

RESEARCH | PEER REVIEWED

Music Therapy to Meet the Needs of Forcibly Displaced Children:

Teachers', Music Therapy Students, and Administrators' Experiences from the Initial Phases of a School Project for Ukrainian Children

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Abstract

This paper investigates the role of music therapy in supporting refugee children and youth from Ukraine during their initial resettlement in Norwegian schools. With the ongoing war in Ukraine escalating since 2022, a significant number of refugees have sought safety in Norway, prompting the exploration of music therapy as a tool for their emotional and social adaptation. The study employs focus group interviews with school staff, utilizing thematic and narrative analysis to uncover key insights. The findings are categorized into two main themes: *How Music Provided Support* and *Challenges in Implementing Music Therapy*. The first theme highlights the positive impact of music therapy, including its ability to provide emotional support through calming activities, foster relationships among peers and between students and teachers, and promote a sense of fun and mastery. The second theme addresses the obstacles encountered during implementation, such as the initial lack of structure and continuity, limited understanding of music therapy's role, and the need for stronger institutional support at higher levels within the school system. These findings underscore the value of music therapy in promoting resilience and social cohesion, while also emphasizing the

importance of clear organizational frameworks and interdisciplinary collaboration for successful implementation. The paper concludes by proposing implications for practice.

Keywords: community music therapy; participation; refugee children; education; sociocultural learning

Introduction

As the war in Ukraine displaced over 10 million people, including more than 6.3 million who fled the country (United Nations High Commissioner for Refugees [UNHCR], 2023), this crisis highlights the urgency of creating support strategies for displaced populations, particularly children. The United Nations Convention on the Rights of the Child (Office of the High Commissioner for Human Rights [OHCHR], 1989) stresses the importance of ensuring children's right to education and protection from exclusion. In Norway, all children, including those from refugee backgrounds, are entitled to educational opportunities. However, research by the World Health Organization (WHO, 2023) and others (e.g., Fazel et al., 2012) shows that the mental health of refugee children is deeply impacted by their living conditions during displacement. Music therapy has emerged as a promising approach to support these children by addressing their emotional and social needs and promoting inclusion in meaningful ways.

Refugee children's needs must be understood in relation to the systems surrounding them, family, school, and community. School-based interventions can foster a sense of belonging. Fazel and Betancourt (2018) emphasized the complexity of refugee children's mental health, which requires an approach spanning multiple sectors. Preventive measures, including mental health support, family-focused approaches, peer guidance, and managing contextual stressors, are essential. Research on music therapy, such as that by Rickson and McFerran (2014), reveals that music can be integrated into schools, fostering inclusive and supportive environments (Crooke & McFerran, 2014). This perspective aligns with more recent work, such as that by Heynen et al. (2022), which shows how music therapy can provide psychological support and a sense of safety for vulnerable children. These studies highlight the potential of music therapy to address both the emotional and social needs of displaced children, promoting resilience and fostering cultural humility within school systems (Krüger & Diaz, 2023). We base this belief on a notion Scrine (2019) has emphasized. Scrine stresses how modern music therapy practices can break away from traditional models by fostering collaboration, confronting harmful social norms, and encouraging social change. For music therapists to effectively support the well-being and growth of children, they must critically assess rigid definitions of culture and consider how these constructs intersect with other aspects like race, culture, and class. Furthermore, music therapists must be open to exploring both their own cultural identities and those of the young people they work with. Donley (2020) suggests that cultural assumptions, values, and potential misunderstandings can significantly impact the therapeutic process. Understanding the cultural context of the child is crucial (Bell, 2016), as it helps to prevent misinterpretations and enhances the therapist's effectiveness. Gonzalez (2011) further underscores the need for therapists to examine their own cultural biases, particularly as they relate to the child's cultural background. Both the therapist's self-awareness and their understanding of the child's culture are indispensable in ensuring a successful therapeutic relationship.

Music therapy in group settings can facilitate social cohesion, helping refugee children form new friendships and regain a sense of normalcy (Baker & Jones, 2006). Music therapy also promotes emotional healing within families, providing a shared activity that helps process collective trauma (Mallon & Hoog Antink, 2021). Additionally, structured environments, as demonstrated in the work of Weiss and Bensimon (2019), are critical for

fostering a sense of belonging and personal expression. These findings support the idea that children from refugee backgrounds face developmental challenges due to trauma, disrupted routines, and instability, which can hinder their emotional and social development. To support their well-being, interventions need to provide safe, trauma-informed care and foster both emotional regulation and community inclusion.

