UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Mini-Dissertation submitted in partial
fulfilment of the requirements for the degree of
MMus (Music Therapy)

Developing music therapy referral criteria for institutionalized children affected by HIV / AIDS at the Mohau Centre

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October 2007

ABSTRACT

This study aims to identify referral criteria for music therapy which can be used at an institution for children affected by HIV / AIDS in South Africa. The purpose of this research is a) to identify the needs of institutionalised children and how music therapy can be applied to treat these needs; b) to establish the current referral process in this institution; and c) to develop referral criteria which can be used to refer these children to music therapy. Interviews conducted with different staff members at the institution, as well as a music therapist who worked at the institution, showed that some of the needs, challenges and resulting behaviours of the children are not currently referred to music therapy. This study shows that music therapy can be used to address a wide range of these difficulties.

KEYWORDS: Assessment, Behaviours, Challenges for children, HIV / AIDS, Institutionalisation, Music Therapy, Needs, Orphans, Rating, Referral criteria.

ABSTRAK

Die doelwit van hierdie studie is om verwysingskriterium te identifiseer vir musiekterapie, wat gebruik kan word by ‘n institusie in Suid-Afrika wat weeskinders, geraak deur MIV / VIGS, huisves. Die doel van hierdie navorsing is a) om behoeftes van kinders in institusies te identifiseer en te bepaal hoe musiekterapie hierdie behoeftes kan bevredig; b) om die huidige verwysingsproses na musiekterapie in die institusie vas te stel; en c) om verwysingskriterium te ontwikkel wat gebruik kan word om die kinders in hierdie institusie vir musiekterapie te verwys. Onderhoude wat gehou is met personeel by die institusie, asook met ‘n musiekterapeut wat by die institusie gewerk het, het gewys dat sommige behoeftes, uitdagings en gevolglike gedrag van kinders nie huidiglik na musiekterapie verwys word nie. Hierdie studie wys dat musiekterapie gebruik kan word om ‘n wye spektrum van die probleme by die institusie aan te spreek.

SLEUTELWOORDE: Behoeftes, Evaluering, Gedrag, Institusionalisering, MIV / VIGS, Musiekterapie, Uitdagings vir kinders, Verwysings, Weeskinders,

ACKNOWLEDGEMENTS

I thank the following people:

Adri van Heerden, my supervisor. Thank you for being my guide and motivation throughout the year, and for being there for me whenever I needed you. Your investment in me meant the world!

Carol Lotter, whom I admire tremendously, you are appreciated and a mentor to me.

Mercédès Pavlicevic, thank you for teaching me to always go beyond in thought.

The staff members at Mohau. Thank you for making this project possible with your generosity of knowledge and time.

Arjan Floor, my husband. Thank you for your support, love, patience and presence; without you this would not have been possible.

David and Louise Smit, my parents. Thank you for your love, support and your faith in me. I am who I am today because of you.

Anneliese Smit, my sister. Thank you for giving so much of your love and your self, without you I would not be here today.

Jan and Gerda Floor, and all my brothers- and sisters-in-law. Thank you for your support, and for being a family to me and being part of my life. I treasure you all.

My fellow students who took this journey with me. Every one of you taught me something about myself.

My Father, who has guided me throughout my life. Let me use music to serve You!

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CHAPTER 1
INTRODUCTION

1.1 The Mohau Centre

This dissertation focuses on the development of referral criteria for music therapy with orphaned children residing at the Mohau Centre at Kalafong Hospital, situated on the outskirts of Pretoria. Mohau is an institution for orphaned children from birth up to the teen years. A large number of these children are infected with the Human Immunodeficiency Virus (HIV) or otherwise affected by Acquired Immunodeficiency Syndrome (AIDS). Mohau accommodates approximately 30 permanent residents, with ages ranging from 1-13 years. Approximately four childcare workers and two volunteers take care of the younger children daily. Children from 3-5 years old attend a nursery school situated on the premises and the older children attend an independent school in close proximity to the premises.

1.2 Background to aim of study

Music therapy has been offered at Mohau for the past nine years. As part of my training placement there and at other placements as a music therapy student, I am dependent on the staff to provide me with referrals of clients who might benefit from music therapy. Usually several reasons or criteria are provided for referring a child to music therapy. These reasons often include problematic behaviours such as aggression, withdrawal, emotional problems and other anti-social behaviours. However, in music therapy sessions children often display behaviours that are not congruent with the referral criteria. A child who was referred for aggression may be extremely calm and submissive during sessions. As a result there may be a discrepancy between the expectations of staff on possible outcomes of therapy and the goals of the music therapist.

A possible reason for the occasional incongruence between referral criteria and the behaviour of a child in the music therapy session may be due to the staff being unfamiliar with music therapy referral criteria that are appropriate and specific to the Mohau context: in other words, a vocabulary based on children's needs, their behaviour and what music therapy can offer.

The aim of this dissertation is to develop such a vocabulary in the form of referral criteria, which can be utilized by the staff to make referrals for music therapy.

1.3 The research questions

The following research questions were identified as the focus of this study:

1. What referral criteria are identified with regard to music therapy at a residential institution for children affected by HIV / AIDS?

2. To what extent does the criteria list need to be changed to be applicable to other institutions?

These questions will be answered based on information obtained from the literature survey, in which the needs of institutionalised children have been identified; and semi-structured interviews with various staff members at Mohau. The referral criteria should assist institution staff to make informed decisions regarding why and how certain children could benefit from music therapy, as well as inform the music therapist of challenges a specific child has to overcome in everyday life. As a result the staff and music therapist will work towards the same goals.

The following chapter elaborates on information regarding institutionalised children and how music therapy can assist them. The chapter demonstrates that limited information with regards to referral criteria in music therapy is available, highlighting the need for the development of referral criteria in this field.

CHAPTER 2
LITERATURE SURVEY

2.1 Introduction

This literature survey emphasises the importance of developing referral criteria that will equip staff in institutions to make appropriate referrals based on individual client needs. It is divided into three sections. The first provides information on characteristics and needs of institutionalised children. Theories discussing the mother-infant relationship, attachment and the effect of institutionalisation on children are presented. The second section deals with music therapy and the extent to which it can benefit institutionalised children. This section establishes the role that music therapy plays in treating the needs of institutionalised children, and how it can assist in developing referral criteria. The final section demonstrates that limited information on referral criteria in music therapy is available, highlighting the need for further research on this topic.

2.2 Institutionalised children

Infancy is a crucial period for establishment of an emotional relationship between mother and infant. According to Pavlicevic (1997; 2002) the emotional relationship is crucial for the infant to develop a sense of self and of others. She states that:

> Children who have not experienced fluid, reciprocal, intersubjective emotional relationships have a decreased capacity to develop a sense of valuing themselves or others. They may be unable to develop or sustain fluid, intersubjective emotional relationships with other human beings. (Pavlicevic 2002: 108)

Pavlicevic also comments on the effect of violence on children in South Africa. She explains that this violence does not need to be explicit (such as physical violence) but can also encompass a lack of, for example, security or a supportive social network. Babies as young as six weeks eventually become withdrawn and emotionally distant in cases where mothers are ‘mentally absent’, for example ‘assuming blank-face conditions’ (2002: 104). These babies become distressed, attempt to elicit some response toward them from their mothers, and eventually give up.

According to Erikson (in Louw, Van Ede & Louw 2001) the quality of the caregiver’s behaviour towards the infant is extremely influential in the development of trust. The

caregiver needs to be consequent, sensitive and responsive. The quality of this first relationship impacts on the cognitive growth of the infant and it provides a basis for forming human relationships (Stern 1985; Trevarthen 2002).

The primary caregiver is responsible for the establishment of an emotional relationship as well as the continued emotional well-being of the child (Bower in Trowell & Bower 1995). Separation from the mother before the age of three may have serious consequences for the child. The children at Mohau are often separated from their mothers as early as one month after birth, leaving the infant with little opportunity to form a significant emotional relationship with his or her primary caregiver. Smyke, Dumitrescu and Zeanah (2002) found that when children grow up in environments which limit opportunities for them to form selective attachments (for example in institutions) these children are less likely to form preferred attachments in future. Glaser (2003) studied a number of children who experienced extreme privation in institutions and found that these children were unable to form attachments with their new families after six months of adoption.

Children whose attachments were damaged through loss of an attachment figure or who experienced other forms of rejection deal with the situation in a similar way to those who suffered psychological trauma, by for example creating psychological defences, presenting with biological manifestations or violence (De Zulueta 1995). Pavlicevic (2002) discusses the high number of children in South Africa who lack basic nurturing. Many of these children 'continue to live in abusive and violent situations, with no relief from the lack of nurturing and no prospect of a violence-free environment' (Pavlicevic 2002: 111). The long-term effects on these children are similar to symptoms of post-traumatic stress disorder, which include hyper-arousal, emotional numbing, aggressiveness and disruptive behaviour. Smyke et al. (2002) found that children raised in institutions also display behaviours such as aggression and anxiety, similar to the symptoms of post-traumatic stress disorder. This implies that when a child is institutionalised he or she is not necessarily free from psychological trauma. In her paper about violence and its effects in South Africa, Pavlicevic (2002: 99) mentions a type of 'violence' in institutions that is '… low key, highly institutionalised, acceptable and deadly'. This 'violence' is the absence of a sense of security and a supportive social network, fragile life relationships, a lack of material well-being etc. Thus this 'institutionalised violence' has consequences similar to that of the violence many children have to live with in their homes.

Holmes (in Trowell & Bower 1995:148) states that difficult behaviour in children is usually associated with '… complex and disturbing early experiences – of emotional, physical or sexual abuse, of chronic neglect compounded by fragmented care'. Fragmented care is

explained by Holmes as inconsistent care at homes and in day care centres where the staff's turnover is extremely high. Due to the rotational timetable of staff, institutionalised children do not have a constant primary caregiver. These children have limited opportunities to bond with caregivers and to form secure attachments. Individual attention is minimal and the children thus lack the opportunity to form intimate relationships, resulting in limited capacity to form significant emotional relationships with others.

2.2.1 Needs of institutionalised children

James Robertson (in Pavlicevic 2002: 104) noted that older hospitalised children, who have been separated from their families for an extensive period of time, became 'emotionally detached and withdrawn, apparently repressing their feelings of need for their parents and developing indiscriminate, superficial contact with whatever adult was available'. Such superficial contact may be due to a lack of communication, love, discipline and a feeling of safety, security and stability (Smyke et al. 2002; Griffiths 2005).

Smyke et al. (2002) concludes that institutionalised children need individual attention and stimulation, soothing and nurturing, and an outlet for frustration and anxiety. O'Neill and Pavlicevic (2003) conducted a study to determine the psychosocial needs of children undergoing bone marrow transplantation and how they can be addressed by music therapy. They found that some of the psychosocial needs of these children, such as feelings of anger and isolation, correlate with the needs of institutionalised children. Institutionalised children may feel isolated from, and anger towards the parents who neglected them. The intensity of feelings and experiences can lead to 'difficulties in emotional-behavioural regulation' (O'Neill & Pavlicevic 2003: 13), which in turn may have an impact on relationships. Many children at Mohau experience difficulty to form and maintain relationships with peers and caregivers. This suggests that not only individual needs of institutionalised children, but also their social needs require attention.

According to Griffiths (2005) institutionalised children lack the experience of the wider social context, due to the closed environment these institutions usually operate in. As a result there are limited opportunities for children to learn social values such as morals and sharing, and social rituals such as greeting and manners. Children in institutions also need the opportunity to experience themselves in smaller groups or 'family' (2005: 56) where children can function in different roles, such as leadership or exercising individuality in a group.

Having discussed some of the emotional needs of institutionalised children, it is important to note that emotional needs often become a second priority, especially in an institution such as Mohau where health care is crucial and the main priority. (Griffiths 2005). It is thus essential that these emotional needs are appropriately identified to ensure that individuals are referred to therapies (such as music therapy) that focus on emotional needs. The following section provides literature on how music therapy can address some of these and other needs.

2.3 Music therapy with institutionalised children

According to Bruscia (1987) there are three possible broad goals of music therapy:

a) educational goals (which include helping the client gain knowledge);
b) recreational goals (which can help the client to improve or manage effectively his leisure time); and
c) therapeutic goals (which concern for example the client's insight, feelings, changes in personality and effective adaptation skills).

These goals may all be applicable to children in institutions and will be discussed collectively in the following section.

According to Pavlicevic (2002: 272) music therapy improvisation provides a forum for therapist and client to 'meet and know one another through jointly generated, spontaneous sound form'. The purpose of improvisation in music therapy is to 'create an intimate interpersonal relationship between therapist and client, through the musical event' (Pavlicevic 2002: 272). Turry (1999: 18) states that active music making provide the 'foundation for therapeutic contact from which relationships can be developed and specific needs addressed', while Ansdell (1995) describes this interpersonal relationship as one that can also be a satisfying human relationship, where a client feels understood and accepted by someone else.

Based on Paul Nordoff and Clive Robbins' creative music therapy (1977), Pavlicevic (2002: 112) describes a part 'inside each one of us that is alive, healthy, creative'. This is the *music child*, the 'inner core of every human being, no matter how disabled, disturbed or unwell. This inner core remains healthy and creative, and is the source of 'wellness' that music therapy taps' (Pavlicevic 1999: 21).

The concept of the *music child* 'integrates all aspects of the child in music therapy. Whilst not denying the crisis that children may be experiencing, making music spontaneously with a music therapist offers the opportunity to be heard and known as a 'whole' – managing and evoking the difficult, frightening, playful and creative feelings and tapping into the child's own potential for healing' (Pavlicevic 2002: 112).

Play is an important aspect when focussing on the child's healthy part and development. Pavlicevic states that improvisational music therapy offers opportunities for play:

> Therapist and child together create a relationship through spontaneous music sounds, which potentially engage, stimulate and evoke the child's imagination, offering an opportunity to 'recreate' and 're-image' life. (2002: 112)

According to Winnicott (1971: 50) '… playing is itself a therapy'. In referring to Winnicott, Pavlicevic (1997) states that when the therapist and client create the musical space by playing music, it can be viewed in the same light as Winnicott's concept of playing. The client and the therapist have an opportunity to create a '… play-full space'. 'Play' in music therapy therefore provides a means for 'creating our own world' and 'explore different ways of being in the world' (Pavlicevic 1997: 154).

