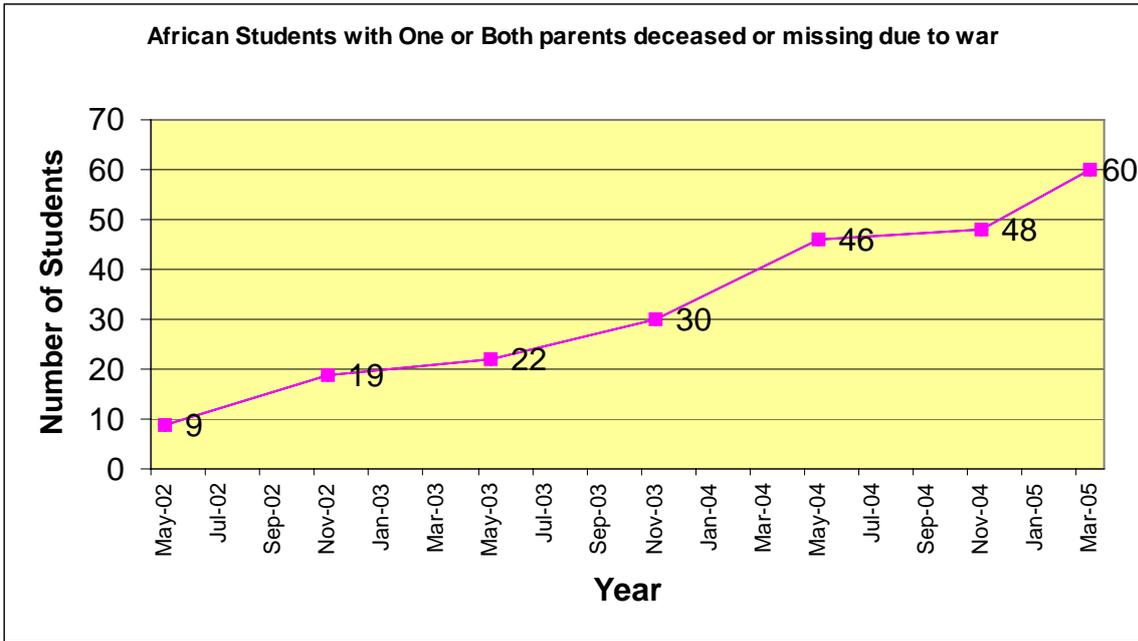
Queensland Program of Assistance to Survivors of Torture and Trauma is charged with the responsibility to provide counselling and support for refugees and is always looking for the innovative practice which will overcome cultural distance and help to build stability among those whose lives have been shattered by war and displacement. We regard Milpera School, through its Music and Art Therapy Programs, as a leader in this field and are happy to provide support in any way we can.

Paula Peterson
Director QPASTT

John Lucas
Counselling Team Leader

APPENDIX 4

Changing Demographics of Student Population



APPENDIX 5

Extract from UQ Research Report

Extracted from:

Baker, F. (2005). *Report on the Music Therapy Research Project 2004-2005*. Commissioned by Milpera State High School and funded by the Queensland Gambling Community Benefit Fund.



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Report on the Music Therapy Research Project 2004-2005.

11th March 2005

Aims of the Research:

The project conducted at Milpera State High School aimed to evaluate the efficacy of a music therapy program with a special emphasis on how the program affected behaviours that are disruptive to classroom learning.

Research Design:

The research project was conducted over 20 weeks (two ten-week school terms). A crossover design was employed where by all students recruited to the program received 2 x 5-week blocks of music therapy and 2 x 5-week blocks of with no music therapy treatment as illustrated in Table 1.

Table 1. Research Design

	Weeks 1-5	Weeks 6-10	Weeks 11-15	Weeks 16-20
Group 1	Music Therapy	Baseline	Music Therapy	Baseline
Group 2	Baseline	Music Therapy	Baseline	Music Therapy

Student Recruitment and Randomisation Procedures

Forty-three students were selected for involvement in the music therapy program from five different class groups. They were selected due to their status as refugees and because they were expected to stay at the school for at least two terms. Stratified randomisation was used whereby students from each separate class group were randomly allocated into group 1 or group 2 so that balanced numbers of students with different academic skills and ages could be obtained. From the original 43 students, thirty-one students and their carers gave informed consent to participate. A further nine students were included in the music therapy program (but not the research) in response to needs of students at the school.

Table 2 reports on the demographic information for the 31 students who participated in the project. Groups were well balanced across all areas: age, gender, number of weeks since arriving in Australia, number of weeks enrolled in the school, family circumstances and English language skills. Students ethnicity (as perceived by the students' themselves), country of birth and country where the most time was spent pre-migration were often not the same. The most students' identified ethnicity was Sudanese (n=20). Other identified ethnicities were Iran (n=5), Liberia (n=2), Rwanda (n=2), Ethiopia (n=1) and Congo (n=1).

