

ARTICLE

Knowledge and training of Orff-based music therapy among students, clinicians, and educators

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ABSTRACT

The purpose of this research study was to examine knowledge and training of Orff-based music therapy among music therapy students, clinicians and educators using a variety of demographic, training, and outcome variables. The measurement tool was an online survey designed to satisfy this primary purpose and seven associated research questions targeting: (1) Demographics, (2) Definitions, (3) Training, (4) Professional Development, (5) Clinical Practice, (6) Treatment Outcomes, and (7) Professional Competencies. Basic descriptive statistics were provided through SurveyMonkey, although the researcher condensed provided narrative content as needed to present summarised text responses. Results and Discussion are organised around these seven primary research questions, with Implications for Training and possibilities for Future Research included. In summarising just a few pertinent results, 56% of the 262 survey respondents indicated having training in Orff-based music therapy within their academic programme. One hundred and four respondents (39.7% of 262) said they used it in their clinical practice and 95.4% thought it could be effective within the social domain. Respondents felt the following professional competencies could be addressed through training in the Orff process for student music therapists: transpose simple compositions; compose songs with simple accompaniment; adapt, arrange, transpose and simplify music compositions for small vocal and nonsymphonic instrumental ensembles; utilise basic percussion techniques on several standard and ethnic instruments; and improvise on pitched and unpitched instruments, and vocally in a variety of settings including individual, dyad, small or large group.

AUTHOR BIOGRAPHY

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INTRODUCTION

“A survey is a systematic method of collecting data from a population of interest” (Health Communication Unit at the Centre for Health Promotion, 1999, p. 1) and disseminated through two primary forms of information gathering, namely questionnaire and interview. The decision of what form to use depends upon the respondent population and questions being asked of respondents.

KEYWORDS

Orff-based,
music therapy,
survey

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Primary steps in completing a survey include: (a) determining purpose of research, (b) assessing resources, (c) deciding which form to use, (d) writing survey questions, (e) pilot-testing the survey, (f) preparing the sample, (g) training interviewers if appropriate, (h) collecting data, (i) processing data, (j) analysing data, (k) interpreting and disseminating results, and (l) taking action as a result of findings (Health Communication Unit at the Centre for Health Promotion, 1999). For the current survey, the population of interest was those involved in the practice of music therapy, including student music therapists, burgeoning as well as experienced clinicians, and those involved in academic training. Data collected through this systematic method were related to the Orff Schulwerk process specifically within the context of music therapy clinical practice. The intent of this survey was to examine knowledge and training of Orff-based music therapy among music therapy students, clinicians, and educators (defined as faculty staff teaching music therapy at the university level) as a springboard for creation of music therapy clinical training protocols involving Orff Schulwerk and implementation of intervention-based research using the Orff process. Before beginning such endeavours, the researcher felt it pertinent to determine what is the current knowledge and training of the listed respondent groups.

Carl Orff's Schulwerk is a process to teach music and build musicianship based on activities children like to do: singing, saying, moving, and playing. Learning occurs by first hearing/making music followed naturally by reading/writing music that has been heard or created; somewhat comparable to how children learn language. Imitation, experimentation, and personal expression are essential elements of the process as children are active participants in creative music-making intended to develop the *whole* person while specifically impacting social-emotional and cognitive growth ("More on Orff Schulwerk," 2019).

Educational, clinical, and research literature has described the use of the Orff Schulwerk process for music and non-music domains in both music education and music therapy settings. In the United States, this literature chiefly resides within the American Orff-Schulwerk Association's (AOSA) journal, *The Orff Echo* (Colwell, 2020), although additional manuscripts (Hilliard, 2007; Perlmutter, 2016) are found across other disciplines in both trade and research journals nationally and internationally. Published literature has focused on using the Orff process in music education settings with children and youth with special needs, as well as across the lifespan from early intervention through older adults in community settings (i.e. Dakin, 2015; Ernst, 2003; Maltas & Pappas, 2005; McCord, 2012; McCord & Rogers, 2010; Miller, 2013; Opelt, 2015; Richardson, 2003; 2008; Sain et al., 2013; Siebenaler, 2014). A primary focus of many articles is use of the Orff process when teaching students with special needs in the elementary music classroom (Bessinger, 2005; McCord, 2012; McCord & Rogers, 2010; Miller, 2013; Perlmutter, 2016; Sain et al., 2013; Thomforde, 2018). Somewhat at the opposite end of the developmental spectrum, the Orff process has been successfully adapted for working with older adults (Dakin, 2015; Ernst, 2003; Maltas & Pappas, 2005; Opelt, 2015; Richardson, 2003; 2008) as well as diverse age groups in intergenerational settings (Sabourin, 2000; Shotwell, 1985). To exemplify targeted populations, authors discuss using Orff Schulwerk in the English as a Second Language (ESL) classroom (Lewis, 2015; Whitley, 2013), with students with attention-deficit disorder (Siebenaler, 2014), for individuals with hearing loss (Salmon, 2013), and those impacted by tragedy or loss (Beegle & Campbell, 2002).

In addition to the focus in music education, literature exists that is specifically attentive to adaptation of the Orff process to music therapy in both traditional and unique therapeutic settings. Based on the Orff Schulwerk approach, Orff-based music therapy was developed in clinical settings in Germany by Gertrud Orff while targeting emotional development when working with children with developmental disabilities. Her intent was not to teach them music but to support their development, most particularly their self-concept, through interacting with their environment within active, creative music-making (Voigt, 2013). She felt that Schulwerk (meaning 'School Work') could be easily adapted to working with those with special needs in a therapeutic environment due to four primary characteristics: (a) elemental music encompasses word, sound, and movement and as such a whole-body/whole-music experience, (b) opportunities for structured and free improvisation exist consistently, (c) the *instrumentarium* is diverse and adaptable for inclusivity of those with varied abilities, and (d) music is inherently multisensory (Orff, 1989; Voigt, 2003, 2013). By its very nature, the Schulwerk allows everyone to participate, begins where the individual is at developmentally, uses culturally relevant material, includes success-oriented experiences, and focuses on process rather than solely product of the musical experience (Bitcon, 2000; Colwell, 2005, in progress; Colwell et al., 2008).