Songs used in music therapy can provide the opportunity to enhance communication and creativity, since 'songs consist of both verbal and musical components and therefore stimulate the cognitive, physical and emotional aspects of a child' (Dun 1999: 61).

Music therapy does not only focus on the healthy, creative side of a child, but also addresses difficulties that children have to manage. A number of children at Mohau suffer from developmental delay due to their HIV status. Aldridge (1996) conducted a study to determine whether music therapy is a 'viable' therapeutic form for developmentally delayed children. According to Aldridge the act of playing an instrument, such as a drum, demands that the child listens to the therapist while playing. This act 'entails the physical co-ordination of a musical intention within the context of a relationship' (Aldridge 1996: 269). Aldridge (1996: 269) further states that this 'unity of the cognitive, gestural, emotional and relational is the strength of active music therapy for developmentally challenged children'. Behavioural problems in developmentally delayed children may decrease through active music therapy, while possibilities for communication increase and the child's limitations are minimised (Aldridge 1996). He also suggests that music therapy may have an effect on personal relationships and hand-eye coordination, as instrument playing can stimulate both cognitive

and motor skills. Overall music therapy sets the context 'in which change can occur' (1996: 264)

Music therapy is also effective in the acquisition of social skills. Stimulation can be enhanced through group music therapy which allows the children social experiences and roles outside the context of institutional life. Pavlicevic describes group music therapy with traumatised children in Alexandra, Johannesburg. She states that the group was provided with a space for 'creative being' (1994: 8), explained as a space 'within which the group can experiment with other ways of being in the world' (1994: 8).

According to Griffiths (2005: 58) 'the social nature of the music therapy relationship develops social skills such as empathy, sharing, learning to negotiate, turn taking, increasing control and confidence and initiating ideas through choice and leadership opportunities'. Due to the necessary routine in an institution, exercising choice is an important factor for institutionalised children. Music therapy provides the opportunity to exercise choice and regain some sense of autonomy. Activities used in music therapy to enhance these skills include, for example, sharing one drum between five group members. Each member has to get an opportunity to play the drum and so skills such as sharing and negotiation are acquired through the activity.

As discussed above, music therapy can be used for various difficulties that institutionalised children have to deal with. In my opinion the establishment of an emotional relationship is the basis for the therapeutic context. Therefore, in conclusion of my discussion of music therapy with the institutionalised child, I would like to present a case study noted by Pavlicevic (1999)[1]: This case study shows the devastating effects of inappropriate care in childhood, and illustrates the importance of a significant emotional relationship.

Mary[2] came to the psychiatric ward of the hospital because she was beyond parental control. She'd never felt loved, her mother hadn't wanted her, she'd only just survived the first year of her life, had been in and out of hospital for failure to thrive and bruises … there was a complicated family history of changing partners and divorces. At the age of seven, she'd literally been shoved out by her mother and told to go and find her real father. Her mother was already living with someone else. Her father lived some houses down the road in a one-room attic. He was a part-time worker with little money and he now had to take in Mary and her sister.

[1] Case study by Jean Eisler, who worked with Mary
[2] The name of the client has been changed

As a toddler Mary had been to two or three nursery schools, and was very difficult: always in tantrums or tears, severely enuretic, forever trying to do things that never quite succeeded. When she started school she couldn't concentrate, was totally obsessed with why Mother didn't love her or want her. It seemed to her to be her fault and she was thoroughly miserable. She kept running away from school, and by nine years, could barely write her name or count to seven, she'd no idea of time, days, weeks or months. It was a total muddle in her head. Social Services asked the hospital to take her in while they tried to re-house her, her father and older sister, and provide backup support (1999: 23).

In reflecting on this case study, Pavlicevic states that Mary's 'world is out of control, lacks predictability, lacks constant love and care: she is a battered child, changed several nursery schools, and finally has been thrown out of home' (1999: 33). Mary's need for love and nurturing, security and stability is similar to those of institutionalised children.

During music therapy Mary used songs, fairy tales and Christmas stories to re-tell her life events. According to Pavlicevic this is a form of catharsis, a 'release of pent-up energy and emotion which [Mary] has had to hold in, at great personal cost' (1999: 34). Music therapy provided Mary to work through and re-create the experiences that were so painful for her.

> Gradually, through the months, all the hurt began to come out. Her voice began to grow. To begin with she had a tiny low singing voice … As our work together developed, her breath control expanded, and her melodic phrases became longer and longer. Her voice – her singing – enabled her to express herself, to express things in her life more and more fully and expansively, now and again through long, long arias. (Eisler in Pavlicevic 1999: 26)

According to Griffiths (2005) the expression of emotions is addressed in the therapeutic relationship, which can benefit institutionalised children. This is what happened with Mary. 'She'd start a fairy tale of some kind and it would become her story: two little children, going out and being lost … which is exactly what had happened to her and her sister' (Eisler in Pavlicevic 1999: 27).

Pavlicevic states that traumatised children who do not have the opportunity to process their experiences can become 'distracted, 'badly behaved', irritable, unable to sleep – they begin to behave in a 'disturbed' manner' (1999: 35). Music therapy can provide the opportunity to process experiences of institutionalised children.
Clearly there was extreme neglect, emotional and physical abuse and a lack of security in Mary's life. Some, or all, of these aspects may apply to institutionalised children. Music therapy is able to provide these children with opportunities to work through their trauma and

focus on their own ability for healing. This is where the focus on the *music child* is extremely important.

A referral is needed to allow clients to gain from the benefits music therapy has to offer. Appropriate referrals may enhance the therapeutic process, enabling staff and music therapist to work towards the same goals in order to assist these children to overcome their everyday challenges.

2.4 Referral criteria

Limited information regarding referral criteria for music therapy exists. However, the need for referral criteria should not be underestimated (Vafeas 2000). In the context of district nursing, which as a client-based healthcare service has a similar service approach as music therapy, service objectives and referral criteria are essential to achieve an efficient service. Clear guidelines and criteria assist in the prevention of inappropriate care, whereas inappropriate referrals of patients waste time and give patients false expectations regarding the outcome of the treatment (Seccombe in Vafeas 2000). Poor understanding of the specific service, brought about by the lack of clear criteria for referral, may contribute to the high number of inappropriate referrals in district nursing (Vafeas 2000). A similar situation may apply in the context of music therapy.

Different opinions and understanding of how and when to refer prospective clients for music therapy exist (Wigram, Pedersen & Bonde 2002). Therefore ‘defined criteria of areas of need for which it can offer helpful and potentially successful interventions’ are needed in the field of music therapy (Wigram et al, 2002: 151).

In music therapy referrals are often made on the basis that the client is perceived to be ‘musical’ (Warwick 1995). According to Wigram et al. (2002) many professionals from disciplines other than music therapy do not know why they can refer someone for music therapy. They state that a significant number of people assume music therapy to be for ‘musical activities, development of musical skills or just to make them happy’ (2002: 151). Referral criteria for music therapy, however, could include items such as withdrawal, difficulty in communication (Warwick in Wigram, Saperston & West 1996); emotional problems or behavioural problems (Bunt & Hoskyns 2002), to name a few. Alternatively, music therapy may be effective in the acquisition of skills such as creativity stimulation or the establishment of an emotional relationship, and thus not only to address negative behavioural patterns.

Existing literature on referral criteria for music therapy focuses on specific disorders. Wigram et al. (2002) designed a referral criteria list specifically for children with Autism. They suggest criteria which include items such as poor sense of self; a lack of empathy, communication and sharing; difficulties in social interaction, relationships and change; and rigid behaviours.

The Community Centre for Music Therapy (CCMT) in Cape Town, South Africa, developed referral criteria with specific focus on significant trauma experienced by children. This list supplies case-relevant information about children who were exposed to trauma and violence. The following items are included in the list:

- Exposure to violence (gang-related or other)
- Sexual / physical abuse
- Death of a close family member
- Parent in jail
- Domestic violence
- Behaviour problems such as aggression or withdrawal
- Neglect or abandonment

Clearly further research needs to be done on this topic as limited information is available on referral criteria for music therapy.

2.5 Conclusion

In conclusion, institutionalised children have numerous emotional, developmental, cognitive and social needs. Music therapy as intervention has the potential to meet several of these needs. It is therefore essential that common ground is found between the nature of these needs and how music therapy can assist these children. In my opinion, compiling referral criteria for music therapy may be able to assist in this task of connecting the needs of institutionalised children with the benefits of music therapy.

CHAPTER 3
METHODOLOGY

3.1 Introduction

The following chapter presents an account of the methodological process used to answer the research questions. A detailed description of the data collection and analysis process, as well as ethical considerations is provided.

3.2 Research paradigm

In this dissertation I attempt to develop referral criteria for music therapy at the Mohau Centre. Currently no specific referral criteria for music therapy are in place at Mohau. Wheeler (1995) describes applied research as research to solve a practical problem. In my view this practical problem is a lack of appropriate music therapy referral criteria specific to the Mohau context. I will aim to solve this problem by providing the staff with referral criteria based on children's needs, their behaviour and what music therapy can offer.

The nature of this project is explorative and descriptive. My aim is to gain knowledge about effective items that could be included in referral criteria for use at the Mohau Centre.

The research paradigm for this study is qualitative in nature. Bruscia (1998: 186) defines qualitative research as 'the study of interaction and inter-experience, as it seeks to explicate the various gaps and bridges that exists between human beings and which makes it possible to understand one another's behaviour and experience.'

Bruscia (1995) provides a checklist of key questions with regards to qualitative research. Answers to these questions contextualize the paradigm of the study as qualitative:

- What is the nature of the phenomenon to be studied? *Gaining information about the current use of referral criteria, needs of children and what music therapy can offer in order to develop referral criteria that can be used for music therapy by the staff at Mohau Centre.*
- What is the nature of the research question? *The research question is explorative in nature.*
- What is the nature of the research setting? *Naturalistic setting: Mohau Centre.*
- What kind of relationship is needed between researcher and subject to achieve the objective? *I am the researcher as well as the music therapy student. Thus I often*

liaise with the social workers, care workers and nurse at Mohau. (Interviews were conducted with these subjects).

3.3 Data collection

3.3.1 Data sources

Data for this project were gained from four semi-structured interviews conducted with various staff members at Mohau, and a music therapist who worked at Mohau for approximately two years. According to Bruscia (1995), one of the most commonly used methods of data collection in qualitative research is interviews. Semi-structured interviews were conducted in order to obtain staff members' views on topics such as needs of the children at Mohau, what music therapy can offer these children, general behaviours of the children and the current use of referral criteria. Robson (1993) states that semi-structured interviews allow for the interviewer to modify the order of questions, based on what seems appropriate to the conversation. The interviewer can change wordings of the interview, provide explanations, leave out seemingly inappropriate questions or add more questions. During all interviews, the interviewer added questions where it seemed necessary and elaborated on interviewees' responses, in order to gain as much information as possible.

A schematic representation of the data sources and how they ultimately lead to referral criteria is shown in Figure 3.1.

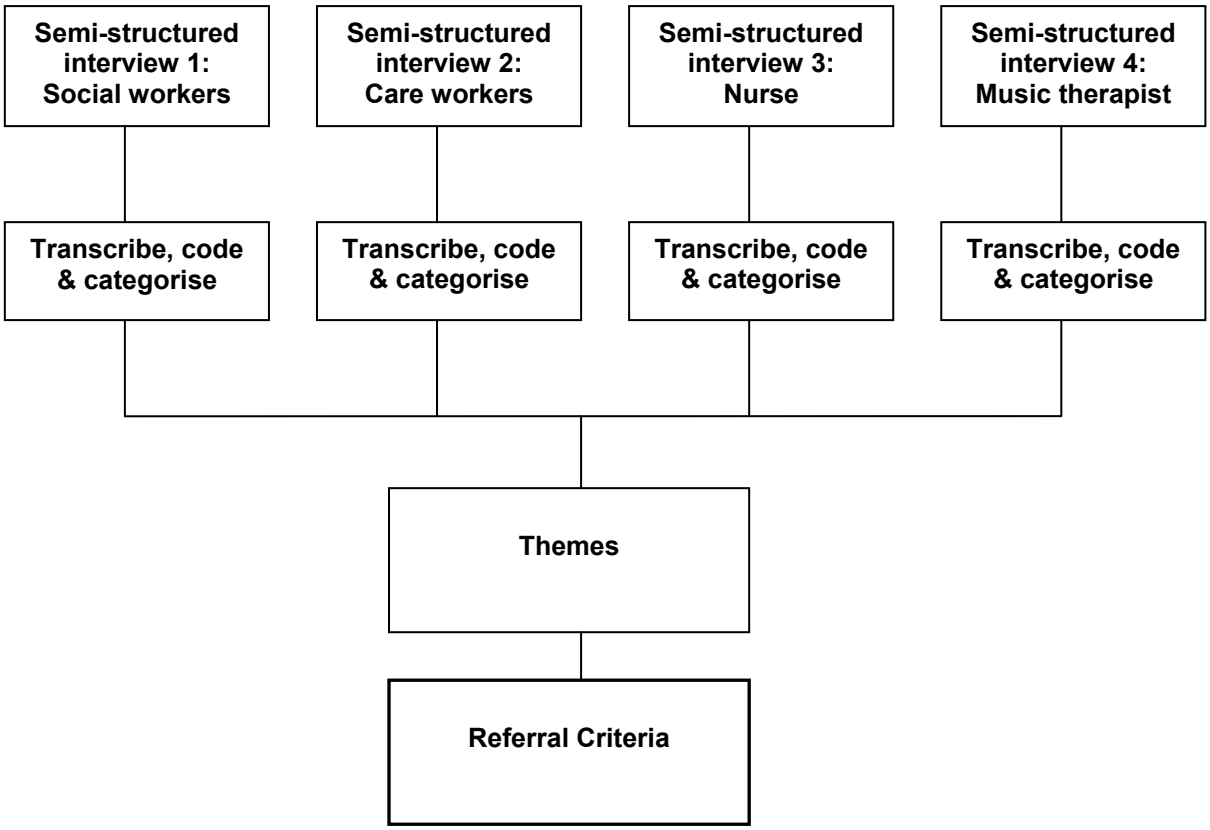

Figure 3.1. Overview of data sources and analysis process

- *Data source 1: Semi-structured interview with social workers*

  A semi-structured interview was conducted with two social workers at Mohau. They usually discuss possible music therapy candidates with the intern music therapy students. The social workers are also responsible for planning the children's daily routines, therapies, interventions and all general circumstances surrounding the children.