Table 2. Student Demographics

	group 1 (N=15)	group 2 (N=16)
No. of Males	N=5	N=6
Mean Age	13.8 ± 2.21	14.06 ± 1.91
Mean time in country (in weeks)	12.87 ± 11.87	13.31 ± 10.77
Mean time at School (in weeks)	9.56 ± 9.89	9.87 ± 10.91
Good Receptive Language skills (N=)	N=10	N=10
Good Expressive	N=3	N=3
Nil	N=5	N=6
No. students with mother deceased	N=4	N=3
No. students with both parents deceased	N=0	N=1
No. students with mother missing	N=0	N=2
No. students with both parents missing	N=0	N=1

Music Therapy Treatment

Most students participating in the study received music therapy 2 times per week, each session lasting between 30 - 40 minutes. On average, groups participated in 8 sessions over each 5 week intervention period. After two weeks of the first intervention phase, one student was changed to weekly individual sessions of 30 mins each. This individual program was continued in the second intervention period.

Students within each treatment group were selected based on age and gender. However group membership throughout the two 5-week treatment programs were not fixed with students moving between different groups according to therapeutic need and because of changes to class composition. Groups ranged from between 2 and 6 members.

Music therapy interventions were tailored to meet the individual needs of each student group and included instrumental improvisation, song sharing, song writing, song singing and dancing. During the first intervention periods when English language skills were low, themes addressed within the sessions included sharing of musical cultures, exploration of self-identity, developing appropriate social skills, experiencing a sense of agency and developing impulse control. During the second intervention period when English language skills were higher, additional themes included adjustment and acculturation, anti-racism and feelings of failure in the classroom.

SUMMARY OF FINDINGS

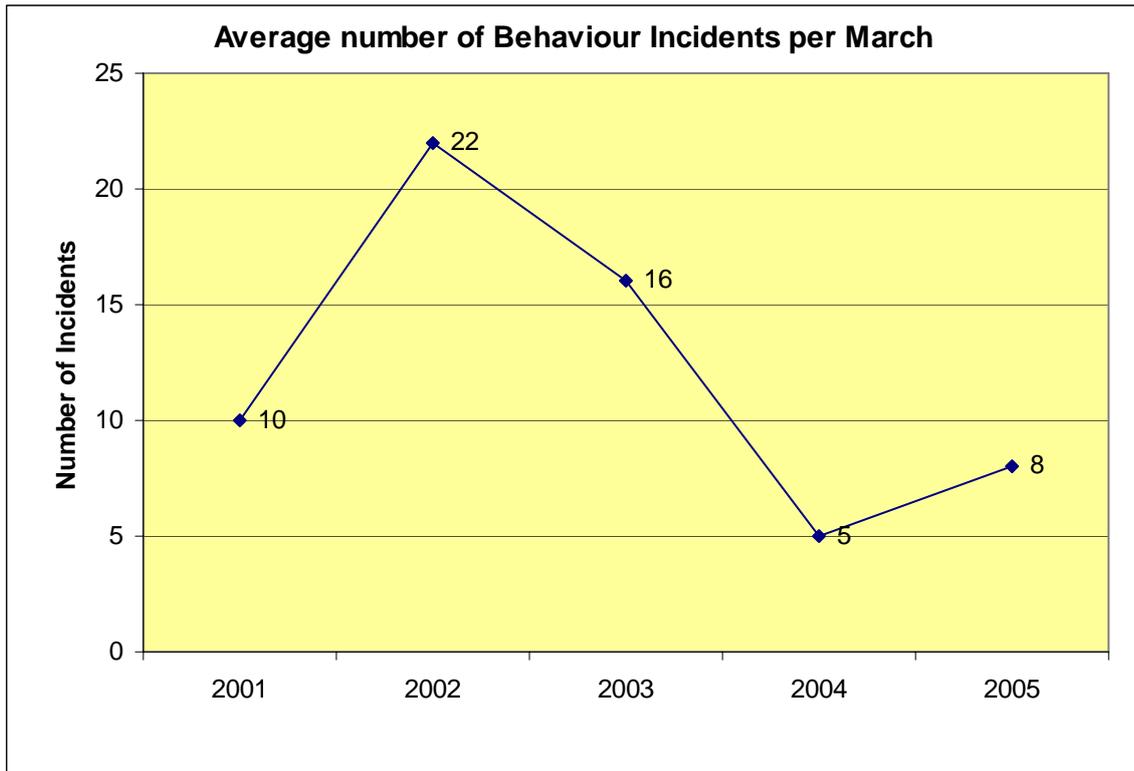
The results of this study with students from milpera state high school showed that music therapy treatment has a significant effect on reducing the severity of classroom externalising behaviours, particularly hyperactive and aggressive behaviours. Trends suggest that a treatment effect for the behaviour symptom index may exist although a larger student sample size and a longer treatment period might be required to clarify this. This research did not show that short-term music therapy treatment affects learning and attention problems or enhance adaptive skills such as social, leadership and study skills. It is possible that the treatment has a delayed effect on these scales and composites and therefore not yet being highlighted in student scores, or that the more severe classroom behaviours hyperactivity, aggression and conduct problems need to be addressed first before improvements in the adaptive behaviours begin to occur. Further research into these issues is recommended. Further, it is not surprising that many of the composite and subscale scores did not change significantly given that the treatment period was short (10 of the 20 weeks). Investigation into the effects of longer periods of treated is warranted to determine the extent to which change is possible.