Targeting non-music domains with children with special needs has been the concentration of several individuals using Orff from a special music education or music therapy perspective (Bessinger, 2005; Bonkrude, 2005; Gadberry, 2005; Furman & Kaplan, 2011; Kaplan, 2005). Expanding beyond school-based children with special needs, Hilliard (2007) and Register (Register & Hilliard, 2008) integrated Orff Schulwerk in their work in hospice and bereavement care while others used the Orff process to develop coping strategies with adolescents in a child psychiatric unit (Shain, 2011) and to decrease anxiety in student music therapists (Detmer, 2014). Colwell and collaborators have described Orff-based music therapy (Colwell, 2005) and examined the Orff process with students with Traumatic Brain Injury (Colwell, 2012), communication challenges (Colwell, 2016), and those in paediatric hospitals (Colwell, 2009; Colwell et al., 2013), as well as investigated the impact of training in Orff Schulwerk on the development of music therapy session plans (Colwell & Edwards, 2010), and as supportive cancer care with adults (Colwell & Fiore, in press).

Although clinical reports and research focused on the topic of Orff-based music therapy are available, much of it is not published in the American Music Therapy Association's (AMTA) primary journals; therefore this researcher was interested in determining what music therapy students, clinicians, and educators know about this topic. Consequently, the purpose of this research study was to examine knowledge and training of Orff-based music therapy among music therapy students, clinicians, and educators by answering the following seven research questions.

Research question 1: Demographics: What are demographics of individuals who chose to respond to this survey? (gender, role [student, educator, clinician], years in the profession, credentials, geographic region of residence, education, and clinical training)

Research question 2: Definitions: How do respondents define both the Orff Schulwerk process and Orff-based music therapy?

Research question 3: Training: a) Do respondents have Orff training in their academic programme or clinical internship experience? b) Do respondents have Orff training approved by the American Orff-Schulwerk Association (AOSA)? If so, what level of training? and c) If respondents are educators, do they teach Orff-based music therapy?

Research question 4: Professional development: Have respondents participated in Orff professional development through AMTA regional or national conferences or through state workshops or AOSA national conferences?

Research question 5: Clinical practice: Do respondents use Orff-based music therapy in their clinical practice (media, instrumentation, resources)? If so, how?

Research question 6: Treatment outcomes: In what domains do respondents think Orff-based music therapy could be effective? If so, how? Within those domains, what outcomes do respondents think could be best addressed through Orff-based music therapy?

Research question 7: Professional competencies: Based on respondents' knowledge of Orff-based music therapy, which professional competencies under Music Foundations do respondents think could be addressed through training in the Orff process for the student music therapist? Which three are considered most likely to be addressed?

METHOD

Survey design

After creation of an initial draft, the survey was disseminated to three individuals who have extensive knowledge of Orff Schulwerk. Each expert took the survey, logged the time it took for completion, and provided feedback on survey questions with needed additions, deletions, or modifications. The researcher assimilated this information in a second and final iteration of the survey to be sent for HRPP approval and subsequent dissemination. The survey consists of seven primary parts: (1) Information statement, (2) Demographics and training, (3) Orff training, (4) Conferences and workshops, (5) Clinical practice, (6) Treatment outcomes, and (7) Professional competencies: Music foundations.

Part 1 is the required information statement. Parts 2 through 4 focused on participants' demographics, knowledge, training and experience. Part 2 asked for demographics including gender, years as a music therapist, credentials, and regions of residence, academic training, and clinical training. Part 3 inquired as to completion of and potential knowledge acquired from Orff training and asked participants to define the Orff Schulwerk process and briefly write what they know about Orff-based music therapy. To determine engagement in Orff training, participants were asked whether they had opportunities during academic or clinical training or if any respondents held Orff certification. If respondents self-identified as educators, they were asked if they teach Orff-based Music Therapy and, if so, to further describe their method and/or content of teaching. Part 4 ascertains whether respondents attended sessions focused on Orff at conferences of AMTA or the American Orff-Schulwerk Association (AOSA), participated in local or state Orff workshops, and whether respondents were members of AOSA. If respondents attended conference sessions or workshops, they were asked to briefly describe topics covered in these opportunities.

Parts 5 through 7 focused more on clinical practice of Orff-based music therapy and its potential impact on treatment outcomes and student music therapist training. Part 5 determined if respondents used Orff-based music therapy in their clinical practice, incorporated traditional Orff media (i.e. body percussion) or barred percussion instruments, and asked where respondents obtained Orff orchestration resources. Based on respondents' understanding of Orff-based music

therapy, Part 6 investigated which domains participants thought could be impacted by this process and what treatment outcomes could be successfully addressed. Part 7 concluded the survey by asking respondents to indicate which AMTA Professional Competencies within Music Foundations could be addressed through the Orff process.

Recruitment and informed consent

After approval from the university-affiliated *Human Research Protection Program* (HRPP), the researcher requested and purchased email addresses from the *American Music Therapy Association* (AMTA) as is permitted for research purposes. Potential participants were sent an email with the following information: researcher background and interest in topic, explanation of the study and its purpose, and a link to an online survey through SurveyMonkey. The first section of the survey was an information statement required by the HRPP to support the practice of protection for human subjects participating in research. Participants were notified that if they completed the survey, that action implied informed consent.

Participants

Participants were student and professional members of the American Music Therapy Association (AMTA). An initial list of 3,510 emails was obtained from AMTA for survey dissemination. Due to server limitations, emails were sent in 35 batches of approximately 100 emails per batch. From this initial dissemination, 78 emails came back as no longer valid, five came back with an 'out of office' reply, one respondent asked to be removed from this mailing, one indicated no longer working as a music therapist, and four reported no knowledge of Orff so felt it best not to respond. The researcher removed her own address from the list, dropping the number of possible respondents to 3,420. From this revised number, 383 initiated the survey, indicating an 11% initial response rate. Further information regarding respondents is reported in the Results section of this manuscript.