- *Data source 2: Semi-structured interview with care workers*

  Two care workers were interviewed. They are responsible for the children on a day-to-day basis. They feed the children, care for them during the days and are constantly present in their lives.

- *Data source 3: Semi-structured interview with nurse*

  The nurse is responsible for the health care of the children. She sees them on a daily basis and is responsible for all their health - and nutritional needs.

- *Data source 4: Semi-structured interview with music therapist*

  A music therapist who worked at Mohau for 2.5 years was interviewed. The therapist was responsible for providing music therapy based on referrals he obtained from the social workers.

3.4 Data analysis

All interviews were transcribed and the information was coded and categorised into broader themes.

Ansdell and Pavlicevic describe coding as aiming to '… break up the data into meaningful chunks so that comparison and other analytic procedures are possible' (2001: 150). After coding has been completed, coded themes are placed into broader categories. Themes are described by Ansdell and Pavlicevic (2001: 151) as the 'chunks into which coding breaks down the data'. Categories are mutually exclusive and allows for '… detailed definition and logical comparison' (Ansdell and Pavlicevic 2001: 151).

The data analysis aims to recognise connections between themes emerging from the literature review and the respective interviews in order to address the research questions.

3.5 Ethical considerations

All information obtained during the study is treated as confidential and was used solely for the purpose of this specific study. Names of the respondents and all other participants are omitted.

Participants and the general manager of Mohau gave informed consent (see Appendix I) to use information gathered during interviews for this project. Participants were informed of the purpose of the discussion. They were given the choice to participate and the freedom to withdraw from the study at any time.

Data obtained from four semi-structured interviews with different participants were incorporated into the study. This ensures a rich variety of data and allow for triangulation. According to Lincoln and Guba (1985) triangulation implies using different sources and methods for data collection, which improves credibility of findings and interpretations.

Peer group debriefing sessions with the supervisor as well as the co-therapist were held throughout the study. Lincoln and Guba (1985) state that the process of peer debriefing exposes the researcher to a disinterested peer in order to explore different aspects of the inquiry.

At completion of the study the staff at Mohau Centre will receive a copy of the findings of this project.

3.6 Conclusion

This chapter discussed the methodology used during this project. In the following chapter I will outline the process of data collection and preparation, as well as the analysis of the data.

CHAPTER 4
PRESENTATION OF DATA ANALYSIS

4.1 Introduction

This chapter presents the process of data analysis. Starting with summaries of all interviews, information is provided to the context of the interviews.

4.2 Interview summaries

Interviews were conducted with two social workers, two care workers, the head nurse at Mohau and a music therapist, who worked at Mohau for approximately two and a half years, respectively.

Questionnaires (see Appendices II – V) for the interviewees currently employed at Mohau were similar, but with a few different questions to each one, in order to be appropriate for the specific interviewees' roles at Mohau. As the music therapist is not currently employed at Mohau, his questionnaire differed from the other three and some additional questions were also posed to him.

4.2.1 Interview 1: Social workers

The two social workers have been working at Mohau for seven years and nine months respectively. Their responsibilities include seeing to the children's general needs in terms of emotional attention, education, medication, material and spiritual needs. Other duties involve admission of children to Mohau, referrals to various therapies, visitation of family members, family reunification and foster care supervision.

The interview with the two social workers took place in the music therapy room. The two interviewees and I faced each other and the interview started off with a conversation about one of the social workers' part-time studies. The atmosphere was relaxed and informal and the interview was flowing from start to end. The interviewees were willing to answer questions and elaborate on ideas they introduced.

4.2.2 Interview 2: Care workers

The two care workers have been working at Mohau for nine years and six months respectively. Their responsibilities involve daily care of the children. The children spend their days in a large playroom area, adjacent to an outdoor playground. Children leave these areas to attend various therapies or when they return to their bedrooms at night. The care workers, usually four to five, stay with the children in the playroom, feed them and attend to any child that needs their attention. The care workers are responsible for keeping the children occupied and teaching them responsibilities such as personal hygiene.

The interview with the two care workers took place in the music therapy room, and was much shorter than the interview with the social workers. The interview did not flow easily. The care workers answered all questions, but did not elaborate much on them. This interview felt much more formal and less relaxed than the interview with the social workers.

4.2.3 Interview 3: Nurse

The nurse has been working at Mohau for ten years. Her responsibilities are mainly health-related. She needs to manage the general health care of the children in terms of medication, clinic attendance and nutritious diets. She also frequently liaises with the social workers regarding the children's emotional, educational and health needs.

The interview with the nurse took place in the music therapy room. She was very invested in the interview and willing to elaborate quite extensively on my questions. The interview lasted for one hour.

4.2.4 Interview 4: Music therapist

The music therapist worked at Mohau in a part-time capacity for one and a half years and one year full-time. His responsibility was mainly to do music therapy with referred children, although staff members at Mohau also included him in a consulting role with regard to possible interventions for specific children, and workshops for care workers on, for example, educational games.

The interview was conducted at the music therapist's home. This interview lasted longer than an hour and a half and the interviewee elaborated on all questions, provided some ideas on

how to streamline the referral process at Mohau, as well as ideas on possible ways to introduce referral criteria to staff members.

4.3 Transcription of data

After conducting the interviews, they were transcribed. According to Ansdell and Pavlicevic (2001: 149) transcriptions allow the researcher to view the material from 'a different angle and usually in more detail'. A transcription is a visual form of the data (interviews). The interviews were audio-recorded for purposes of accurate transcription.

Table 4.1 illustrates an example of an interview transcript:

Interviewer	Ok… um, another thing, what in your opinions are for the children the main needs that they experience, or that they have?
Social W 2	Ok well I think in my opinion I think the main need that they need is to actually … build a relationship with someone … to have a bond with someone. Where there's the care worker here or the family. But they need someone who's special and who they can … that will in turn provide them with emotional needs so that they can feel secure.
Social W 1	That's what … secure attachment, they never had that, yeah, mostly. Um some of them had the attachment before the parents or mothers passed away, but they still need love and care. I think most of them need love and care. Because um … some of them were abandoned, some were neglected, some are orphaned, so mainly it's love and care.

Table 4.1. Extract from transcript of the interview with the social workers

Full text transcriptions of all interviews are included in Appendices VI – IX.

4.4 Coding of data

Ansdell and Pavlicevic describe coding as aiming to '… break up the data into meaningful chunks so that comparison and other analytic procedures are possible' (2001: 150).
A label that describes the essence of each chunk was assigned.

Table 4.2 illustrates examples of coded data:

INTERVIEW	LINE	DATA	CODES
Care workers	92	"Some of the children will always like to beat others."	Aggression
Nurse	109 - 111	"It's observing from the morning when you come in, in the morning, greeting them, you have to observe them, if they do respond or not."	Observation of children
Care workers	114 - 115	"Maybe we punish that child, … maybe not giving him or her the snack."	Discipline
Nurse	47	"They need love."	Emotional needs
Social workers	80 - 82	"But they need someone who's special and who they can … that will in turn provide them with emotional needs."	Emotional needs

Table 4.2. Examples of coded data from interviews

Full text transcriptions of all coded data are included in Appendices X – XIII.

4.5 Categorising of codes

Following coding, the process of categorization, where the coded themes are placed into broader categories, takes place. Categories are mutually exclusive and allows for '… detailed definition and logical comparison' (Ansdell & Pavlicevic 2001: 151).

Due to the number and nature of categories, the data were divided into sub-categories resulting in four main categories and thirteen sub-categories.

4.5.1 Category 1: Challenges and needs at Mohau

This category includes challenges that children, staff and music therapist deal with in the institution. These challenges include the needs of children that staff members and the music therapist have to address.

SUB-CATEGORIES	CODES	
Challenges for staff	• Staff needs • Staff politics	• Staff difficulties
Challenges for music therapy	• Limitation of referrals • No referral criteria • No reason for referral	• Staff's knowledge of music therapy • Music therapist's dilemma
Challenges for children	• Abandonment • Auditory problems • Children orphaned • Developmental delay • Different therapies causes confusion for child	• Neglect • Physical discomfort • Rejection • Speech delay • Lack of consistency • Emotional problems
Challenging behaviours	• Inappropriate behaviour • Inappropriate sexual behaviour • Inappropriate social behaviour • Unco-operative behaviour • Avoidant behaviour	• Withdrawal • Aggression • Children verbally non-expressive • Difficulty in sharing
Needs	• Educational needs • Emotional needs • Health needs • Material needs • Need for attachment • Need for attention • Need for love • Need for relationships	• Need for relationship with significant other • Need for security • Need for stimulation • Physical needs • Social education need • Spiritual needs

Table 4.3. Sub-categories and codes of main category 1

4.5.2 Category 2: Roles & responsibilities

This category addresses the responsibilities of staff members and music therapist as well as the role that music therapy can play in the institution.

SUB-CATEGORIES	CODES	
Responsibilities of staff	• Admission assessment • Admission procedures • Discipline • Family contact • Family counselling • Family reunification • Jurisdictional aspects • Multi disciplinary approach • Multi disciplinary teamwork • Observation of children • Provision of support • Teach self-care	• Teach verbal skills • Provide therapeutic play • Provide social education • Motor skills development • Refer to music therapy • Assess possible referrals • Provide spiritual care • Provide physical care • Provide maternal care • Provide health care • Provide emotional care • Provide material care
Responsibilities of music therapist	• Music therapy assessment	• Provision of music therapy
Role of music therapy	• Behavioural problems addressed in music therapy • Cognitive stimulation in music therapy • Creative experience in music therapy • Creativity stimulation in music therapy • Developmental delay addressed in music therapy • Different experience of self and other • Education through music • Emotional stimulation in music therapy • Interpersonal experience • Intrapersonal experience • Music has calming effect	• Aggression addressed in music therapy • Emotional disability addressed in music therapy • Mental disability addressed in music therapy • Physical disability addressed in music therapy • Social disability addressed in music therapy • Withdrawal addressed in music therapy • Stimulation of attention & concentration in music therapy • Stimulation of communication in music therapy • Stimulation of individual potential in music therapy • Stimulation of motor skills

	• Music is powerful experience • Music therapy assists with adjustment • Music therapy helps with assessment • Music therapy increase self - esteem • Music therapy provides musical enjoyment • Music therapy relationship • Music therapy with staff • Need for attention addressed in music therapy • Need for relationship addressed in music therapy • Positive experience in music	• Stimulation of movement in music therapy • Stimulation of social interaction in music therapy • Stimulation of speech acquisition in music therapy • Significant relationship in individual music therapy • Staff empowerment through music therapy • Stimulation in music therapy • Stimulation of appropriate social behaviour in music therapy

Table 4.4. Sub-categories and codes of main category 2

4.5.3 Category 3: Physical environments

This category outlines different contexts, of which the children are part of, that influence them in various ways.

SUB-CATEGORIES	CODES	
Music therapy space	• Group music therapy • Individual music therapy • Therapeutic space • Music child	• Play in music therapy • Instrument playing • Singing
Playroom space	• Negative playroom environment	• Lack of stimulation in playroom
External environment	• Negative home experiences	• Visitors impact children

Table 4.5. Sub-categories and codes of main category 3

4.5.4 Category 4: Referral process

This category includes current reasons for referral to music therapy at Mohau, as well as additional information on assessment of children.

SUB-CATEGORIES	CODES	
Current referral criteria	• Referred due to aggression • Referred due to behavioural problems • Referred due to emotional problems • Referred due to inappropriate behaviour • Referred due to withdrawal • Referred due to musical enjoyment • Referred due to need for attention • Referred due to need for social interaction • Repetitive referrals	• Referred due to musical behaviour • Speech delay referred for music therapy • Basic needs referred to music therapy • Developmental delay referred for music therapy • Groups referred due to age ranges • Groups referred to give all children an opportunity • New admissions referred
Assessment	• Assessment headings • Assessment rating • Diagnosis informs music therapy process • Referral criteria clarifies music therapy process	• Referral informs staff • Refer on basis of assessment outcome • Groups: refer children in same range of assessment

Table 4.6. Sub-categories and codes of main category 4

Figure 4.1 illustrates an overview of main and sub-categories:

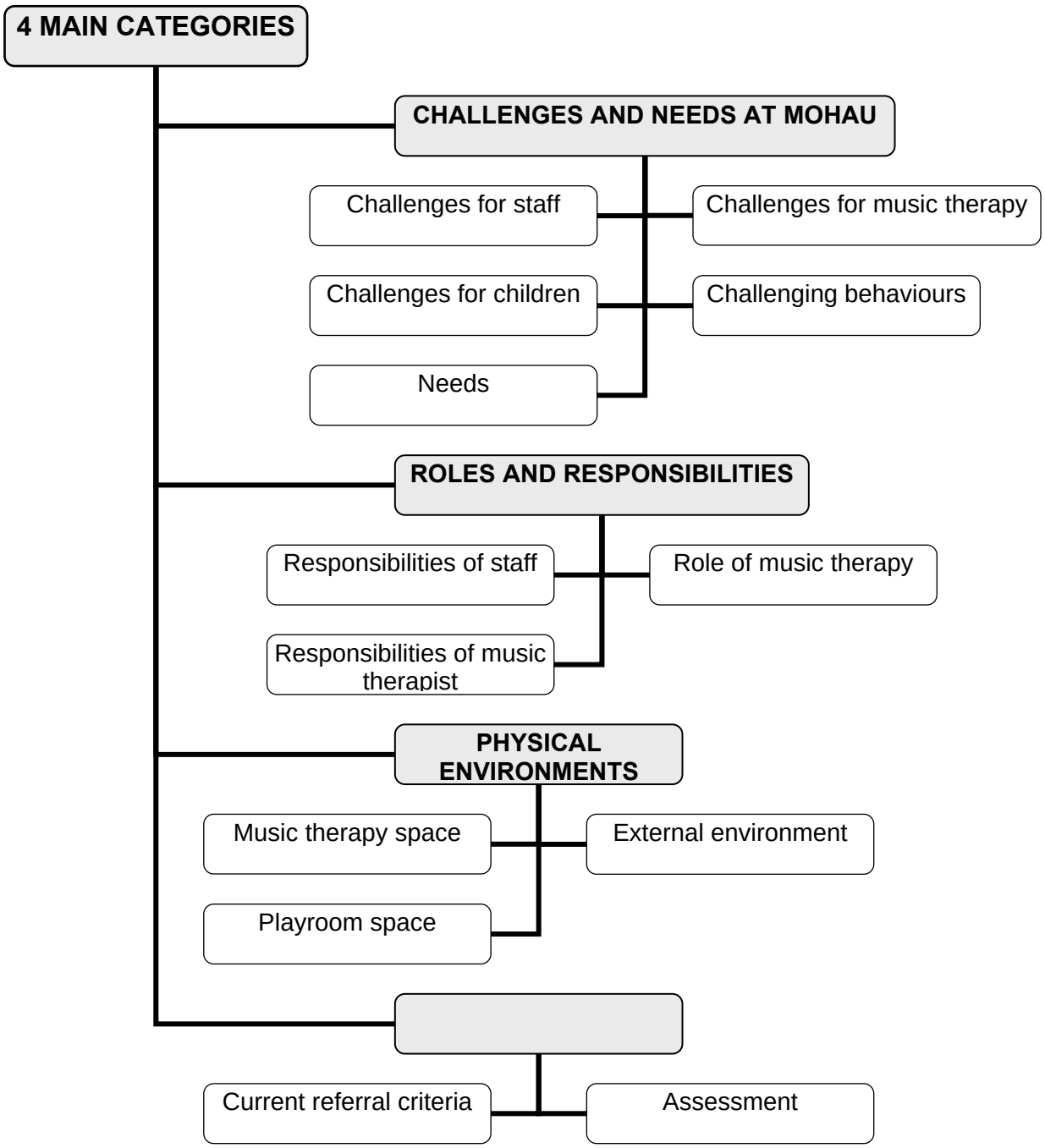

Figure 4.1 Overview of main and sub-categories

The final stage of the data analysis involves identification of emerging themes stemming from the categories.

4.6 Emerging themes

Five themes emerged from the categories. An overview of the themes is given in Figure 4.2. This is followed by descriptions of all themes.

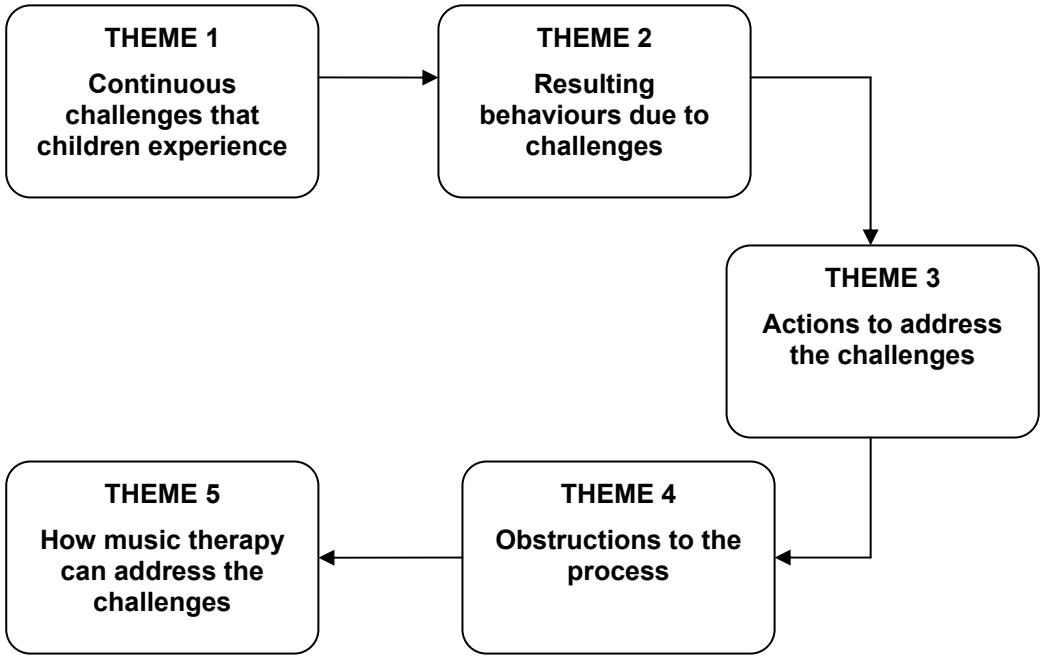

Figure 4.2 Overview of themes

4.6.1 Theme 1: Continuous challenges that children experience

Children at Mohau have continuous needs that have to be met on a daily basis. Every person has physiological needs that are crucial for survival. These needs include physical and material needs, for example clothes, food, and physical care. The children at Mohau, who are affected with HIV / AIDS, have continuous health needs that are crucial if they are to survive. In addition to their physical needs, they have numerous emotional needs too. They need to feel secure and stable, which is difficult in an institution where a lack of consistency exists. These children were abandoned and rejected by their families. Love, attention, attachment and relationship needs are fulfilled by care workers. Inconsistency due to high staff turnover is evident in the children's reactions to visitors, who they tend to cling to. Due to their HIV status, many children at Mohau suffer from developmental delay. These delays increase their need for education and stimulation. A lack of stimulation in the institutional context, especially in the playroom area, emphasises this need.

4.6.2 Theme 2: Resulting behaviours due to challenges

Due to the nature of an institution like Mohau, where a small number of staff is responsible for a large number of children, physiological needs are often the first priority. As a result other needs are dealt with afterwards. When these needs are not met sufficiently, children deal with this in various ways, for example by displaying inappropriate behaviour, for example disrespect towards adults, and unco-operative behaviour. Avoidant behaviour and withdrawal are common behaviours displayed by these children, where they are isolated from their peers and care workers. Aggression towards peers, care workers and/or objects is also displayed.

4.6.3 Theme 3: Actions to address the challenges

In order to address the challenging behaviours of children, a number of interventions are needed. The responsibilities of staff members at Mohau involve daily care of the children, which include attention to physical, emotional, educational and health care, to name a few. Staff members need to constantly observe the children in order to identify problems that need intervention. This also requires multi-disciplinary teamwork between all staff members, therapists and others involved in the children's lives.

Staff members are also responsible for referring children to music (and other) therapy. Children are referred to music therapy for reasons such as aggression, withdrawal, behavioural problems, some delays, musical enjoyment and being recently admitted to Mohau. The staff members discuss issues with the music therapist and recommend potential clients for music therapy.

The music therapist is responsible for providing music therapy to children who are referred, as well as assessment of these children.

In an institution like Mohau, music therapy fulfils numerous roles, for instance, stimulating social interaction and appropriate social behaviour, learning of skills, addressing behavioural or emotional problems, addressing a wide range of delays and providing positive creative experiences. In the therapeutic context the child has an opportunity to play, be creative and to share a relationship with another person.

Music therapy can address challenges in group work or individual work. Group music therapy sessions focus especially (however not exclusively) on social behaviours and social

interaction, where individual music therapy can address matters such as building a relationship with another person.

4.6.4 Theme 4: Obstructions to the process

While staff members are committed to provide in all the children's needs and address the challenges, several factors contribute negatively and create difficulties in the process. These include staff politics and staff needs, which are not priorities at the institution. As there are so many children, the playroom environment makes it difficult for staff members to provide individual attention.

The music therapist also has to deal with a few challenges, such as the staff's lack of knowledge of music therapy. This may result in lack of referrals, or occasional inappropriate referrals to music therapy. Referral criteria itself, as well as the lack of clear referral criteria, also poses limitations.

4.6.5 Theme 5: How music therapy can address the challenges

Music therapy can play a large role in helping to address the children's daily challenges. In music therapy sessions the child has an opportunity to play, be creative, develop a relationship with someone, and deal with difficult emotions and increase potential. Music therapy can also assist the staff members to deal with children displaying behavioural or developmental problems, for example stimulation of motor skills or language acquisition. There is even a possibility of music therapy with staff members, in order to assist them in dealing with difficulties they experience in their occupation.
Staff members currently refer children to music therapy for a number of reasons, including behavioural, developmental, and emotional difficulties. However, criteria can clarify the music therapy process and inform staff members about how music therapy can be used for these children.

4.7 Conclusion

This chapter presented the data gathering and –analysis in detail. In my following chapter I attempt to answer the research questions based on the five themes discussed above, as well as the context from the literature survey.

CHAPTER 5
DISCUSSION

5.1 Introduction

In the following chapter I discuss my research questions in relation to the themes that emerged from the data analysis process as well as the literature survey.

The flow chart in Figure 5.1 illustrates these themes together with relevant categories.

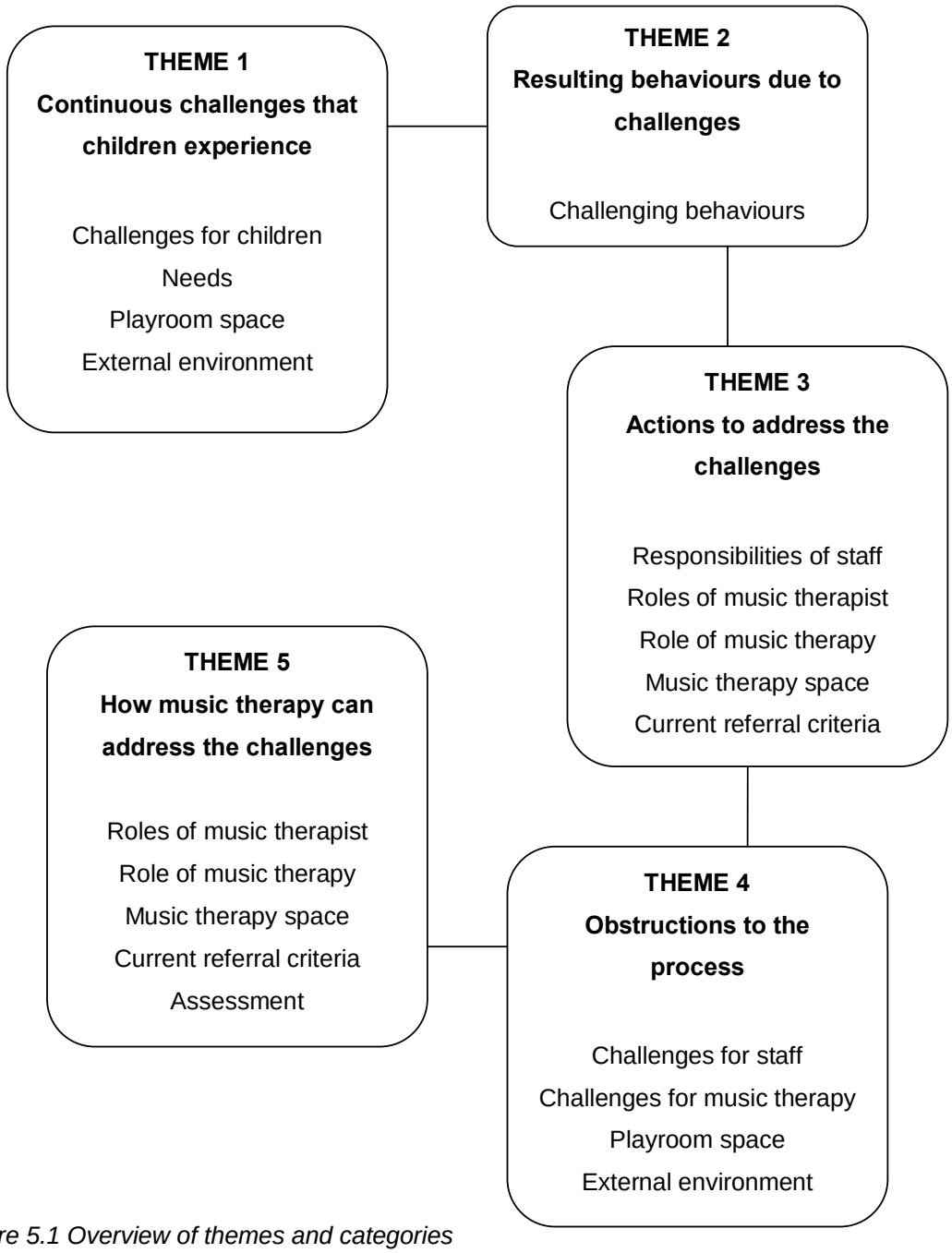

Figure 5.1 Overview of themes and categories

5.2 Research question 1: What referral criteria are identified with regard to music therapy at a residential institution for children affected by HIV / AIDS?

In order to answer this research question, I will first discuss all the needs, challenges, behaviours and other items which negatively influence the children that emerged from the themes (Themes 1, 2 and 4). I will then discuss the ways in which music therapy can address these negative influences (Themes 3 and 5). That ultimately leads to the answer of this research question, where I present the different items for which children can be referred for music therapy.

5.2.1 Theme 1: Continuous challenges that children experience

Children at Mohau have a number of needs that have to be satisfied on a daily basis. Physical and material needs include clothes, food, school uniforms, and general daily care. The social workers are mainly responsible for material needs, while the care workers take care of the children. These children, of which the majority is affected by HIV / AIDS, have continuous health needs that are crucial to be addressed if they are to survive. Their health needs were emphasised by the nurse, who is responsible for all the children's health needs. She explained the process of the immunology clinics the children have to attend in order to receive their anti-retroviral medications, and the continuous additional medications that need to be given on a twelve-hour cycle.

Due to their HIV status, as well as the lack of stimulation in the institution, many children suffer from developmental delay, which includes for example auditory and speech delay. The nurse as well as the care workers explained that many children at Mohau suffer from developmental delay. According to them, the children who are ill are slow reaching their milestones as well as in speech acquisition. For that reason, education and stimulation is very important factors in the children's lives. The younger children at Mohau attend the pre-primary school on the premise, while the older children attend primary or high schools.