Building a sense of community is another key aspect of music therapy. Group sessions can help rebuild social networks lost due to displacement, which is crucial for children facing isolation in new environments (Hense & McFerran, 2017). However, implementing music therapy with refugee populations presents challenges such as the need for cultural humility, access to trained therapists, and the risk of vicarious trauma (VT). VT is the emotional and psychological impact felt by individuals who are indirectly exposed to the trauma of others, often through their professional roles. This phenomenon commonly affects therapists, social workers, healthcare providers, and first responders who routinely engage with individuals experiencing trauma (Kim et al., 2022).

The growing but still limited research base on music therapy with refugee children makes it difficult to establish evidence-based practices, which in turn impacts funding and the availability of such programs. However, research in the Norwegian context (Enge & Stige, 2022) has explored how music therapy can contribute to school inclusion by promoting collaboration among peers. Music can foster cooperation and facilitate social bonding, offering a platform for children to connect in ways that may be more emotional or meaningful than in other settings. Research by Einarsen et al. (2024) highlights the role of music therapy in helping refugee children process emotions and engage in meaningful dialogue with adults. This underscores the potential for music therapy to be a valuable tool in social work practice, particularly when working with displaced populations. However, social workers often lack the necessary knowledge and systematic training to effectively integrate music therapy into their practice. By collaborating with music therapists, social workers can better facilitate cultural participation and emotional well-being for refugee children, especially in educational settings. Despite challenges such as financial constraints, music therapists are uniquely positioned to act as catalysts for this process, bridging gaps in cultural understanding and fostering environments that support the holistic development of refugee children. This partnership could enable social workers to more effectively address the diverse needs of refugee populations, highlighting the importance of interdisciplinary approaches.

In Roaldsnes's (2017) qualitative study on music in health promotion work within a music group with unaccompanied minor refugees, the group served multiple purposes: emotional change, coping, and belonging. Roaldsnes's results led to the conclusion that the music group had significance for the participants in addressing potential trauma and facilitating their recovery process (p. 216). The music group was perhaps experienced as a community by offering protective factors. The participants reported feelings of safety and relationships, indicating a sense of belonging in the group (p. 225). Moreover, Storsve et al. (2010) explored the role of music in fostering hope and recognition among youths in a Palestinian refugee camp, emphasizing the significance of music as a tool for psychosocial support in an educational setting. Their study, which was part of a broader collection on music in mental health work with children and adolescents, highlights how music projects can provide a sense of belonging, emotional expression, and empowerment in marginalized communities.

Reviewing the literature, we identified several gaps in the current literature. Firstly, there is a lack of studies examining the impact of music therapy in initial phases of resettlement. The "initial phase of settlement" or "early stage of resettlement" refers to the period immediately following the relocation or settlement of individuals or communities into a new environment, where essential aspects of adaptation and integration begin (UNHCR, 2025). This phase typically involves meeting immediate needs such as shelter,

food, security, and access to basic services. It may also include establishing social networks, understanding local customs, and navigating legal or administrative systems. In the context of refugees, migrants, or displaced populations, the early stage of resettlement often includes efforts to help individuals or groups overcome initial challenges, providing them with necessary support, such as temporary housing, healthcare, language skills, and employment services. Secondly, more research is needed to understand how music therapy is organized from a stakeholder perspective, and not least how organizers experience the relevance for music therapy. Based on the foregoing, the following research question is asked:

How can music therapy support refugee children and youth in the early stages of resettlement in schools, and how can insights from participants inform the initiation, implementation, and evaluation of such interventions?

This research question addresses a critical topic, exploring the role of music therapy in supporting refugee children and youth during the challenging early stages of resettlement. By focusing on participant statements from a focus group study, the question emphasizes the importance of lived experiences and community perspectives in shaping interventions. This approach not only ensures cultural relevance and responsiveness but also enhances the initiation, implementation, and evaluation phases of music therapy programs. Such insights can help identify effective strategies to foster emotional well-being, social connection, and resilience in displaced populations.