Procedures

HRPP and AMTA research approvals were obtained as described above in Recruitment and Informed Consent. Approximately one month and again two months after the initial email was sent, a second, and then a third and final reminder email request for survey completion was sent to all respondents. The survey was left open for those who had not yet had the opportunity to complete the survey, but might like to complete it at their convenience. The survey was closed at the six-month mark following initial request. Average survey completion time for those who completed the entire survey was approximately 17 minutes.

Data security

Due to the nature of this online format, surveys submitted through SurveyMonkey came to the researcher with no identifiable personal information associated with results other than an IP address. This IP address was deleted when participants were assigned a respondent number.

SurveyMonkey responses were accessible only to the researcher as results were secured by a researcher-created username and password. Data were entered in SPSS on the desktop computer of the researcher's password-protected computer, kept in a locked university office.

Survey data analysis

Participants completed the survey with responses submitted through SurveyMonkey. The measurement tool was the survey, and data were responses to survey questions. Basic descriptive statistics were provided through SurveyMonkey; although the researcher condensed provided narrative content as needed to present summarised text responses. The researcher and reliability coder each examined all narrative comments with reliability calculated as $[(\text{Agreements})/(\text{Agreements} + \text{Disagreements}) \times 100] = \text{percentage of agreement}$.

RESULTS

The results section is organised around the seven research questions listed in the Introduction section. Each research question has been abbreviated to the heading that describes the information obtained from the survey related to that particular research question.

Demographics

A total of 383 participant respondents started the questionnaire. Five incomplete responses were eliminated as they had the same IP address and identical demographics to five completed survey attempts. An additional 51 survey respondents with incomplete responses dropped out of the survey after the *Demographics and Training* section with an additional 10 dropping out near the start of the *Clinical Practice* section. Forty-eight more respondents dropped out near the start of the *Treatment Outcomes* section, with seven respondents leaving the survey at the start of the final section, *Professional Competencies: Music Foundations*. This left a total of 262 completed surveys.

Table 1 depicts information from 262 respondents who completed the survey, targeting gender, years in the profession, credentials, and geographic region of current residence, academic training, and clinical internship training. All 262 respondents answered each question under the *Demographic and Training* section, except gender. As was permissible on the survey, two opted not to respond and one placed a checkmark for each gender, male and female. Participants were asked, if willing, to indicate which school they attended for academic training. Although not listed in Table 1 due to the amount provided, a total of 68 different universities were listed, with 193 (73.7%) of 262 respondents listing a school in this text box. Three schools with the most respondents were University of Kansas (40), Florida State University (11), and Michigan State University (7).

Question (total number of respondents N/%)	Category	N participants who responded to individual question	% participants who responded to individual question
Gender (260/99.2%)	Female	231	88.2%
	Male	28	10.7%
	Other (checked both)	1	0.4%
	No response	2	0.8%
Years in Profession (262/100%)	Still in school/Student	30	11.5%
	Less than 5 years	73	27.9%
	5-10 years	31	11.8%
	11-15 years	27	10.3%
	16-20 years	22	8.4%
	21-25 years	22	8.4%
	More than 25 years	57	21.8%
Credentials (262/100%)	Still in school/Student	30	11.5%
	MT-BC	221	84.4%
	CMT	3	1.1%
	RMT	7	2.7%
	MT-BC/RMT	1	0.4%
Geographic Region of Residence (262/100%)	Mid-Atlantic	46	17.6%
	Midwest	49	18.7%
	Great Lakes	52	19.8%
	Southwestern	17	6.5%
	Southeastern	45	17.2%
	New England	12	4.6%
	Western	28	10.7%
	International Member	12	4.6%
Other*	1	0.4%	
Geographic Region of Academic Education (262/100%)	Mid-Atlantic	48	18.3%
	Midwest	78	29.8%
	Great Lakes	39	14.9%
	Southwestern	13	5.0%
	Southeastern	42	16.0%
	New England	8	3.1%
	Western	17	6.5%
	International Member	2	0.8%
	Other**	15	5.7%
Geographic Region of Clinical Internship Training (262/100%)	Mid-Atlantic	56	21.4%
	Midwest	38	14.5%
	Great Lakes	53	20.2%
	Southwestern	23	8.8%
	Southeastern	36	13.7%
	New England	10	3.8%
	Western	30	11.5%
	International Member	2	0.8%
Still in school (pre-internship)	14	5.3%	

** 15 of the 262 participant respondents indicated more than one region of residence

Table 1: Respondent demographics and training

Definitions

Of the 262 respondents, 99 indicated either “I don’t know” or N/A when asked to define the Orff Schulwerk process in music education, while 75 indicated the same when asked to define Orff-based music therapy. The researcher’s primary intent of asking for these definitions was for the respondents to contextualise their survey responses by considering how they personally define these terms. Examination of the supplied definitions indicates the most common words within the definition of Orff Schulwerk were ‘music’ and ‘instruments’ and the most common phrase being ‘A method of teaching’. Comparable examination of the definition of Orff-based music therapy found the most common words being ‘music’ and ‘Orff’, and the two most common phrases being ‘To achieve non-musical goals’ and ‘Use of Orff instruments’. Sample definitions from respondents were:

The definition of Orff Schulwerk process in music education is:

- folk-based, elemental and organic way of teaching and learning music.
- the use of simple instruments to create a complex musical experience.
- the use of rhythm, speech and movement to encourage creativity.
- that there are a number of fundamental aspects of Orff - in each country where it is implemented, the music at its foundation is the folk music of that country, it uses specially designed instruments that are accessible and adaptable, it stresses the importance of body percussion and movement, it relies on a scaffolding of skills to teach concepts and music, it is experiential.