In addition to these physical and stimulation needs, emotional needs are emphasised as the children at Mohau are orphans. This means that many of them were abandoned and rejected by their parents. They did not experience feelings of love, security, relationships with and attachment to, or attention from a primary caregiver. Discussing the children and their circumstances before they were admitted to Mohau, a social worker claim that they need

'… the stimulation because they were just left there, there was no stimulation, there was no attention'.

The primary caregiver (absent from many of these children's lives) is responsible for the establishment of an emotional relationship as well as the continued emotional well-being of the child (Bower in Trowell & Bower 1995). According to Stern (1985) and Traverthen (2002) the quality of the first relationship (with a primary caregiver) impacts on the cognitive growth of the infant and it provides a basis for forming human relationships. Smyke, Dumitrescu and Zeanah (2002) also suggest that when children grow up in environments with limited opportunities to form selective attachments (e.g. in institutions) these children are less likely to form preferred attachments in future.

The institution itself poses difficulties for the children. Discussing institutions, Pavlicevic (2002) mentions the absence of a sense of security and a supportive social network, fragile life relationships, and a lack of material well-being. The playroom, where children spend most of their days, is under-staffed, with approximately four to six care workers to care for the pre-school children. As a result this playroom may be described as chaotic at times. While care workers attend to crying children, others run freely, scream and get into fights with each other. There is a lack of appropriate social stimulation in the playroom.

Griffiths (2005) stated that institutionalised children lack the experience of the wider social context, due to the closed environment these institutions usually operate in. As a result there are limited opportunities for children to learn social values such as morals and sharing, and social rituals such as greeting and manners. The social workers talked about this problem and stated that 'most of them don't have the social skills'.

5.2.2 Theme 2: Resulting behaviours due to challenges

Holmes (in Trowell & Bower 1995:148) stated that difficult behaviour in children is usually associated with '… complex and disturbing early experiences – of emotional, physical or sexual abuse, of chronic neglect compounded by fragmented care'. Children at Mohau have experienced neglect and abandonment and as a result many of them display difficult behaviours. These 'difficult' behaviours are noted by staff members to be for example inappropriate sexual and social behaviour, uncooperative behaviour, disrespect, aggression and difficulty in sharing.

O'Neill and Pavlicevic (2003: 13) found that institutionalised children may feel isolated from, and anger towards the parents who neglected them. The intensity of feelings and experiences can lead to 'difficulties in emotional-behavioural regulation', which in turn may have an impact on relationships.

Many children at Mohau display withdrawn behaviour. They tend to become avoidant and do not interact with their peers. Robertson (in Pavlicevic 2002: 104) noted that older hospitalised children, who have been separated from their families for an extensive period of time, became 'emotionally detached and withdrawn, apparently repressing their feelings of need for their parents and developing indiscriminate, superficial contact with whatever adult was available.'

Some of these behaviours displayed by the children, intensify the unsatisfied need to which the child is reacting to. The need for attention can for example be displayed by the child seeking out attention in order to satisfy his or her need for attention. The child may display negative behaviour in order to receive this attention. However, the more negative attention the child receives, the more his need for positive attention will increase, and the more negative behaviour he or she may display.

Thus, if the children's needs are met, some of the behavioural difficulties may decrease.

5.2.3 Theme four: Obstructions to the process

Factors that make it difficult for the staff members and other therapists to intervene in the children's challenges and needs, exist.

Staff members deal with a lot of difficulties during their daily routine. The music therapist explained how stressful the job of the care workers is, and then certain chores were added to their already full day. It was explained to the care workers that they need to do the cleaning of the building as well as look after the children. Care workers were extremely upset and this caused a fair amount of problems among staff members. The music therapist also mentioned how politics divide the staff members, further increasing the problem.

The playroom environment (where children spend most of their days) presents another difficulty. Holmes (in Trowell & Bower 1995) discusses inconsistent care at homes and in daycare centres where the staff's turnover is extremely high. (High staff turnover also applies to Mohau.) Due to staff's rotational timetable institutionalised children do not have a constant

primary caregiver. These children have limited opportunities to bond with caregivers and to form secure attachments. Individual attention is minimal and the children thus lack the opportunity to form intimate relationships, resulting in limited capacity to form significant emotional relationships with others.

The music therapist talks about '…stimulation which perhaps was lacking in the playroom'. Thus, due to another difficulty some of the needs of the children, for example the need for stimulation, are not being met to their full potential.

The music therapist also has to deal with several challenges, for example the staff's lack of knowledge of music therapy, and the subsequent occasional inappropriate referrals, or lack of referrals, to music therapy. For example, the social workers stated that for serious emotional problems they refer children to psychiatrists or psychologists, but for minor or basic needs they refer children for music therapy. Music therapy, however, can be used successfully for more serious emotional problems as well. For example, Pavlicevic (1999:35) stressed how important it is for traumatised children to have the opportunity to process their experiences, since they may otherwise become 'distracted, 'badly behaved', irritable, unable to sleep – they begin to behave in a 'disturbed' manner'. Music therapy can provide institutionalised children the opportunity to process these difficult experiences.

A final challenge that came to my attention is that of the music therapist's dilemma. Because music therapy is not a verbal therapy, it is extremely difficult to talk about what music therapy does and how it works. Thus, to discuss the process with staff members is a challenge.

> And sometimes we can't talk about it. Because it's this spark, this magic that happens when you're playing music together. But then the world, being in a very medical model, and very outcomes based, goes: ok so what are you doing? So what do you say? You're making music. And I mean I felt that before, I mean I remember, I had one session, um, with [Bobby] and the fact that I still remember it today, is testament to how powerful our music-making was after that, um … how powerful our music-making was during that session. I finished that session and I was on a buzz for two weeks. It was just so great, the music that we made. (Music therapist, line 301-312)

Now that I have discussed the needs, challenges and behaviours of the children, and factors that contribute negatively, I turn to how music therapy can address these problems.

5.2.4 How music therapy can address challenges in the institution

Due to the interrelationship between Themes 3 and 5, I will discuss them simultaneously in order to avoid repetition. Both themes involve actions to address the challenges and needs of children at Mohau.

Staff members at Mohau have a tremendous number of responsibilities in order to meet the needs of the children. Some of these responsibilities can be shared with the music therapist. There are a number of their responsibilities, though, that music therapists are unable to assist with, for example admissions to the institution, family and jurisdictional matters or the provision of health and material care. These responsibilities, together with all the staff needs and difficulties can, however, be worked with in a music therapy context, for example music therapy with staff members. The music therapist explained that the advantage of music therapy with staff members is two-fold: firstly, group music therapy with staff members can address the dynamics between the members and possibly achieve improved interaction between staff members. Secondly, as the music therapist stated, working with staff may be beneficial as interventions would become more sustainable. Through music therapy staff members can be empowered with ideas for musical activities to do with the children in the playroom, and also in a group setting, have an outlet for frustration and stress caused by the difficulties of their jobs.

Music therapy can provide the opportunity for staff members to express themselves and difficult emotions, as Griffiths (2005) stated, ‘the expression of emotions is addressed in the therapeutic relationship’.

In the following section, I will discuss how music therapy can assist in the challenges outlined in the previous section. This includes some of the staff’s responsibilities that can be shared with the music therapist. As the process unfolded, I realised that the challenges music therapy can address, can be placed broadly in six different categories. I present the challenges in different categories: emotional, social, physical, cognitive, behavioural and ‘general’.

5.2.4.1 Emotional

An important aspect that emerged from the study is the need for an emotional relationship with another person.

Music therapy addresses the need for emotional contact with another person. According to Pavlicevic (2002: 272) music therapy improvisation provides a forum for therapist and client to 'meet and know one another through jointly generated, spontaneous sound form'. The purpose of improvisation in music therapy is to 'create an intimate interpersonal relationship between therapist and client, through the musical event' (Pavlicevic 2002: 272). Ansdell (1995) describes this interpersonal relationship as one that can also be a satisfying human relationship, where a client feels understood and accepted by someone else. During individual music therapy sessions, a child also receives the undivided attention from the therapist.

In addition to the benefit of the relationship, emotional experiences are addressed in music therapy. As mentioned earlier, Pavlicevic emphasises the importance for traumatised children to process their experiences, otherwise they may become 'distracted, 'badly behaved', irritable, unable to sleep – they begin to behave in a 'disturbed' manner' (1999: 35). Music therapy can provide institutionalised children the opportunity to process experiences.

5.2.4.2 Social

Music therapy can assist staff in teaching the children social skills and appropriate social behaviour. The social workers discussed the outcomes when they refer newly admitted children for group music therapy, as well as the impact on social interaction. They explained that many children who are newly admitted to Mohau, do not have appropriate social skills. According to them, the group music therapy sessions teach the children social skills and appropriate social behaviour, which is seen in the playroom area after some time of music therapy. According to Griffiths (2005: 58) 'the social nature of the music therapy relationship develops social skills such as empathy, sharing, learning to negotiate, turn taking, increasing control and confidence and initiating ideas through choice and leadership opportunities.'

Music therapy also assists in the adjustment process. Children admitted to Mohau are often referred to music therapy in order to help them adjust to the new environment.

5.2.4.3 Physical

Staff members and therapists are also responsible for motor skills development. Aldridge (1996) states that instrument playing stimulate motor skills development. This is achieved by,

for example, crossing the midline while playing different drums. Music therapy also stimulates movement by doing movements to pre-recorded music for instance.

5.2.4.4 Cognitive

Bruscia (1987) notes possible broad goals for music therapy, which include educational goals. During our interview, the nurse stated that children learn in music therapy. Songs sung in music therapy, patterns played on drums or other instruments, and words used are imitated by the children. Staff members explained that when children are in the playroom, they do many activities or sing songs that were done in the music therapy sessions.

Developmental delay due to the children's HIV status causes a serious problem. Aldridge (1996: 269) states that music therapy can be of assistance when the child listens to the therapist while playing. This act 'entails the physical co-ordination of a musical intention within the context of a relationship'. He also states that this 'unity of the cognitive, gestural, emotional and relational is the strength of active music therapy for developmentally challenged children' (1996: 269). Behavioural problems in developmentally delayed children may decrease through active music therapy, while possibilities for communication increase and the child's limitations are minimised (Aldridge 1996). He also suggests that music therapy may have an effect on personal relationships and hand-eye coordination, as instrument playing can stimulate both cognitive and motor skills. Overall music therapy sets the context 'in which change can occur' (Aldridge 1996: 264)

Many children at Mohau suffer from speech delay. Speech acquisition is stimulated in music therapy when, for example, children learn words when they sing songs.

5.2.4.5 Behavioural

Music therapy addresses behavioural problems displayed by children. These behaviour problems include uncontrollable behaviour, where the children sometimes do not accept the authority of the care workers. The social workers talked about some children who do not obey instructions or who are disrespectful to the staff members. These problems can be addressed in music therapy by teaching acceptable behaviour, for instance in group music therapy. Children who behave uncontrollably disrupt the flow of the group. If a member prevents other members from having a positive experience in the group, the specific member soon realises that he or she is disrupting the group. Behaviour may change because of such realisations. Some children also display aggressive behaviour. These children often calm

down when they are sung to. Music therapy can also provide an outlet for frustration, for example, by beating a drum in a very loud manner. A child may realise that there are other, more constructive ways to deal with aggression.

5.2.4.6 General

Play is a very important aspect in a child's life. Music therapy provides the opportunity for play and enjoyment. According to Winnicott (1971: 50) '… playing is itself a therapy'. Pavlicevic (1997) states that when the therapist and client create the musical space by playing music, it can be viewed in the same light as Winnicott's concept of playing.

As described by Dun (1999) songs used in music therapy can provide the opportunity to enhance communication and creativity. This is because 'songs consist of both verbal and musical components and therefore stimulate the cognitive, physical and emotional aspects of a child' (1999:61).

Pavlicevic discusses group therapy and states that a group she worked with, was provided with a space for 'creative being', explained as a space 'within which the group can experiment with other ways of being in the world' (1994: 8).

Music therapy can be a very positive experience that can raise potential and self-esteem in a child. Here the concept of the *music child* is useful. This inner core (the music child) remains healthy and creative, and is the source of 'wellness that music therapy taps' (Pavlicevic 1999: 21). Making music spontaneously with a music therapist offers the opportunity to be heard and known as a 'whole – managing and evoking the difficult, frightening, playful and creative feelings and tapping into the child's own potential for healing' (Pavlicevic 2002: 112).

From the discussion above it is evident that the responsibilities of staff members can effectively be shared with the music therapist in dealing with challenges, difficulties and needs that children experience. It is essential to work in a multi-disciplinary team together with staff members, physiotherapists, occupational therapists and speech therapists to provide optimal interventions for these children.

Having discussed how music therapy can be beneficial at Mohau, I now turn to referral criteria and how it can positively influence the process.

5.2.5 Referral criteria

Before I discuss referral criteria for music therapy at the Mohau Centre, I would like to focus on the extent to which referral criteria can benefit the music therapy intervention process.

According to Wigram, Pedersen & Bonde (2002: 151) 'defined criteria of areas of need for which it can offer helpful and potentially successful interventions' are needed in the field of music therapy.

The music therapist stated in his interview that referral criteria are also beneficial for those who are referring. Referral criteria provide them with an idea about what music therapy can achieve, while also providing the therapist with background of difficulties that a certain child experiences.

Referral Criteria for music therapy at the Mohau Centre

Before I present the referral criteria, I would like to present some ideas that the music therapist suggested regarding the referral criteria. He stated that assessment headings may be helpful to organise the different items. He also suggested that a rating scale could be included for some items. Finally he advised that individual clients be referred on the basis of the assessment outcome, based on the referral criteria; and group members that are in the same range of the assessment outcome, be referred to a specific music therapy group.