Method

This study examines a music therapy initiative aimed at supporting refugee children in a school setting in Norway. The initiative emerged as a response to the ongoing refugee crisis caused by the war in Ukraine. For the methodological approach, a focus group interview study was chosen as the primary research design to explore how music therapy can assist in fostering resilience and well-being among newly arrived refugee children. The initiative was led by the primary researcher, a professor of music therapy and the first author of this paper. The study was registered and approved by the University of Bergen's System for Risk and Compliance in Research Projects (RETTE) and was considered exempt from further ethics review as health research. Ethical considerations also involved advocating for sustainable support systems, ensuring continuity of care for the children beyond the project's duration.

Implementation Process

Planning

In the spring of 2022, interdisciplinary meetings were held between university, school, and municipal staff to plan the music therapy program. Due to a shortage of music therapists in the municipality, resources were reallocated from various services. Planning was further complicated by the school's challenging environment, which included over 300 registered children, newly hired teachers, and a continuous influx of students. Several meetings were held to integrate music therapy into the school's daily schedule, though difficulties in finding suitable time slots led to the cancellation of an orientation day and fewer sessions than initially planned. In the initial phases of the project, we collaborated closely with the organization Caritas to build a foundational understanding of the Ukrainian cultural context. This partnership was instrumental in shaping our research approach, as Caritas facilitated connections with local communities and provided valuable

insights into cultural nuances and societal dynamics. Additionally, we worked alongside a Ukrainian organization, whose cultural expertise further deepened our comprehension of Ukrainian traditions, values, and social structures, ensuring our research was both respectful and informed (Caritas Internationalis, n.d).

Practice and intervention methods

The program ran in the spring and summer of 2022, initially aiming to serve all Ukrainian schoolchildren. However, due to time constraints and a limited number of therapists, it focused on students in grades 5 to 7. Over five weeks, one or two music therapists conducted weekly group sessions, supported by one to three music therapy students as participatory observers. Activities included name games, clapping games, drum circles and instrumental exploration. In the following spring semester, one music therapist and two music therapy students (including one of the authors) provided near-daily music therapy sessions for all grades (1–10).

Evaluation

Evaluation took place in autumn 2022 and spring 2023. The first phase involved a focus group interview with school and municipal staff, as well as representatives from a religious organization. The second phase included a focus group with a music therapist, school staff, and municipal staff. The evaluation assessed the program's impact, effectiveness, and future directions, forming the basis of this study.

Participants and recruitment

Purposeful sampling was employed to recruit participants for the focus group interviews. The inclusion criteria focused on individuals directly involved with the school and the music therapy program, ensuring relevance to the study's objectives. Participants included five teachers (T1–T5), two school department leaders (L1–L2), one municipal district manager (L3), and one music therapist (MT). The group comprised four men and five women, aged 30 to 61 years. Additional participants included two members of a religious organization interested in refugee outreach using music therapy (R1–R2). All participants provided informed consent, and their participation was voluntary. Recruitment records were maintained to document drop-outs and participation rates.

Data collection

Data collection involved two focus group interviews, conducted six months apart, to capture participants' evolving perspectives on the music therapy initiative. Each interview lasted approximately one hour and was moderated by the primary researcher. Participants included teachers, facility providers, a music therapist, and administrators. Semi-structured interview guides were used to foster in-depth discussions on topics such as participants' experiences with music therapy, interpretations of the children's responses, and the integration of music therapy within the school community (see Appendix, Interview Guide). The interviews were recorded using the University of Bergen's SAFE system, ensuring secure data storage. Transcripts were produced verbatim by a music therapy student, and excerpts were shared with participants for validation, with no requests for revisions received.

Data analysis

Thematic analysis (Braun & Clarke, 2006) was employed, framed within a hermeneutic

approach (Ghetti, 2016). The analysis process included several key steps:

1. **Familiarization:** Researchers read and re-read the transcripts, noting initial observations.
2. **Generating Codes:** Significant features of the data were systematically coded, with attention to all dataset elements.
3. **Theme Development:** Codes were organized into overarching themes and subthemes to capture patterns across the data.
4. **Theme Refinement:** Themes were reviewed to ensure alignment with the dataset, and a thematic map was created to visualize relationships.