The definition of Orff-based music therapy is:

- to use the Orff process as a way of engaging with music/music learning/improvisation; other music therapy goals may be met, but this is how the engagement happens in the music.
- the use of Orff instruments using the pentatonic scale, voice and movement to create music and encourage self-confidence and self-expression.
- a collaborative music experience that uses progressively accessible musical containers, movement, and progressively accessible instrumentation to promote health-oriented goals.
- a highly interactive and engaging method involving use of selected and prescribed materials of the Orff Schulwerk approach in the context of a therapeutic relationship with the music therapist to address the clinical domains and to meet the client’s assessed needs.

Training

When inquiring about Orff training, approximately 56% (146) of all participant respondents indicated that they had experienced Orff training in their academic programme (see Table 2 for results related to training). Of these 146 respondents, 112 chose to expand with a narrative response, with 126 different academic experiences related to Orff listed in the comments. Fifty-six listed specific experiences were within academic coursework, with 21 of those 56 having semester-long courses

specifically targeting Orff-based music therapy. Twenty-two listed general or brief information embedded in a methods course, while four stated they had training but were not specific as to what or where. Three participated in an Orff ensemble, and 14 said they played Orff instruments in classes. Twelve indicated they completed a Level 1 Orff teacher training course, one a Level 2 course, and eight attended an Orff-focused workshop during their academic programme matriculation. Three said they completed readings about Orff for coursework, and three indicated they had trained with Carol Bitcon, a well-known music therapist and clinical training director who was an Orff specialist (83% reliability between content coders).

Question (total number of respondents <i>N</i> %)	Category	<i>N</i> participants who responded to individual question	% participants who responded to individual question
Orff training in academic programme (262/100%)	Yes	146	55.7%
	No	116	44.3%
Orff training in clinical internship (262/100%)	Yes	23	8.8% (9.3% post intern)
	No	225	85.9% (90.7% post intern)
	N/A (pre-internship)	14	5.4%
Orff training approved by AOSA (262/100%)	Yes	45	17.2%
	No	217	82.8%
Yes to AOSA approved training (45/100%)*	Level 1	38	84.4%
	Level 2	10	22.2%
	Level 3	7	15.6%
	Master Class	6	13.3%
	Apprentice	0	0%
Teach Orff-based music therapy (60/100%)	Yes	30	11.5% (50% of educators)
	No	30	11.5% (50% of educators)
	N/A; not educator	202	77.1%

*note that only 45 participant respondents answered this question, and percentages can be greater than 100% as each respondent could indicate more than one option

Table 2: Training in and teaching of Orff Schulwerk

Removing participant respondents who had not yet completed their clinical internships (14 of 262), only 9.3% (23) of the remaining 248 respondents indicated training within their internship experience. These 23 respondents plus two others, who originally indicated no training, chose to respond to the narrative question and described Orff experiences during their clinical internship. Eight stated they used Orff instruments, five addressed concepts related to Orff Schulwerk, seven attended weekend workshops, one completed Level 1 Orff certification, and four had training with Carol Bitcon (100% reliability between content coders).

Two hundred and seventeen (82.8%) respondents indicated that they did not have any specific AOSA-approved training in Orff Schulwerk, while 45 (17.2%) said that they did. Teacher training in Orff Schulwerk through AOSA-approved courses consists of three levels that must be taken sequentially, followed by an optional extended Master Class and then an apprenticeship opportunity to become an official teacher trainer. Due to this stair-stepping process, the overall percentage response for this question equals more than 100% as the 45 individuals who indicated they had specific training could indicate completion of more than one level.

Of the 262 respondents, 60 indicated that they were educators with exactly half (30) stating that, yes, they do teach Orff-based music therapy, while 30 indicated that they do not. Educators were asked to describe what they teach if they indicated that they do so. Of the 30 respondents who said yes, 24 described that process with 29 different comments, as some provided more than one way that the approach is addressed in the curriculum. Twelve respondents indicated that the information was embedded in methods courses, two within percussion courses, four addressed it through improvisational experiences, one had an Introduction to Orff Schulwerk course, one a specific Orff-based music therapy course, and two respondents required Level I Orff Schulwerk teacher training that was part of their curriculum. Some were less embedded in the curriculum, as two provided reading content on the topic, three stated they use Orff instruments, while one said it was supported during clinical practicum supervision but not the academic programme. One mentioned extensive previous experience in Orff but did not indicate how it was conveyed in their current curriculum (90% reliability between content coders). See Table 2 for information about *Orff Training*.

Professional development

Eighty (30.5%) of the 262 participant respondents indicated they had attended Orff-based music therapy sessions at AMTA conferences, 15 (5.7%) had done the same at AOSA conferences, and 69 (26.3%) had attended local or state Orff workshops. Of the 262 respondents, only 8 (3.1%) indicated that they were members of AOSA. See Table 3 for information about *Professional Development*.

Only 43 of the 80 who responded that they had attended sessions at AMTA provided information about topics, some articulating more than one. Fifteen described sessions giving a general overview of Orff, 10 identified actual presenters (Colwell, Bitcon, Bang, Detmer, Kleiner, Robbins), 13 responses were related to special populations (e.g. adult bereavement and hospice, individuals with cancer, children with various developmental disabilities), while nine referenced various Orff media (e.g. instruments, body percussion, improvisation, chant writing, and children's literature) (100% reliability between content coders).

Of the 15 individuals who had attended sessions at AOSA with music therapy-related topics, eight offered topics; with five general, two specific, and one with both general and specific. For the three specific areas, one was on improvisation and grief, one language development, and one music and special learners (100% reliability between content coders). Of the 69 who indicated they attended workshops, 25 responded with one or more specific topics/presenter names including various Orff media (15), Orff Schulwerk process (4), population-focused (5), presenters (9 different individuals), and clinical applications (1) (99% reliability between content coders).