With that in mind, I now present the referral criteria:

REFERRAL CRITERIA FOR MUSIC THERAPY AT THE MOHAU CENTRE

♫ ♪ ♫ ♪ ♫

1. Does the child display one or more of the following behaviours? (Please tick)

When asked about behaviours of children, interviewees responded with some of the following difficulties they experience: inappropriate behaviour, for example disrespect towards adults; unco-operative behaviour; avoidant behaviour and withdrawal; isolation from their peers and care workers; inappropriate sexual behaviour and aggression towards peers, care workers and/or objects. (Themes 1 and 2)

Aggression	Yes	No
Withdrawal	Yes	No
Distraction	Yes	No
Irritability	Yes	No
Uncontrollable behaviour	Yes	No
Unco-operative behaviour	Yes	No
Attention-seeking behaviour	Yes	No
Disrespect	Yes	No
Inappropriate sexual behaviour	Yes	No

2. Please provide a rating based on the child's social behaviour

There is a lack of appropriate social stimulation in the playroom.
The social workers talked about this problem and stated that 'most of them don't have the social skills'. Children at Mohau have experienced neglect and abandonment and as a result many of them display difficult behaviours. These 'difficult' behaviours are noted by staff members to be for example difficulty in sharing. (Themes 1 and 2)

1. Very poor 2. Poor 3. Good 4. Very good

Social skills *(include greetings, sharing, negotiating, turn-taking)* ☐

Social interaction *(for example, interaction with peers)* ☐

Adjustment *(ability to adjust to new surroundings and situations)* ☐

Communication *(with staff, peers and visitors)* ☐

3. Does the child display physical difficulties? Yes No

(Include difficulty in movement; fine and gross motor skills difficulties)

If yes, please specify ……

……

……..

……..

4. Does the child suffer from one or more of the following? (Please tick)

The nurse as well as the care workers explained that many children at Mohau suffer from developmental delay. According to them, the children who are ill are slow reaching their milestones as well as in speech acquisition. (Theme 1)

Developmental delay *(age-related milestones not reached)* Yes No

Speech delay *(age-related speech acquisition not reached)* Yes No

Attention and concentration difficulties Yes No

Other (if yes, please specify) Yes No

……..

……..

……..

5. Please provide a rating based on the importance of the following items regarding the child's emotional status

Many of the children at Mohau were abandoned and rejected by their parents. They did not experience feelings of love, security, relationships with and attachment to, or attention from a primary caregiver. Discussing the children and their circumstances before they were admitted to Mohau, a social worker claim that they need '… the stimulation because they were just left there, there was no stimulation, there was no attention'.
Due to staff's rotational timetable institutionalised children do not have a constant primary caregiver. These children have limited opportunities to bond with caregivers and to form secure attachments. Individual attention is minimal and the children thus lack the opportunity to form intimate relationships, resulting in limited capacity to form significant emotional relationships with others. (Themes 1 and 4)

1. Very important 2. Important 3. Not an immediate priority

Need for relationship with another person ☐
Need for security ☐
Need for love and / or attention ☐

6. General

When was the child admitted to Mohau? ……..

Would the child benefit from the following: Play Yes No
Creative experiences Yes No

Does the child enjoy music Yes No

(If yes, please specify: singing; instrument playing; listening; dancing / moving; other)

……..

……..

……..

……..

……

Any other comments or disturbing behaviours displayed by the child, please specify

……

……

……

……

……

……

Figure 6.1 Referral criteria

5.3 Research question 2: To what extent does the criteria list need to be changed to be applicable to other institutions?

During the study it became evident that the needs, challenges and behaviours of the children at Mohau are similar to those of institutionalised children in general. According to Smyke, Dumitrescu and Zeanah (2002), children raised in institutions display behaviours such as aggression and anxiety, and they need individual attention and stimulation, soothing and nurturing, and an outlet for frustration and anxiety. Holmes (in Trowell & Bower 1995:148) states that due to the rotational timetable of staff, institutionalised children do not have a constant primary caregiver. These children have limited opportunities to bond with caregivers and to form secure attachments. Individual attention is minimal and the children thus lack the opportunity to form intimate relationships, resulting in limited capacity to form significant emotional relationships with others.

However, Mohau specifically focuses on children affected by HIV / AIDS, and consequently the focus on health needs receives first priority.

Another difference is the focus on abandonment as Mohau is an orphanage. Other institutions may or may not focus on orphans.

This study was conducted with data generated specifically for Mohau. For the referral criteria to be used in other institutions, a separate needs analysis will have to be done in order to determine the needs of the residents of a specific institution. Since every context is different, this referral criteria form can only be used as a framework.

5.4 Conclusion

Numerous needs, challenges and behavioural problems that children in a South African institution deal with, can be addressed by music therapy. Referral criteria can assist staff members at this institution to make referrals for music therapy.

Conclusions from this research study are presented in Chapter 6.

CHAPTER 6
CONCLUSION

The main focus of this study was to develop referral criteria for children affected by HIV / AIDS in a South African institution.

It became apparent that children in institutions have numerous needs that have to be met, as well as challenges they have to deal with. When these are not dealt with properly, the children react by displaying problematic behaviours. These behaviours are addressed by staff members and other therapists in various ways. There are, however some obstacles that prevent the interventions from having a positive effect. Music therapy can address this problem by proactive intervention (for instance meeting the child's needs in terms of emotional or social needs) or reactive intervention (for instance addressing problematic behaviours). Ultimately the goal is to work in a proactive way, in order to keep reactive intervention (problematic behaviours) minimal.

The study also showed that the staff members have some difficulties to deal with among themselves. Further research may be necessary to investigate the possibility of music therapy with staff members in order to process the difficulties they experience.

A limitation of this study is that interviews with staff members were done in every participant's (including the interviewer's) second language. This may have caused confusion in some of the questions posed to them. However, it was clear that music therapy can play a large role at the Mohau Centre. It is therefore important that staff members are made aware of the extent to which music therapy can assist in the children's lives. These referral criteria may provide staff members who are responsible for referring children for music therapy, with a guideline to assist them to make appropriate referrals for music therapy. This will increase the possibility of children to receiving beneficial interventions to address their daily challenges.

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APPENDIX I

CONSENT FORM

FACULTY OF HUMANITIES
MUSIC DEPARTMENT

MUSIC THERAPY PROGRAMME
TEL (012) 420-5372 / 5374
FAX (012) 420-4517
www.up.ac.za/academic/music/music.html

UNIVERSITY OF PRETORIA
UNIVERSITEIT VAN PRETORIA

PRETORIA 0002 SOUTH AFRICA

Date:……

To whom it may concern

INFORMED CONSENT AND PERMISSION TO CONDUCT INTERVIEWS

I hereby agree to participate in a semi - structured interview for the purposes of the case study for Henriëtte Floor's mini dissertation for the MMus (Music Therapy) degree.

I understand that the interview will be audio recorded for the sole purpose of accurate transcription and not for public airing.

I understand that I am free to withdraw from the discussion should I so choose and confirm that there is no financial incentive for me to participate herein.

_____ Name (Mohau Staff Member/Social Worker/Music Therapist)

_____ Signature)

_____ (Name Music Therapy Student)

_____ (Signature)

APPENDIX II

SEMI-STRUCTURED INTERVIEW QUESTIONS:

SOCIAL WORKERS

Opening Statement : *I am doing research for my dissertation as a music therapy student. I need your help to answer some questions concerning music therapy at Mohau. This discussion is confidential and there are no right or wrong answers. Please feel free to elaborate on my questions, should you feel there are additional information that might be useful.*

1. How long have you worked at Mohau?

2. What are your roles and responsibilities as social worker at Mohau?

3. What do you think Music therapy offers the children at Mohau?

4. a) How regularly do you see the children?
   b) Why do you see the children?

5. Do you regularly have discussions with the care workers with regards to the children's behaviours?

6. When you meet with the care workers, what type of information do they give you?
   PROMPT: What kind of language and terms do you use (i.e. how the child is framed).

7. a) When do you refer children for music therapy?
   b) What kinds of difficult behaviour do the children display?

8. Are you currently using a list to refer children for music therapy?

   If answer to 8 is "yes":

9. a) What items are included in the list?

   If answer to 8 is "no":

   b) What kinds of criteria do you use?

APPENDIX III

SEMI-STRUCTURED INTERVIEW QUESTIONS:

CARE WORKERS

Opening Statement : *I am doing research for my dissertation as a music therapy student. I need your help to answer some questions concerning music therapy at Mohau. This discussion is confidential and there are no right or wrong answers. Please feel free to elaborate on my questions, should you feel there are additional information that might be useful.*

1. How long have you worked at Mohau?

2. What are your roles and responsibilities as care workers at Mohau?

3. What do you think Music therapy offers the children at Mohau?

4. What types / kind of behaviours do you see in the children?
   PROMPT: For example, if they are naughty, what do they do?
   If they are fighting, how do they behave?
   If they are good?

5. If you see that a child have problems, what do you do, or who do you tell?

6. What do you say to (whom she discusses it with) …… ?

7. When you talk to (answer to 4 & 5's question) ……. about the children's behaviour, do you mention music therapy?

APPENDIX IV

SEMI-STRUCTURED INTERVIEW QUESTIONS:

NURSE

Opening Statement : *I am doing research for my dissertation as a music therapy student. I need your help to answer some questions concerning music therapy at Mohau. This discussion is confidential and there are no right or wrong answers. Please feel free to elaborate on my questions, should you feel there are additional information that might be useful.*

1. How long have you worked at Mohau?

2. What are your roles and responsibilities as nurse at Mohau?

3. What do you think Music therapy offers the children at Mohau?

4. What activities or therapies are available / offered to the children?

5. What involvement do you have in the daily routine of the children?
   PROMPT: Do you observe them / attend staff meetings etc.?

6. What structures are in place in terms of recommendations to music therapy?
   PROMPT: For example discussions, staff meetings etc.?

7. Are you ever involved in recommending children for music therapy?

8. When do you recommend children for music therapy?

9. What kinds of criteria do you currently use?

APPENDIX V

SEMI-STRUCTURED INTERVIEW QUESTIONS:

MUSIC THERAPIST

Opening Statement : *I am doing research for my dissertation as a music therapy student. I need your help to answer some questions concerning music therapy at Mohau. This discussion is confidential and there are no right or wrong answers. Please feel free to elaborate on my questions, should you feel there are additional information that might be useful.*

1. How long did you work at Mohau?

2. What were your roles and responsibilities as music therapist at Mohau?

3. What do you think is the role of music therapy at Mohau?

4. Can you describe the process when clients are identified for music therapy at Mohau?

5. What are the most prominent aspects for which children came to music therapy?

6. How useful were the referrals?

7. How did the referrals inform your aims and work with the children?

8. If you had the opportunity, what kind of system would you prefer to use, in order to obtain referrals to music therapy?

9. What items / ideas do you think would be useful to include in a referral criteria list?

APPENDIX VI

INTERVIEW 1: SOCIAL WORKERS

(All names used during the interview were changed)

Interviewer The first question is to both of you how long have you worked at Mohau?

Social W 1 Um I started 2000 in March, so it's like seven years. Seven years now. Two thousand, thousand and two. I've been working here for five years now.

Interviewer Oh ok

Social W 1 Two thousand and two in March.

Social W 2 I started 2006 December.

Interviewer So it's almost a year …

Social W 2 About … nine months

[Laughter]

Interviewer Um and then to both of you, your roles and responsibilities, what's your duty as social worker, but specifically at Mohau

Social W 1 Ok um … presently I'm I'm a residential social worker, meaning that my duties and responsibilities are firstly a do the admission request, I handle that whoever wants to place the children here, I need to do the assessment and the screening to see if the child is a candidate for admission. I arrange for the panel, Sister Queen, myself, my colleague, to sit together and do the assessment and then if we agree then we admit this child. On admission I also arrange for a case conference with the social worker bringing the child, to discuss the plans and the future for the children, court dates, visitation and all that. I see to that … after admitting the child I see to the child's needs in terms of their emotion, education, medication, um, material needs and also their spiritual care.

Interviewer Ok …

Social W 1 So if it's a school going child I register them at the school and I liaise with the area social worker getting their performances and the teachers … [what teacher does]
Then also see to their needs in terms of their educational needs, school uniform, books and all that. And then um because I have the background information on admission I get that, I see to the emotional needs. If they need therapy, I immediately start and if they need more expertise then I refer like to the psychologist or the psychiatrist. I also work together with the other disciplines like if the child need some occupational therapy, speech therapy, music therapy I see to the relevant referrals. And then um for the material needs on admission I see to the clothes and that the child gets a bed and all these other material needs... And we also try to involve the children with um the churches around. [Church activities]. … so that we can also see to the emotional and spiritual needs. And otherwise medication I liaise with Sister Queen … um to see to their health needs. Clinics, and also the other disciplines outside the hospitals, the clinics and also I arrange for their transport and the dates and all that. That's mainly my duties, my responsibilities

Interviewer So you are basically the qualified mother!

[Laughter]

Social W 1 Yeah … yes, yeah …

Interviewer And … [look to second social worker]

Social W 2 Ok with me well just to add on um I also do family reunification meaning that once the children had been admitted then what I do is that then I try to … cause the aim is to um reunite them with their family … so we work together with the parents in terms of counselling and so on, and also … home visits um to see if the home circumstances are conducive for the children to ultimately return there, cause we don't wanna keep them here until they're eighteen … so the main aim is that once they are admitted, work together with the children, the family, and to reunite them.

Interviewer	Ok …
Social W 2	And what I also do is I also have foster care places in the community yes meaning giving supervision to the families …
Interviewer	And this is also for the Mohau children?
Social W 2	Some of them are Mohau children…
Social W 1	…but some of the cases there was opened then by child welfare and then they refer to us to help with the case load.
Social W 2	[Food garden project & feeding scheme]
Social W 1	[Satellite centre]
Interviewer	Ok… um, another thing, what in your opinions are for the children the main needs that they experience, or that they have?
Social W 2	Ok well I think in my opinion I think the main need that they need is to actually … build a relationship with someone … to have a bond with someone. Where there's the care worker here or the family. But they need someone who's special and who they can … that will in turn provide them with emotional needs so that they can feel secure.
Social W 1	That's what … secure attachment, they never had that, yeah, mostly. Um some of them had the attachment before the parents or mothers passed away, but they still need love and care. I think most of them need love and care. Because um … some of them were abandoned, some were neglected, some are orphaned, so mainly it's love and care.
Interviewer	Ok… um … and then how do you think, or what do you think music therapy can offer these children, what … I mean, what you know about music therapy at this moment, how do you think that can help with these main needs that they have?