Thematic findings were then connected to theoretical concepts in the discussion. The initial steps of analysis were conducted independently by the third and fourth authors, with collaborative efforts for final refinement.

Researchers' characteristics

The research team included the primary researcher, a professor of music therapy with extensive experience in diverse cultural contexts, and four music therapy students in their third year of training. While the students had limited prior experience working with displaced populations, the project provided hands-on learning opportunities under the primary researcher's guidance. Their interdisciplinary collaboration brought varied perspectives and skills, enriching the research process and therapeutic outcomes.

Findings

The overall results indicated that participants experienced the music therapy approach as both important and useful in the school setting for refugee children. However, they also described challenges and limitations in the project. The findings are presented through constructed themes and illustrated with case vignettes to distinguish field notes from interview material. Field notes are inserted as vignettes between interview quotes.

How Music Provided Support

The first overarching theme examines participants' reflections on the value of music therapy for children, focusing on its role in reducing stress, building relationships, fostering communication, and supporting emotional well-being.

Emotional support through music activities

Music therapy was seen to help pupils relax and reduce stress. Adjustments such as removing "louder instruments" softened the sensory environment, contributing to a sense of calm and safety. T1 remarked that music could support students by reducing stress and motivating them, stating that it "can represent a place where they can rest a little in relation to the external demands that exist in everyday school life."

For some, music therapy was experienced as a welcome break from regular school activities. As T5 shared, "It [the music activities] was a break from what we were doing." Participants frequently highlighted music's relaxing and grounding effects. T1 noted that music "was a stress management tool" and that pupils "felt calm." Similarly, L1 reflected that music "gives them a sense of stability, of calmness."

Building relationships through music

Participants described music as a safe and enjoyable way to build relationships. According

to T2, “It’s a very nice place to build relationships in a safe way... They get to practice social skills in a very safe environment.” The importance of continuity was emphasized by L4, who stated:

The fact that you keep the same person for each group; when it comes to relationship building, you must have the continuity to build up relationships, and that’s what they need. They need to be in the relationship—this relationship you’re describing, the structure you made, it’s basic.

Teachers also observed that shared musical experiences carried over into the classroom. As T2 explained, “When we meet again, it is much easier to talk to each other... It’s relationship building for us teachers too.”

Supporting language use through music

For some pupils, music created opportunities to overcome language barriers. T5 noted that despite communication challenges “many of them are used to music and instruments and playing.” L4 emphasized music’s universality:

In times of crisis, what I found interesting when it comes to music as a tool, is that it covers all languages. You don’t have to know the same language and can communicate through any nationality... So, in such a crisis, it’s a necessity for a sense of community.

The importance of mastery

Music therapy also offered children opportunities for fun and a sense of accomplishment. L1 recalled discovering how some pupils “got to try an instrument that they did not think they would master... and then suddenly... they gain a feeling of mastery and experience joy in it.”

The non-evaluative nature of music therapy encouraged participation. T2 reflected that “there is no assessment... you can get there even if you’re having a bad day, you can choose whether you want to share something or whether you only listen that day.” According to L4, “The boys who were with us noticed the normality of just playing,” showing how music helped re-establish a sense of routine and connection.

Challenges in Implementing Music Therapy

Although not all participants prioritized this theme, it remains essential for understanding how to implement music therapy effectively in educational settings. This theme highlights key challenges encountered, particularly in the early phases of the project.

From chaos and lack of continuity to sense of structure

In the project’s initial stages, schools struggled with predictability and stability. L1 recalled: “It was chaotic when we started out—with everything, really. Just organizing all the pupils, and with the parents walking around.”

As the project progressed, routines helped establish a more stable structure. L1 described this transition: “We went from a bit of chaos to order, with much fewer pupils... it’s been a lot easier to make a good schedule for the music therapists... the teachers know when and where they are.”

Limited knowledge about music’s role and music therapy

Several teachers were unfamiliar with music therapy at the outset. L1 shared that “we

decided to try to do it differently this time, regarding the information part.”

Bringing in music therapists to provide direct information was key. As L1 explained:

We invited the music therapists to come and talk to the teachers in one of our meetings... They came and provided pretty good information about what music therapy is and how they planned on doing it, and why, and everything.

This communication helped build teacher enthusiasm. One music therapist reflected, “the PowerPoint about what music therapy is really helped, because I had the feeling that some teachers at some points weren’t enthusiastic about it anymore.”