Question (total number of respondents N/%)	Category	N participants who responded to individual question	% participants who responded to individual question
Attended Orff-based music therapy sessions at AMTA conferences (262/100%)	Yes	80	30.5%
	No	182	69.5%
Attended Orff-based music therapy sessions at AOSA national conventions (262/100%)	Yes	15	5.7%
	No	247	94.3%
Attended local or state Orff workshops (262/100%)	Yes	69	26.3%
	No	193	73.7%
Member of AOSA (262/100%)	Yes	8	3.1%
	No	254	96.9%

Table 3: Professional development of survey respondents

Clinical practice

When asked if respondents used Orff-based music therapy in their clinical practice, 104 (39.7%) said yes, with each giving a response of how it was being used, along with 10 respondents who initially said no; therefore, 114 actually responded to the narrative portion. Twenty-one responded that they were not using Orff, gave vague responses ('in a way'), or provided frequency information rather than content ('occasionally'). Some respondents gave more than one description of what and/or how they were using Orff in their clinical practicum, yielding a total of 103 different responses. Forty-four statements focused on Orff media, techniques, strategies, or process, while 42 referenced the use of either Orff melodic percussion or classroom percussion instruments. Twelve talked about specific interventions or populations, three referenced facilitating Orff ensembles, and two talked about creating Orffestrations (86% reliability between content coders). As a follow-up, participants were asked to indicate what Orff media, instrumentation, and resources they use regardless of whether they answered yes to the question about Orff-based music therapy in their clinical practice. Due to the possibility of checking all or none, percentages and responses vary. Detailed information for each aspect of these three subcategories is presented in Table 4. In examining specific media, 207 respondents indicated they do use Orff media with improvisation the most common use (90.3%). When exploring instrumentation, 124 (70.9%) of the 175 who indicated they use Orff instruments selected Alto Xylophone as the instrument used most frequently. Only 128 participants indicated that they use any of the resource options listed, with 'therapist-composed' the most common option used. One hundred and twelve of the 128 (87.5%) reported creating their own orchestrations.

Treatment outcomes

All 262 participant respondents answered this question. Respondents could select one or more of the six listed domains of social, emotional, behavioural, motor, communication, and cognitive; therefore, percentages add up to more than 100%. Although there was not strong disparity among domains, 95.4% of the participants felt that Orff-based music therapy could be effective for the social domain followed closely by 92.0% of participants checking the motor domain (see Table 5).

Question (total number of respondents <i>N</i> /%)	Category	<i>N</i> participants who responded to individual question	% participants who responded to individual question
Use Orff in clinical practice (262/100%)	Yes	104	39.7%
	No	158	60.3%
Media (Yes= 207/79.0% of total N; % of those indicating Yes included)	Improvisation	187	90.3%*
	Body Percussion	156	75.4%
	Ostinato	130	62.8%
	Chanting	120	60.0%
	Instrumental Colour	77	37.2%
	Borduns	54	26.1%
	No/Do not use media	55	21.0% of total N
Instrumentation (Yes= 175/66.8% of total N; % of those indicating Yes included)	Soprano Glockenspiel	104	59.4%*
	Alto Glockenspiel	68	26.0%
	Soprano Xylophone	89	38.9%
	Alto Xylophone	124	70.9%
	Bass Xylophone	73	41.7%
	Soprano Metallophone	55	31.4%
	Alto Metallophone	71	40.6%
	Bass Metallophone	36	20.6%
Resources (Yes= 128/48.9% of total N; % of those indicating Yes included)	No	87	33.2% of total N
	Therapist-composed	112	87.5%*
	Precomposed/published	50	39.0%
	Borrowed from presenter	49	38.3%
	Borrowed from colleague	31	24.2%
	N/A /don't use these resources	134	51.1% of total N

*percentages revised for those only answering, yes, they use media, instrumentation or resources

Table 4: Clinical practice: Media, instrumentation, and resources

Question (total number of respondents <i>N</i> /%)	Category	<i>N</i> participants who responded to individual question	% participants who responded to individual question
Domains for which Orff-based music therapy could be effective (262/100%)	Social	250	95.4%
	Motor	241	92.0%
	Communication	222	84.7%
	Cognitive	219	83.6%
	Emotional	214	81.7%
	Behavioural	198	75.6%

Table 5: Treatment outcomes

Participants were then asked to give an example of an appropriate clinical intervention for the *one* domain they thought would most naturally fit Orff-based music therapy from a predetermined list of six (social, emotional, behavioural, motor, communication, and cognitive). They were asked to list the domain and give a brief example of an intervention. Of the 262 respondents, 184 chose to supply domains as requested; yet some gave more than one, for a total of 194 responses. Seventy chose social, 35 emotional, 31 communication, 24 motor, 17 cognitive, 11 behavioural, while six indicated that it could be used to address all six of the domains presented on the survey (100% reliability between content coders).

Participants were also asked to indicate three treatment outcomes that they felt could be successfully addressed based on their understanding of Orff-based music therapy. Of the 262 respondents, 246 participants gave between one and three specific treatment outcomes for an overall total of 721. Categorising these outcomes into associated domain areas, seven domains were represented with the percentage of outcomes under each domain provided: motor, (25.52%) social (20.80%), cognitive (17.75%), emotional (16.65%), communication (13.32%), behavioural (5.13%), and psychosocial (0.83%). The researcher notes the choice to add the psychosocial domain based on content of provided treatment outcomes (89% reliability between content coders).

Professional competencies

Participants were asked to select all professional competencies within Music Foundations that they felt could be addressed through training in the Orff process for student music therapists. Under *1. Music Theory and History*, 73.3% checked 1.5 Transpose simple compositions. Within *2. Composing and Arranging*, 92.7% checked 2.1 Compose songs with simple accompaniment, and 90.5% checked 2.2 Adapt, arrange, transpose and simplify [...] ensembles. Almost 79% checked 3.2 Perform in small and large ensembles under *3. Major Performance Medium Skills*.

Under *Functional Music Skills (voice, piano, guitar, percussion)*, 85.9% checked 4.1.8 Utilise basic percussion techniques on several standard and ethnic instruments. Also, under *Functional Music Skills*, 90.5% of the participants checked 4.3 Improvise on pitched and unpitched instruments, and vocally in a variety of settings including individual, dyad, small or large group. Under *Conducting Skills*, 76.0% of participants checked 5.2 Conduct small and large vocal and instrumental ensembles, while 82.8% checked 6.1 Direct structured and improvisatory movement experiences under *Movement Skills*. Descriptive information on each competency is presented in Table 6.