Social W 1 I think because most of them were neglected, even though they had parents, they get the attention from the music therapist they want … the attention that they so yearn for, and the stimulation because they were just left there, there was no stimulation there was no attention, and also the one-to-one involvement um … tells them and shows them that at least someone cares about me. So that stimulates everything in them, like intellectually and emotionally and the balance is being created in the therapy, you know. And also the instruments make it also fun for them, which they never had before. They were lonely and they get this funny moves and movements so, I think it helps a lot in that way … that it covers most of their needs in one or at once, so...

Social W 2 Yeah I also say it's definitely stimulation, especially because you know some children are referred um … to work individually with the music therapist and others within a group. So I think those who work within a group it will also help them in a way to work with um… together with other children.

Interviewer And can you see the difference?

Social W 1 [yeah]

Interviewer … when the children has been for music therapy?

Social W 1 Mm, mm, it does make a difference. Especially, say, bigger children, um, the new admissions for instance, most of them doesn't have the social skills. When you put them in the group they learn to share, and to respect each other, you know in a group, so it does make a difference in a sense that there's less fighting and crying when they're in the group. They learn the skills in the group and going downstairs in the playroom, it's better cause they can share, and they enjoy some music together and it creates a very pleasant um … situation for all those in the group. It does make a difference.

Interviewer And that fun is so important …

Social W 2 It is, yeah.

Social W 1 Yeah, yeah …

Interviewer Ok and then, mm…, um, in your, in your work, how often do you see the children, say on a one-to-one basis, or do you see the children to see where they are emotionally or? If you could explain a bit about that …

Social W 2 Yes we do see them one-on-one, as often as possible within a week, yeah because for example currently I'm working with the older children, they're doing um, their life books and when they do that they are on a one-to-one time with me as well… and also if you see that the child is unhappy about something then you call him to your office and so on …

Social W 1 [Bakwena] Unfortunately here I work with the little ones a lot, and because of their ages they're not that clever and they're not expressive. But as soon as I get a report that there's some behaviour difficulties then I see the child on a one-to-one basis and do some play, although I'm not an expert but I do try to find out, um, by playing with them, what could be the problem. [Bakwena].

Interviewer Ok. Um, and, and I think that links to the next question where you say you get reports on difficult behaviour. Um do you regularly have discussions, is it with the care workers?, about the children's behaviour?

Social W 1 Yes

Social W 2 Yes, they're the ones who usually report if there's a specific child, they'll report that so-and-so did this and so on. In that way then we actually try to then provide whatever counselling or therapy that child need.

Interviewer So it's important that link with the care workers …

Social W 1 Yes

Social W 2 Yes it's very important because they spend more time with them, for example on weekends we're not here, and they are here so then they, so it's better for them to report to us what happened so that then we can work together in a team…, it's very important. The teachers from the schools also report, our pre-school teacher here, and … uh … the other therapies, the physio's and the OCC's and the medical doctors as well, the practitioners also. Everyone

who's involved with the child they report back to us. And during our staff meeting we sit after the general meeting with the childcare worker specifically, we discuss the children. So every month end we discuss the children. And sometimes just in between we call for a meeting. Myself, Makopane and Tiekie, to discuss issues with the child so there's a continuous discussion, ya, so they know that they need to immediately report whatever behaviour there was. And we also have an incident book, uh, punishment, where they uh register the uh …punishment that they gave to the children and why and also how they went through it so we can monitor the discipline if it's relevant and if it's appropriate cause of this behaviour. So we always go through the book to check if they really are doing the right thing because they need to understand how to discipline and be consistency and all that. So we also use that book as a guideline to go.

Interviewer Ok. Now there's a lot going on that one doesn't see, but which is necessary to make it roll! And then, still with the care workers, um, my question is what type of information do they give you, but more, what kind of language do they use to tell you about the behaviours of the children? Um if you can give me a few words that they use cause this will help me in my list, to use the language in my list, the uh, appropriate language for …

Social W 1 For the children …

Interviewer Yeah …

Social W 1 I think, when I went through that book, because we are trying to teach them to … um to have the correct way so that the children can understand why they're punishing them. They will say like: Children have bad attitude or aggressive or it were not co-operative, you know they such words so that the children can … not abstract words because children won't be … won't understand why they were punished. They use such words like being disrespectful. Yah.

Interviewer Ok, and then if they talk to you, is it the same kind of …

Social W 1 Yes, yes

Interviewer	Um, and then again, with music therapy, um, when generally do you refer children for music therapy?
Social W 2	Well it mostly depends. Some children we refer if they are really withdrawn. The childcare workers, or social care workers, no one can get through to them, then we refer them to music therapy. Yes and also others who maybe, we see that they're attention seeking, then they also get referred, …
Interviewer	Ok …
Social W 1	And also others who um … maybe um have behaviour problems … and we normally refer the new admissions because usually they had um … problems at home so immediately when they come we start with them and it helps us like assess in a way after your intervention, the therapy intervention, if they need more help or if it was just an adjustment and adapting and all that, so we also use it as an opportunity for someone else to intervene, and we do our assessment later. Yeah so mostly it would be the new admissions, and yeah, the older ones who's been here, also aggression, … and you know the isola … the withdrawn ones …
Social W 2	This you get like sometimes, the same child would be referred um, over and over again … um, they still need more intervention.
Social W 1	And it's mostly those without families that they continually need that attention and as soon as you refer them, they feel at least they have someone, there are people coming for them specifically and it makes them feel good. It changes …
Social W 2	Because you'll notice that, you can tell the difference between the children who have never ever had anyone visiting them and so on, and the ones who had other people or when parents or relatives, someone visiting them. You can tell the difference. And the moment that this child does not have anyone, and then the moment he gets someone, you'll see a totally different attitude altogether.
Interviewer	Ok …

Social W 2 So I guess it works together the music therapy in a sense that then they get the attention cause the children *need* attention and then they'll display it in different ways. Aggression, withdrawal and so on.

Interviewer Ok … and then, … I think this, I think you got to feel you've answered this already, but not only for music therapy, but, … yeah put therapy aside, but what are the main, the most likely difficult behaviours, that the children display? The most difficult behaviours you struggle with?

Social W 2 Uh… sexual behaviours, and … also those who display um … aggression … I think those two are really difficult.

Social W 1 Mmm…

Social W 2 The uncontrollable …

Social W 1 The uncontrollable children … yeah … those who are actually not co-operative, and they'll just stand and look at you when you talk to them, and not respond and not … take instructions or mainly um … just being disrespectful for elders. Those are the most difficult cases. Aggression and uncontrollable behaviour and the sexual acting out, cause it involves the other innocent children as well. So if one starts it might end up, you know, um … that all these children are involved. Some unconsciously some not knowing … not knowing what's happening. But it can become a very serious problem. Yes.

Interviewer Ok …

Social W 2 It's very difficult because you know children, they can't exactly put words, they can't say, this and this is happening, you have to like really um … enforce it and then like, and then take… take it out of them for them to say something. Yeah …

Interviewer Ok. And the sexual behaviour, is it more with the elders, or are the young ones involved, or …

Social W 1 Yeah it depends, you know some who are admitted like four,… three, four and already they've been exposed to the sexual activities and then they will start

involving the others and as soon as they start feeling that it's soothing in a way, to do whatever, they will continue because they need that … soothing …

Social W 2 They need the comfort …

Social W 1 Comfort yah, so. That's, that's that's the main problem. That's it, and those who are just uncontrollable. Not wanting to go to school for no reason and to do their homework …

Interviewer Ok. Um … and then, this is the last kind of idea … um … currently, are you using a list or a kind of a… a… criteria list where you refer children for music therapy?

Social W 1 Out here we have like um … basic guidelines that you would follow, like in all the new admissions we refer, and the withdrawn ones and the aggressive ones and the uncontrollable ones, and those who are attention-seeking. Because normally we … I choose, I observe them most of the time in a group and I'm able to identify who needs what. So as soon as the therapies become available, I already know. Yes because also because of the reports that I get from the other people and the background and my observation and my work with the children. So it is an individual … it it's you know we do not follow the same criteria for all the children because they are individuals and they have different needs. But whatever needs we know, as we've been trained, that needs some intervention, then to refer.

Interviewer Ok.

Social W 1 Yah… to refer if it's something very deep then you get a psychologist or a psychiatrist but for the basic needs we know that it can be attended to by any … music therapist for example then we refer. But we do have children who see psychiatrists and psychologists. Educational psychologist or just child psychologist … because of the assessment and the therapy that we had done already then we refer them for such um … therapies. But it is just, you know like … um minor or the basic needs the general needs that each child has then we refer to you.

Interviewer Well thank you, I'm done. And this has really been interesting cause there's a lot of things that you said today that I didn't know.

Social W 1 [Talk about the work]

Social W 2 [Difficulty of making decisions and explain to children why they can't go home]

Social W 1 [Difficulty of job]
[Difficulty of people entering and exiting children's lives]

Social W 2 Yes it's really traumatizing for the children because we're thinking they benefit from that time. And we don't know that perhaps um … this child has actually built a relationship with the therapist … and you don't know that you're just doing the music therapy for six months and then you go. And then it's someone else. Then because of that period that … this person has built a relationship with this person now she's not here anymore. Then they start displaying that behaviour …

Social W 1 Sometimes they become resistant and when we think they still need therapy because of that behaviour and they resist, because they're not, … they do not want to be disappointed anymore, so they decide not to participate. So and the new therapist will think that it's a difficult child to build a relationship with, but because they've been disappointed before they also try and protect themselves from that again. The rejection and… and the abandonment. Because they do not understand.

Social W 2 And you know, like I said it's difficult a child cannot say, I'm … behaving this way because … whoever decided to leave me … [Analysis of child]

So I'm sure, I mean … just trying to myself in the child's shoes, it's difficult they're thinking "who are these people. Who's this group, tomorrow this group, today this one is taking me to the clinic, tomorrow it's this one …" it must be really confusing for them …

Social W 1 Mm!

Interviewer [Secure attachment]

Social W 2 [Secure attachment & foster parents]

Social W 1 Mm … mm … [Holiday supervision]

APPENDIX VII

INTERVIEW 2: CARE WORKERS

(All names used during the interview were changed)

Opening and chat.

Interviewer If I can start with you, how long have you worked at Mohau? [Look at caregiver 2]

Caregiver 2 Six months

Interviewer Six months? And you? [Look at caregiver 1]

Caregiver 1 Nine years

Interviewer Nine years! A long time, hu! Ok. And then, to both of you, what are your responsibilities, as a care worker, at Mohau?

Caregiver 1 Taking care of the children.

Interviewer Ok, during the whole day?

Caregiver 1 The whole day.

Interviewer Ok. Then, in your opinion, what's the main, the most important needs that the children have?

Caregiver 1 The most important thing they need is to … to teach them things like, you see where they stay, there are many children. So I think we have to teach them things like … I can say like how we teach our children at home. We mustn't just leave them like they are in a group, not teaching them, we must teach them like respect, like those children, like those children, those who are sick, they are like slow in learning to talk. So it's like we must teach them so they can learn how to talk. Sometimes they have this like … I can say, hearing problem yeah, because most of them they have problem of hearing. So it's

like when we talk we must repeat some things we are talking so that they can learn. I don't know if she can add something there [looking at caregiver 2]

Caregiver 2 And we teach them responsibility like in the morning when they wake up, they have to, first thing they have to wash their teeth and after taking out the, the pyjamas they must put it in the basket, and … they know they have to wash. After washing they have to put, to find their shoes, wear their shoes and they know where to go after that.

Interviewer So basically they need that … which a child at home, that a mother gives him …

Caregiver 1 Yeah

Caregiver 2 Yah …

Interviewer They need that here. Ok. And then, um, music therapy, um, I think you've seen that we're coming in every Monday to do music therapy with the children. How do you think music therapy help the children?

Caregiver 1 Uhm … I think that music helps them a lot because like before, we did not have like this like TV. They can see something on the TV. So when they are here very happy. They like the music. Mm. They like how you treat them. When they come from here they tell us: They were teaching us beating drums, yah, so like now if they can see on the TV, they are happy again they remember about the music therapy and teach them.

Interviewer Mm. Ok, And for you? [Look at caregiver 2]

Caregiver 2 For example John … he's a quiet boy. But when he was, when he's with the other children, maybe one of them, … he's with the other children. He can sing. Mm.

Interviewer And it's … fun as well.

Caregiver 2 Mm. It's fun for them they like the music.

Interviewer	And then, um … while you are with the children daily, what kind of difficult behaviours do they show?
Caregiver 2	… When he's tired, he doesn't want to talk, even if you call him, he won't come to you. And the other children also is James. If he's tired, he will cry. And he won't stand up and come to you.
Caregiver 1	And the other difficulties … experience too much. They don't understand. I mean like when you tell them something, they don't want to sit and listen to what you are saying. This one will stand up and go there, another one go there, they don't want to sit in one place so they can understand.
Interviewer	So it's not a language thing …?
Caregiver 1	No …
Interviewer	So it's something else?
Caregiver 1	Something else yah. Something else. So that is the difficulties …
Interviewer	And then, naughtiness?
Caregiver 2	Yes they are naughty
Caregiver 1	Yes, they are very naughty.
Interviewer	What kind of …?
Caregiver 1	If … like what I've said they don't want to listen if you're telling them something and we got this one like John, John is always beating the others, and even if you can talk to him, he won't listen. They won't listen.
Caregiver 2	It's like when they jump on the coach, you say: Don't jump on the coach … [discipline]
Interviewer	Ok. And you mentioned … um … hitting or fighting. Do they fight a lot or is it only a few children or are they aggressive, are they …

Caregiver 1	Only a few children, not all of them. Some of them are nice but there are, some of the children will always like to beat others. When somebody is playing with her toys she grabbed it like that [shows], but not all of them.
Interviewer	Ok. And then, you probably don't see this a lot, but … uh … are there more times that they behave well, or are they usually a bit difficult to handle?
Caregiver 1	Ai most of the time they are difficult … [Laughter] Most of the time they are difficult! Mm.
Caregiver 2	Mm they are, they are difficult.
Interviewer	Yeah, that's difficult cause you have such a lot of them.
Caregiver 2	Yah,
Caregiver 1	Mm, if you're talking to this one, somebody is doing another thing like that, so it …
Caregiver 2	And the other one run away …
Caregiver 1	You're talking to this one, the other one is banging the doors, yah … very difficult. But we try!
Interviewer	I know I've seen you! And it's not an easy job.
Caregiver 1	No, not easy.
Interviewer	Um, and then, if you see, say a child has difficult behaviour, he's acting out or he's fighting or … who do you tell or who do you discuss it with?
Caregiver 1	If there is nobody, ourself will discuss what can we do. Maybe we punish that child, … maybe not giving him or her the snack. Mm. And then if Sister is here, we can tell sister or the social worker. If the child is very difficult now, then we can tell the social worker.