Anchoring music initiatives at the top level

Anchoring music therapy in school leadership and contingency planning was seen as vital. L5 pointed out: “We must really explain [what music therapy is], if we plan to be prepared, for the contingency plan. So that people really understand the ‘competency’ or the knowledge that music therapists have.”

Spreading this knowledge among decision-makers could improve resource availability. L1 expressed hope that “learning from this project will enable anybody to do this in a better way the next time.” According to MT, “We must organize it [the music initiative] anchored at the top level.”

Discussion

This study aimed to explore the implementation of music therapy in a school setting to support refugee children during their initial settlement in a host country. The findings suggest that music therapy can provide a valuable framework for emotional support and fostering relationships. The findings also emphasize music’s potential to nurture relationships among peers and between pupils and teachers, facilitating safe social skills practice and enhancing interpersonal connections. The absence of evaluative pressure within music therapy allows children to engage at their own pace, further helping to mitigate stress and overcome language barriers. This inclusive atmosphere fosters emotional connections and provides a sense of normalcy amidst the turmoil of their experiences. Moreover, the organization of specific music activities underlines the significance of continuity in building relationships, as consistent involvement allows for greater mastery of musical skills and a sense of accomplishment. However, the study also identifies challenges in implementing music therapy, particularly regarding the need for structure and predictability in an environment marked by change. The initial chaos experienced during the in initial phase of the program underscored the importance of creating a stable framework to ensure the children feel secure.

Contextualizing the Findings

The findings of this study align with research on resilience, despite high stress levels and traumatic experiences. As Heynen et al. (2022) has shown, music therapy creates a sense of safety, promoting psychological well-being and resilience for vulnerable populations. This perspective is particularly important as it helps to distinguish between normal stress reactions and those that may develop into long-term mental health issues, which aligns with Lau et al.’s (2018) observation about the long-term challenges of psychosocial care for refugees. The study reinforces the relevance of integrating music therapy within broader systems, such as schools, to support the mental health and well-being of refugees (Storsve et al., 2010). Moreover, the focus in this study on community and participation aligns with the Community Music Therapy (CoMT) approach, by fostering inclusive

environments and addressing the collective and individual needs of refugees (Einarsen et al., 2024).

Furthermore, the findings support previous research that young people convey meaning from musical experiences in multiple ways (see, for example, Enge & Stige, 2022 or Roaldsnes, 2017). The participants expressed how music therapy facilitated the pupils in terms of emotional support, relationships, and a sense of fun and mastery. Despite challenges with implementing music therapy in the starting phase, the music therapists managed to establish structures and routines for the organization of music therapy activities, such as improvisation, listening, and band-playing. However, the participants conveyed a lack of structures for the implementation processes, and they expressed frustration concerning the lack of communication with the school system. The staff at the school described a lack of communication with and information from the music therapists. This can be explained by the fact that music therapy was new to the school, and that only little information had previously been conveyed.

Integrating Music Therapy for Displaced Children in School Settings

There is a growing recognition of the urgent need to develop and implement music therapy programs tailored to the complex needs of displaced children and their families. Despite increasing awareness, a significant research gap remains in how music therapy can be effectively integrated into school settings as part of a holistic response to the challenges faced by refugee populations. Findings from this study highlight the critical importance of early intervention and a proactive approach in preparing schools to provide educational and psychosocial support during crises. Central to this is the establishment of strong interdisciplinary networks and the efficient mobilization of human, material, and musical resources. Consistent with the work of Rickson and McFerran (2014), the study reinforces the need to involve the entire school community—including school leaders—when implementing music therapy initiatives. A whole-school approach ensures adequate funding for music therapy positions, the acquisition of instruments and materials, and the cultivation of an inclusive, trauma-sensitive learning environment.