Participants were also asked to indicate which were the top three competencies that they felt would be most effectively addressed through training in Orff-based music therapy, and this information is presented in Table 7. Condensed data indicates that the top three competencies that respondents felt would be most effectively addressed through training in Orff-based music therapy are 2.2 Adapt, arrange, transpose, and simplify [...] ensembles, 4.2 Develop original melodies, simple accompaniments, and short pieces extemporaneously in a variety of mood and styles, vocally and instrumentally, and 4.3 Improvise on pitched and unpitched instruments, and vocally in a variety of settings including individual, dyad, small or large group.

Question (total number of respondents N/%)	Category	N participants who responded to individual question	% participants who responded to individual question
Music theory and history (246/100%)	1.1 Recognise standard works in the literature.	86	32.8%
	1.2 Identify elemental, structural, and stylistic characteristics of music from various periods and cultures.	141	53.8%
	1.3 Sight-sing melodies of both diatonic and chromatic makeup.	175	66.8%
	1.4 Take aural dictation of melodies, rhythms, and chord progressions.	178	67.9%
	1.5 Transpose simple compositions.	192	73.3%
Compositional and arranging skills (258/100%)	2.1 Compose songs with simple accompaniment	243	92.7%
	2.2 Adapt, arrange, transpose, and simplify music compositions for small vocal and non-symphonic instrumental ensembles	237	90.5%
Major performance medium skills (228/100%)	3.1 Perform appropriate undergraduate repertoire; demonstrate musicianship, technical proficiency, and interpretive understanding on a principal instrument/voice.	102	38.9%
	3.2 Perform in small and large ensembles	206	78.6%
Functional music skills (voice, piano, guitar, and percussion) (257/100%)	4.1.1 Lead and accompany proficiently on instruments including, but not limited to, voice, piano, guitar, and percussion.	195	74.4%
	4.1.2 Play basic chord progressions in several major and minor keys with varied accompaniment patterns.	167	63.7%
	4.1.3 Play and sing a basic repertoire of traditional, folk, and popular songs with and without printed music.	184	70.2%
	4.1.4 Sing in tune with a pleasing quality and adequate volume both with accompaniment and acapella.	178	67.9%
	4.1.5 Sight-read simple compositions and song accompaniments	177	67.6%
	4.1.6 Harmonise and transpose simple compositions in several keys	158	60.3%
	4.1.7 Tune stringed instruments using standard and other tunings.	62	23.7%
	4.1.8 Utilise basic percussion techniques on several standard and ethnic instruments.	225	85.9%
Functional music skills (256/100%)	4.2 Develop original melodies, simple accompaniments, and short pieces extemporaneously in a variety of moods and styles, vocally and instrumentally.	230	87.8%
	4.3 Improvise on pitched and unpitched instruments, and vocally in a variety of settings including individual, dyad, small or large group.	237	90.5%
	4.4 Care for and maintain instruments.	212	80.9%
Conducting skills (230/100%)	5.1 Conduct basic patterns with technical accuracy	182	69.5%
	5.2 Conduct small and large vocal and instrumental ensembles.	199	76.0%
Movement skills (229/100%)	6.1 Direct structured and improvisatory movement experiences.	217	82.8%
	6.2 Move in a structured and/or improvisatory manner for expressive purposes.	204	77.9%

Table 6: AMTA professional competencies: Music foundations

Competency	Frequency	Competency	Frequency
1.1	1	4.1.4	7
1.2	8	4.1.5	9
1.3	7	4.1.6	5
1.4	4	4.1.7	1
1.5	11	4.1.8	37
2.1	57	4.2	80
2.2	69	4.3	107
3.1	5	4.4	6
3.2	18	5.1	11
4.1.1	18	5.2	34
4.1.2	8	6.1	59
4.1.3	22	6.2	27

Table 7: AMTA professional competencies respondents deemed most effectively addressed through training in Orff

DISCUSSION

The purpose of this research study was to examine the knowledge and training of Orff-based music therapy among music therapy students, clinicians, and educators using a variety of demographic, training, and outcome variables. The results section answers seven research questions posed to address the primary purpose statement.

Data summary

Demographics: As expected in our field, the majority of respondents were female, with a somewhat balanced dispersion across experience from students through to those in the profession for more than 25 years; most were MT-BCs, and 22.9% were educators. Survey respondents were from all seven AMTA regions with a small representation of international members. While the response rate was low, the diversity of respondents was evident from a review of these demographics. A total of 116 dropped out of the survey at various stages across sections. It appears a bit less than half of those that dropped out (51, 44.0%) did so at the end of demographics, just as they were asked to give a definition of Orff Schulwerk in music education and music therapy. Perhaps they felt that if they did not have that knowledge, it would not be appropriate to continue with the survey. Another large group of respondents who left the survey (48, 41.4%) did so after the section on clinical practice as they started the section on treatment outcomes. It is possible this group of respondents did not use Orff in their clinical practice or perhaps did not feel they could adequately offer suggestions on treatment options due to their lack of knowledge of or experience with Orff-based music therapy.

Definitions: Sixty-two per cent (163) of respondents provided a definition for Orff Schulwerk in music education, and 71.4% (187) provided a definition for Orff-based music therapy. Definition lengths and complexity were diverse among respondents. In running an initial word-frequency

analysis using the online tool, *Textalyzer*, of the 163 who provided definitions for Orff Schulwerk in music education, results indicated that the top seven most frequently used words were music (154), instruments (62), movement (49), Orff (46), musical (45), using (42), and learning (41). In running a comparable initial word frequency analysis of the 187 provided definitions for Orff-based music therapy, results indicated that the top seven most frequently used words were music (127), Orff (110), goals (56), instruments (55), use/using (52), musical (51), and therapy (47).