It should be noted that none of the 31 students within this study ever displayed subscale or composite scores approaching clinical levels and therefore the potential for this treatment to greatly benefit those extremely disturbed refugee students warrants further investigation. In fact, the absence of extreme scores by the students limited the potential to find a significant treatment effect. The findings of this study also suggest that refugee students at milpera state high school are relatively resilient people and have managed to display classroom behaviours regarded as within the norm which is in line with the existing literature on the mental health of adolescent refugees. Nevertheless it should be cautioned that many of the behaviours within the basic checklist might not be culturally sensitive and some items are difficult to assess due to the language difficulties of this student group. Further, there were continual changes in class composition and in class teachers and those rating the students might not have had a sufficient opportunities for accurate assessment of all items.

Future research should incorporate a control group rather than using a cross-over design to establish what normal fluctuations in behaviour could be expected when refugee students adjust to their new home and struggle through acquiring English proficiency skills.

The findings of this study indicate music therapy as a viable intervention for managing aggression and hyperactivity and recommend this treatment as an alternative to medication. Further, a reduction in disruptive behaviours is likely to enhance the learning environment for all students, not just those directly involved in music therapy. This is important because schools such as Milpera are “transition” schools and students who do not progress quickly develop self-esteem problems. It is possible that such adoption of music therapy within the school system might reduce the level of school resources devoted to behaviour management and discipline. Further research should examine more closely the effectiveness of this treatment for hyperactivity examining variables such as severity of hyperactivity, length and frequency of treatment, group versus individual therapy and appropriate timing for the intervention.

APPENDIX 6



School Surveys - Student Satisfaction Overview
All Students
by Performance Areas, 2004



Milpera State High School (2024)

Secondary

Year	School Data				State Benchmarks		Like Schools Benchmarks					
	n	Lower Limit	School Mean	Upper Limit	State Mean	Comp. Flag	Lower Limit	LS Mean	Upper Limit	Comp. Flag	LS Grouping	
Student outcomes												
2004	71	2.69	2.86	3.04	2.53	above	2.46	2.49	2.51	above	S-XXI	
Curriculum												
2004	71	2.72	2.87	3.03	2.57	above	2.46	2.49	2.51	above	S-XXI	
Pedagogy												
2004	71	2.69	2.86	3.03	2.53	above	2.47	2.49	2.52	above	S-XXI	
Learning climate												
2004	71	2.95	3.12	3.29	2.24	above	2.22	2.25	2.28	above	S-XXI	
School climate												
2004	71	2.48	2.62	2.77	2.44	above	2.43	2.45	2.48	above	S-XXI	
Resources												
2004	71	2.52	2.69	2.86	2.43	above	2.43	2.46	2.48	above	S-XXI	
Overall rating for all questions												
2004	71	2.69	2.83	2.97	2.46	above	2.42	2.44	2.46	above	S-XXI	

APPENDIX 7

Student Satisfaction Survey

SATISFACTION SURVEY FOR H.E.A.L. (ART AND MUSIC)

Statements	EXCELLENT	VERY GOOD	O.K.	NOT SO GOOD	BAD
1. Today before I went to HEAL, I felt...	0	2	26	3	0
2. Today after HEAL I felt...	24	5	2	0	0
3. If I am feeling bad, HEAL can make me feel...	15	10	5	0	1
4. When there is no HEAL, I feel...	0	0	4	5	22
5. Having more time at school for HEAL would	21	8	2	0	0

6. BOYs = 22 GIRLs = 9

7. Ages: 3x12yrs, 7x13yrs, 5x14yrs ,4x15yrs ,6x16yrs, 5x17yrs, 1x18yrs.

8. Countries: Sudan 11, Vietnam 3, Liberia 6,Taiwan 3, Ethiopia 2, China 3,Thailand 2, Korea 1.

QUESTIONS	YES	NO
9. HEAL is relaxing	31	
10. HEAL helps me make friends	30	1
11. I am good at HEAL	31	

Therapist comment on ability to:	Circle skill level
Use equipment during sessions	well achieved 24 / developing 7 / poor
Use focus and concentration	well achieved 28/ developing 3 / poor
Actively interact	well achieved 25 / developing 6 / poor
Share with other/s	well achieved 20 / developing 11 / poor
Relate concerning emotions	well achieved 8 / developing 20 / poor 3

APPENDIX 8

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