Equally important is the adoption of transdisciplinary practices, where professionals from diverse sectors collaborate to meet the multifaceted needs of forcibly displaced children. As Twyford (2008) notes, standardized procedures often fall short in addressing real-world complexities. By encouraging collaboration between educators, therapists, health professionals, and community volunteers, schools can create responsive systems that empower refugee children to rebuild a sense of safety and belonging. Structured and predictable music therapy sessions offer displaced children emotional stability, opportunities for self-expression, and the chance to build trusting relationships—key factors in reducing stress and promoting well-being. To ensure these interventions are meaningful, music therapists must engage in ongoing cultural self-reflection and strive to understand the cultural contexts of the children they support. This sensitivity is essential to prevent miscommunication and to foster authentic, respectful therapeutic relationships. Furthermore, music therapists working with refugee populations must be trained in trauma-informed care. Exposure to the trauma of others can lead to vicarious trauma, where therapists may experience symptoms such as anxiety, depression, or shifts in worldview (Kim et al., 2022). Trauma-informed training helps therapists distinguish between typical stress responses and deeper mental health challenges while emphasizing the importance of maintaining their own well-being through self-care and professional support.

By embedding music therapy into the broader educational framework, schools can enhance communication and collaboration among educators, health workers, and therapists. This integrated approach not only supports emotional regulation and social

connection but also contributes to academic engagement and resilience. Ultimately, music therapy should be seen not as a standalone intervention, but as a vital component of a comprehensive support strategy that includes psychosocial care, language development, and teacher-student relationship building—laying the groundwork for displaced children to heal, learn, and thrive.

Limitations of the Study

This study presents several limitations that impact its findings and applicability. Firstly, a limited sample size may limit the relevance of results for a larger population, as it may not adequately represent the diverse experiences of all children. Moreover, the subjective nature of our self-reported data introduces biases that affect data accuracy. Finally, the study may not sufficiently contextualize its findings within the broader social, political, and economic environments that impact refugee families, thereby limiting the understanding of music therapy's role in these contexts. Acknowledging these limitations is crucial for interpreting the study's findings and guiding future research to enhance the robustness and applicability of music therapy practices for refugee populations.

Power relations and relationships became limitations in this study due to the inherent dynamics between co-researchers (the music therapy students) and participants. As Schmid and Rolvsjord (2020) highlight, reflexivity is essential in qualitative research, particularly in exploratory studies involving focus groups and participatory observation. In this context, the researchers and informants, being professional adults rather than refugees, occupy positions of authority that may influence the representation of refugee children's experiences in music therapy. These power imbalances could lead to biased interpretations or restrained discussions, as participants may consciously or unconsciously align their responses with perceived expectations. Additionally, close relationships among participants may have further constrained open dialogue, limiting diverse perspectives. By adhering to the EPICURE framework (Stige et al., 2009), the study attempts to mitigate these limitations, ensuring ethical representation and enhancing its contributions to music therapy and education.

Conclusion

In conclusion, by listening to the voices of the participants in this study, we have learned that music therapy has the potential to support refugee children in school settings. However, challenges include financial constraints, limited access to instruments, and a shortage of qualified music therapists. Solutions involve seeking grants, using low-cost instruments, and training staff. Cultural sensitivity, through community involvement and using relevant music is essential. Going forward, more research is recommended to evaluate the impact while ensuring ethical standards. Lastly, the project highlights the need for a holistic approach to supporting refugee children, including follow-up outside of school and of pupils when they relocate. Music therapy cannot stand alone but must be part of a larger, coordinated plan to help children and young people with a refugee background in their adaptation to the new society.

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Viggo Krüger has more than 25 years of experience in the field of music therapy. For the past six years, he has served as research leader and professor at the Grieg Academy Music Therapy Research Center at the University of Bergen, as well as at NORCE (Norwegian Research Centre). His work spans clinical practice, research leadership, and the development of innovative approaches to music therapy in health and community contexts.

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Appendix

Focus Group Interview Guide

1. Emotional Support

- How does music help pupils manage stress and relax?
- What adjustments improve the calming effect of music activities?
- How do pupils respond emotionally to music sessions?

2. Building Relationships

- How does music facilitate social connections among pupils?
- What role does continuity play in relationship-building?
- How has music influenced teacher-pupil interactions?

3. Sense of Community

- How has music helped pupils work with language?
- Can you share examples of communication through music?
- How does music foster a sense of community?

4. Mastery and Engagement

- What impact does music therapy have on pupils' confidence and motivation?
- How does a low-pressure environment encourage participation?
- What long-term benefits have you observed?

5. Challenges and Implementation

- What were initial challenges in establishing music therapy?
- How has awareness and teacher involvement evolved?
- What support is needed for sustainable implementation?