Training: The researcher discovered that 56% (146) of the respondents indicated they had experienced Orff training in their education programme, with approximately half of the educators indicating they teach Orff-based music therapy within their curriculum, yet of those who had completed an internship, only 9.3% (23) indicated training during internship. Each participant that indicated they had experienced training gave a brief description, although with varied specificity. Somewhat surprising, although encouraging to the researcher, was that 38 of the 262 (14.5%) respondents had completed at least their Level 1 AOSA Teacher Training certification.

Professional development: Approximately 31% of respondents had attended sessions related to Orff-based music therapy at AMTA, as well as approximately 32% who reported attending sessions through AOSA national conferences and local or state Orff workshops. Session topics were requested from the respondents and a content analysis of those areas was condensed by comparable topics and reported. AMTA session topics included a general overview of Orff, focus on specific populations, targeted Orff media, while some respondents named specific presenters. AOSA and local workshops topics also provided both general and specific information that focused on media, process, specific populations, outcomes and clinical applications, and strategies for working with children with exceptionalities. Again, specific presenters were named by respondents.

Clinical practice: With 56% (146) of survey respondents reporting that they received academic training in Orff, the researcher was interested in seeing how many indicated using Orff-based music therapy in their clinical practice. Approximately 40% (104) indicated that they *did* use Orff, and data on media, instrumentation, and resources is included in the results. This clinical use is supported by authors who have described working with various clinical populations (Colwell, 2005, 2009, 2012, 2016; Gadberry, 2005; Hilliard, 2007; Kaplan, 2005; Register & Hilliard, 2007). It was not surprising to the researcher that improvisation was the most prevalent media focus, partially due to its inclusion in many different music therapy approaches as well as being applicable and accessible across developmental levels and chronological ages. Recent research using the Orff process specifically supports this use of improvisation within clinical practice for outcomes such as decreased anxiety in college students (Detmer, 2014) or to impact pain, fatigue, anxiety, and mood in cancer patients (Colwell & Fiore, in press). The researcher notes the reporting of specific Orff media through the use of chanting, body percussion and ostinati. Almost 88% (112) of the respondents who reported they use Orff-based resources indicated they use therapist-composed resources, which can be expected due to the dearth of music therapy outcome-focused, pre-composed or intentionally disseminated published literature.

Treatment outcomes: All survey respondents answered the question about treatment outcome domains that they felt could be impacted effectively by implementation of Orff-based music therapy. All six presented domains received attention from the respondents; with a range of percentages, from highest (social at 95.4%) to lowest (behavioural at 75.6%). After this question on domain selection, respondents were asked for which three treatment outcomes that they felt could be most

successfully addressed based on their understanding of Orff-based music therapy. The researcher placed these outcomes under the same domains provided in the previous question. Although not one of the originally presented domains, the researcher added psychosocial-based on respondent content as they listed potential treatment outcomes. This addition of psychosocial is supported by clinically anecdotal as well as data-based literature (Colwell, 2009; Colwell et al, 2013; Colwell & Fiore, in press; Detmer, 2014; Hilliard, 2007) that targeted outcomes associated with this domain. Therefore, seven domains were now represented with percentage of outcomes under each domain provided: motor, (25.52%) social (20.80%), cognitive (17.75%), emotional (16.65%), communication (13.32%), behavioural (5.13%), and psychosocial (0.83%). It was noted by the researcher that the order of domains presented in the initial question asking respondents within which domains they felt Orff-based music therapy could be effective was different in the subsequent question that asked respondents to provide three potential treatment outcomes without self-assigning a domain to those outcomes. Despite differences in order, existing literature does support the focus on social and motor domains as the two with the highest percentage for both questions (Colwell, 2012; Gadberry, 2005; Register & Hilliard, 2008). Based on these results, in future investigation the researcher would inquire as to what the respondents felt would be the specific treatment outcomes within each domain which would be most therapeutically impacted by the Orff process.

Professional competencies: When asked to select all professional competencies within Music Foundations that they felt could be addressed through training for student music therapists, each competency was selected with specific data reported in the Results. The top three solely on the basis of frequency count were 2.1 (Composing/Arranging: compose songs with simple accompaniment), 2.2 (as above) and 4.3 (as above). The researcher was most interested in the data of the three competencies participants felt would be *most* effectively addressed through training in Orff-based music therapy. When specifically asked that question, the 'top three' were 2.2 (Composing/Arranging: adapt, arrange, transpose, and simplify songs), 4.2 (Functional Music: original melodies, simple accompaniments/ pieces created extemporaneously), and 4.3 (Functional Music: improvise). As an educator and a proponent of Orff, and conceptualising it from the perspective of student music therapist instead of client outcomes, the researcher was fascinated to see that so many respondents felt it was possible to facilitate training in Music Foundations through the Orff process. While teaching a course targeting *Orff Applications in Music Therapy*, the researcher has often been struck by the improvement in music skills of the student music therapists enrolled in the class and the potential dual-purpose served by participation in this course.

Limitations: As in every study, one must be aware of multiple limitations during development, implementation, analysis, or interpretation. In examining the survey, the researcher recognised that the gender question was not inclusive and should be revised in subsequent work. The survey itself was too long and should have been divided into more than one request for input from the profession. This length, as well as the potential misinterpretation that respondents needed a prior knowledge in Orff-based music therapy to complete the survey, may have contributed to the low number of respondents who attempted but did not complete the survey. There needed to be a better explanation when disseminating the survey that respondents did not have to have experience with Orff to complete the survey as the intention of the survey was to determine what do students, professionals and educators know/not know, use/not use, and teach/not teach related to Orff-based music therapy.

Implications for future research and training

In consideration of future research and potential training, this researcher is interested in answering the following questions:

- Is there, or should there be, a comprehensive definition of the Orff Schulwerk process and Orff-based music therapy that could be used when developing research and potential training opportunities?
- What is the Orff-based music therapy training that is being completed by educators and internship directors? Is it accurate to the Orff process or is skewed more toward the inclusion of Orff instruments and/or select components of the media as supportive elements within music-based interventions?
- Could a therapist training process be developed comparable to AOSA's teacher training levels certification? If so, what would that training process look like and how would it be imparted to the clinical and student membership of AMTA? (Colwell, in progress)
- Through a systematic, scoping, or integrative review (Colwell & Sipes, in progress), what outcomes-focused or intervention-based research (either music education or music therapy) has been published using the Orff Schulwerk process?
- Based on the knowledge obtained from these types of reviews, what is the conceptual framework that should be formulated before stages of intervention research are implemented or before a training process is created and field-tested?

As an individual with both a music education and therapy background, and with the opportunity to complete three levels of Orff Schulwerk teacher training certification and the AOSA Master Class, the researcher has become passionate about the impact of Orff-based music therapy both for the student music therapist and the diverse representation of clients we serve. From an examination of the data obtained through this survey, it appears that respondents were familiar with the Orff approach in both music education and music therapy, although there was variation in how they defined it, their level of training, and use within clinical practice. Although approximately half of the respondents had received training and half of the educators reported doing such training, a consistent definition, description of training, and reporting of clinical use showed quite a bit of diversity. This statement is not intended to be negative but, instead, factual; and this diversity may be most appropriate given the different philosophical and pedagogical approaches to music therapy training. In particular, it is important to note that an in-depth analysis of the respondent-provided definitions was not an intended outcome of this study. Providing definitions was an opportunity for the respondents to articulate their own interpretation of the Orff Schulwerk process and Orff-based music therapy to potentially contextualise their survey responses.

CONCLUSIONS

Orff-based music therapy has the potential to encompass the lifespan, and be used in one-on-one, small, or large group settings in various models (i.e. medical, educational, correctional). For those of us interested in training therapists in using Orff-based music therapy, it was imperative to examine

the profession's understanding and perception of this process as it applies to music therapy. Although limited in scope, this survey provided a foundation of information to provide a platform for future research and clinical training. The researcher recognises that there appeared to be more knowledge of, training in, and clinical use of Orff-based music therapy than originally anticipated. Definitions, while considerably diverse, had some accuracy and substance true to how the AOSA national professional organisation presents itself to its membership and the public. It appears that in examining the participants' overall survey responses, the researcher may be able to determine and create a training model and format suitable for the student music therapist as well as the practising clinician, and potentially initiate the creation of theoretical and conceptual frameworks for intervention-based research studies.

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Ελληνική περίληψη | Greek abstract

Γνώση και κατάρτιση στη μουσικοθεραπεία Orff μεταξύ φοιτητών, θεραπευτών και καθηγητών

Cynthia M. Colwell

ΠΕΡΙΛΗΨΗ

Σκοπός αυτής της ερευνητικής μελέτης ήταν η διερεύνηση της γνώσης και της κατάρτισης στη μουσικοθεραπεία που βασίζεται στις αρχές του συστήματος Orff μεταξύ των φοιτητών, των θεραπευτών και των καθηγητών, εστιάζοντας σε ένα εύρος δημογραφικών, εκπαιδευτικών και μετρήσιμων εκ του αποτελέσματος μεταβλητών. Ένα ηλεκτρονικό ερωτηματολόγιο αποτέλεσε το εργαλείο αξιολόγησης σχεδιασμένο για την επίτευξη αυτού του σκοπού και επτά συναφών ερευνητικών ερωτημάτων εστιάζοντας στα εξής: (1) δημογραφικά στοιχεία, (2) ορισμοί, (3) εκπαίδευση, (4) επαγγελματική ανάπτυξη, (5) κλινική πράξη, (6) θεραπευτικά αποτελέσματα, και (7) επαγγελματικές ικανότητες. Βασικά περιγραφικά στατιστικά στοιχεία προέκυψαν από το SurveyMonkey, ενώ η ερευνήτρια συνόψισε το παρεχόμενο υλικό αφηγηματικού περιεχομένου σε συντομευμένες ανταποκρίσεις. Η παρουσίαση των συμπερασμάτων και της συζήτησης είναι οργανωμένη σύμφωνα με αυτά τα επτά ερευνητικά ερωτήματα, και συμπεριλαμβάνονται στοιχεία σχετικά με τις επιπτώσεις στην εκπαίδευση και τις μελλοντικές έρευνες. Συνοψίζοντας μόνο κάποια σχετικά αποτελέσματα, το 56% των 262 συνολικά ερωτηθέντων ανέφερε ότι έχει εκπαιδευτεί στη μουσικοθεραπεία που είναι βασισμένη στο σύστημα Orff κατά τη διάρκεια των ακαδημαϊκών τους σπουδών. Εκατό τέσσερις ερωτηθέντες (το 39,7% των 262) ανέφεραν ότι χρησιμοποιούν αυτήν την προσέγγιση στην κλινική τους πράξη και το 95,4% θεωρεί ότι θα μπορούσε να είναι αποτελεσματική στον κοινωνικό τομέα. Οι συμμετέχοντες σημείωσαν ότι οι παρακάτω επαγγελματικές ικανότητες θα μπορούσαν να καλυφθούν μέσω της εκπαίδευσης των φοιτητών μουσικοθεραπείας στη διαδικασία του συστήματος Orff: η τονική μεταφορά απλών συνθέσεων, η σύνθεση τραγουδιών με απλή αρμονική συνοδεία, η προσαρμογή, η διασκευή, η μετατροπή και η απλοποίηση μουσικών έργων για μικρά φωνητικά και μη-συμφωνικά ορχηστρικά σύνολα, η χρήση βασικών τεχνικών κρουστών σε ποικίλα καθιερωμένα και παραδοσιακά κρουστά όργανα, καθώς και ο αυτοσχεδιασμός σε μελωδικά και μη-μελωδικά όργανα, αλλά και με τη φωνή σε διάφορα πλαίσια συμπεριλαμβανομένων το ατομικό τραγούδι, ντουέτο, μικρό ή και μεγάλο φωνητικό σύνολο.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

Βασισμένη στη μέθοδο Orff, μουσικοθεραπεία, ηλεκτρονικό ερωτηματολόγιο