Interviewer So you talk, you talk regularly to the social worker, or you punish first? I mean you sort it out first with the child …

Caregiver 1 We sort it, with the child first....

Caregiver 2 It depends...

Caregiver 1 Yah …to see if the child is not stopping then we take it to the social worker. Sometimes maybe they … the child becomes naughty when Sister and the social worker are not here, after four. So we decide.

Interviewer Yeah then you have to do a bit of punishing.

Caregiver 2 Yeah

Caregiver 1 Yeah …

Interviewer And then, say, when you talk to sister or to the social workers, um … what kind of behaviours is it usually that don't stop?

Caregiver 1 Like … like somebody we got like Eric, sometimes he don't want to, when he comes to school, they must do the homework. And he doesn't want to go to do the homework. And sometimes he just beat the other children. If you talk to him, he doesn't understand, and then we refer to the social worker.

Interviewer Ok, so it's more serious kind of behaviour that you …

Caregiver 1 Yeah. If we try and try and then the child doesn't stop, then we'll refer to the social worker.

Interviewer Ok. And then, um … if you talk to the social worker or to sister, um…I just want to know if this is in your plan as care workers, do you sometimes say that this one can go for music therapy or, or do you not talk about that really?

Caregiver 2 The children?

Interviewer	You as care workers. If you say talk to sister and you say this one is difficult, do you maybe say he can go to music therapy or …
Caregiver 2	No
Caregiver 1	We don't speak about that …
Interviewer	So it's more the social workers who decide …
Caregiver 1	Yes
Interviewer	Ok. And then have you seen differences when children went for music therapy or not really?
Caregiver 1	Yeah, there is a difference because when they come to the music therapy, when they come back to us, they are doing what you were teaching them in the music therapy. Because they do like you are teaching them and then they don't do the naughty …
Interviewer	Oh ok so they are busy with something …
Caregiver 1	Yeah
Caregiver 2	Yes
Interviewer	Ok. And then, just a last question. I want to know um … what's your idea of what we do in music therapy?
Caregiver 1	My idea is that you can … just that you can carry on to do the music, because maybe it can help many of them, yeah because you see like they said they like singing, but when they cannot find that something she likes to do maybe she's going to do something that is not all right. [children likes singing]
Caregiver 2	[singing to child]
Closure	

APPENDIX VIII

INTERVIEW 3: NURSE

(All names used during the interview were changed)

Chat and warm up

Interviewer Then just the first question, how long have you worked at Mohau?

Nurse Ah since 1997.

Interviewer Oh so it's ten years now!

Nurse Mmm … We are the pioneers of this …

Interviewer Oh did it start then?

Nurse Yes.

Interviewer Ok, ok. It's a long time! You don't think about it, but it goes quickly.

Nurse Yes it does …

Interviewer Ok, and then, your responsibilities as a nurse at Mohau, if you can just … is it purely medical, or if there's other …

Nurse Um … mine is a holistic approach. And it is not only the health section that I'm looking for. So you could say ok, the health one is that mine is to check that the kids are in good health every day. In the morning there's nobody who has a hick-up or sore … refer them to the doctors if I see the need. And also to check their appointment dates that they don't defaulter. That if some has been referred to different clinics then their follow-up dates, I have to arrange that and make sure that they attend the clinics as such. And also specifically, specially the immunology clinic, that is where our HIV kids go to where they get their ARV's and I have to make sure that they attend, they don't defaulter, and they get their medications from the pharmacist at the correct dates and correct times. Then preparing their meds, again, make sure that they take it

strictly because it's twelve hourly medications. So , for everyone that is on meds. There are thirty presently. [Timeline medications] So it's basically that, and also checking that they have a nutritious diet. Because that goes hand in hand with their medications. They have to get proper foods. [Diet of children]. [Immunisations]

Interviewer And then, um, … out of your point of view, what are the main needs, the most important needs for these children?, um whether it be health, or emotional or …

Nurse Uh … I think it's … uh … the need to … holistically … they need everything you know. Health wise they have to be looked after. Spiritually we need to teach them, they must know that there is a church they must attend church and everything. And um educational wise they have to attend school I mean … they have to go to school and uh … learn … help them in their homework again and make sure that they do their homework and they don't fall behind in school you know. Cause then the teachers will start complaining that the Mohau kids don't do their homework and so forth. So we have to look to it that they do their homework properly and keep it up to date. They need love. And care. If you have no love for these kids then you are not helping anything. Children are children. They are naughty, they'll be a … a… quarrelling and all that. But if you don't a … a … I mean if you don't correct that with love, it will be destructive to the kids. We have to love them first. That's basically … so that you can continue supporting them in all the different needs that they have.

Interviewer Ok. Yah that's very true, ne. Um, and then, if you think about these needs, that we just spoke about, what do you think, how do you think music therapy can help to meet these needs for the children?

Nurse I think that the musical therapy helps mostly with their behavioural … problems. Especially those who are … um … very slow in their development, in their milestones. Because now with music therapy they are able to identify all this different instruments and then, what I observed with them, with music therapy, it also helps them, those who are slow in speech. You know, cause they want to imitate they want to sing, they want to imitate and you know say

the words of the songs and at least, that you can see the progress that they're trying …

Interviewer Ok so you're definitely seeing the difference …?

Nurse Yah, with the very slow … developmental stages. And ah ... what I've seen again is the ones that for instance a … Bobby who is now and again becoming aggressive, you know. But if you sing, then it quietens him down and at the end of the day he joins in he just continue singing "tu tu tu tu" imitated all that you know for, right through the day, so it also encourages him to sing …

Interviewer Yeah I've noticed with Bobby, his …

Nurse Mm, he likes music. And I think that helps …

Interviewer Ok, and then, what other activities, say than music therapy, but other activities are here for the children? Um, like any other activities that they take part in every day or …

Nurse Ok, uh … we have the pre-school that … they attend the pre-school here, where they're being helped in their motor – motor and physical co-ordination where at least it helps them that side. And then, the activities that they do here, I think, the play therapies, they play around and then, also uh … building blocks, you know, they play. They play with those because it helps them to … to … with their cognitive aspect. At least one day he'll be able to choose the blocks and building up and the numbers.

Interviewer And then OT, Physio …?

Nurse We have the OT's, that takes them, also the very slow developmental ones, um … they go to OT, and those who are very slow in walking they'll also go to physiotherapy. And also the speech therapist they help us again, especially for those who are very slow in their speech. They will do speech therapy.

Interviewer And there are quite a few of the children who struggles with speech?

Nurse Yah.

Interviewer Um, and then…, I think you did tell me in one of the questions, but what is, what involvement do you have in the daily routine of the children? Every day, um cause I know it's not just medical, um, … so do you observe them as well, you discuss them as well at the staff meetings, um … it's not purely medical, is it?

Nurse No, no no no. It's not only medical as I've said it's a holistic approach that we … we we … care for them. Um … It's observing from the morning when you come in, in the morning, greeting them, you have to observe them, if they do respond or not. Then perhaps checking their emotional status again. Sometimes one is not well, if you come in then they know that you greet them and they all come, you know that. They come with their hands up they want to give you a hug and then those who … do not come in, you will … check what is happening. Because you know them they all come when you come in and give you a hug and greet you and they run. But if that particular child, there's one who doesn't come in that day, it means there's something wrong we have to go deeper in that finding out what is the problem, why is it that he is not … uh … standing up. When we find that he is not well…, so you need to … uh … check and send to the doctor. You may find that maybe, one of them, … there has been a slap, [laughter] so he's been fighting so he does not feel like you know going up and all of that so we need to check on that. And then uh, also um … checking with the mothers if they had any problems during the night. Sometimes, … when they cough, they don't cough much during the day. They cough more at night. That also will help you to say ok he's coughing at night then we have to report to the doctors but during the day he's not coughing, but at night there's a report that he's coughing or sweating. Sometimes they sweat a lot at night.

Interviewer Oh ok. Um, … yeah but you said something now, um, you observe them. Now say if you observed someone was not feeling well, and it's no medical cause, there's something else, do you discuss it with one of the social workers or … or what's the steps then if you see it's not medical, but this child is still not …

Nurse Not happy or … something like that. Yah. We have to discuss with the social workers. We first find out with the caregivers because they are much closer to

the kids, just to find out exactly whether that is not a … a… sporadic thing, you know. You don't jump into conclusions, just find out: Has this been happening since … when? You know time, time, timeframe is the one that will guide you if there is really a problem. But sometimes you find that some of the things is just a momentary thing, just for that moment and then it passes and you don't have to worry about it. But if it's something that is serious which is happening, you know, maybe it's … even yesterday this happened, then you need to worry about that and you need to discuss with the social workers. And then you start observing continuously for a few reasons and then we'll give the necessary help. If we feel that he needs to be referred then he'll be referred to the physios or the psychologist or whoever. After discussion.

Interviewer Yah. Ok, Um, … and then, for for music therapy, you know the students come in every six months, and then we have to get new clients and everything. Um is it only the social workers who discuss who can come for music therapy or are you involved as well?

Nurse I am involved. Mm

Interviewer Is it. So you talk about the children …

Nurse The children's progress, and who we think will benefit from …

Interviewer Ok. So you are … and then … oh yes so that was my next question: are you involved in recommending people and then, when, what kind of behaviours or problems will make say you suggest somebody for music therapy?

Nurse Um … as I've said the very slow … milestones, you know those who are very slow in their speech, who we think they need to be encouraged to speak, you know through music therapy. And those who are hyperactive …

[laughter]

Interviewer Which you get a few here …

Nurse Mm

Interviewer	And there's emotional problems …?
Nurse	There's also emotional problems yah, …
Interviewer	Ok. Is there anything else, that you think can help me … uh, like categorizing behaviours maybe or, is it more or less the same kind of slow development, aggression, withdrawal, is it basically those kind of things that …?
Nurse	Mm yah,
Interviewer	So there's not really other …
Nurse	… reasons that you could …
Interviewer	Like behaviours that you struggle with, a lot with the children?
Nurse	Uh … uh-uh, aggression, the really slow ones, … that's the criteria mostly that we use. Yah. But I can't remember if there's …
Closure	

APPENDIX IX

INTERVIEW 4: MUSIC THERAPIST

(All names used during the interview were changed)

Warm-up question and chat.

Interviewer Ok so first question: how long did you work at Mohau?

MT 2 ½ Years

Interviewer That's student and working?

MT Yah. Half a year in year one, first year, and then half and then a full year in second year, and then I stayed on at Mohau for a year thereafter, which finished 2006.

Interviewer And then your roles and responsibilities as music therapist?

MT Um, … it was quite interesting cause it was like a … um music therapist role, but also they used to consult with me quite a lot about what I thought about the children and … what I thought would be the best sort of route to go with that child, be it … to move to another orphanage or um … to continue music therapy or … um how I think, how I thought the care workers were dealing with that child. Also um … sort of advice on things that the care workers do, like um … allowing Bobby to feed himself and not actually feed him. Even though it's messy and he's got it in his hands you know … so it was nice cause I felt part of the team. I wasn't like an outside music therapist that just came in. But pretty much it was music therapy.

Interviewer Ok. Um and then … what do you think is the role of music therapy at Mohau?

MT … um I think the role, it varies between group work obviously, between group work and individual work. I think group work, the main role was to take a small focus group of children to give them that attention, and to sort of stimulate um … acceptable social interaction, in an environment that was different to the playroom. Cause one of my big sort of … things that I saw there was in a

playroom there's a lot of competition for toys, and even more so competition for attention. So … it's quite a um … a tough environment for those young children, where you might have 20 children in the playroom and four care workers. And they all want attention so they're always hanging on them and always sitting on their laps or crying; snatching toys, so it was very much as a group to take a small group of children and give them play time and music time um … just so that they could have that sort of attention and so that they could have that kind of stimulation which perhaps was lacking in the playroom. And on the individual level was also very much about giving them, individual attention but also then to raise that individual's potential that, perhaps wouldn't be tapped if they were just in the playroom. So I thought it very much like a whole … completely different environment, with completely different activities, and um … yah just, just a different place for those children. And I also think that the role of music therapist there, although I tried to get it started but it didn't really pan out, was to do some work with the staff. Because there's a lot of dynamics that happen there between staff and management and between management and governing body, and you know you have this hierarchical order in the staff. And so to get the staff together to do some music therapy, I started a drumming group with the staff during the lunch break. The problem with that is that their lunch break is very precious to them. Understandably because their days are so hectic. The attendance wasn't great and then also it was quite a lot more work load for me and it just sort of … I don't think my energy was a hundred per cent in there and they weren't all that keen to come together and play. So yah, it's multi-faceted really.

Interviewer It's interesting that you mention the staff because when I did the interviews with the social workers and with the care workers, both groups mentioned, and a large part of the interview, after I've talked about the kids, were about how difficult it is for them, and the different things and how it drains them, and they kept on talking and talking about how … how it affects them, working with these children.

MT Mm. And this year, I mean, I've had some conversations there Tiekie and the management there because … what's happened is that they got a primary school teacher in there now. So she takes quite a large group of children. So for the staff members to fill their day, management gave them other tasks, but it was tasks like cleaning, and moving stuff around. And they were like, well

this isn't our job. And that caused huge issues and problems there. So they wanted me to go in and do some drumming with them which I'm still waiting to find out, sort of dates and that. Just because the staff is very fragmented and fractured and there's lots of sort of undercurrents between various staff members. And I also think that financially, you know a lot of things come down to finances, that there wasn't a lot of money for bonuses. So they were not happy with that there, the increase or the bonus. And it's a stressful job. I think, going back to the role of the music therapist, one of the other things that management has often asked me was, what sort of things can I show the staff members to do in the playroom. So I did one or two talks on structured games, structured activities rather than just having the kids running around in the morning and playing and throwing stuff around and the staff are sort of sitting there with kids on them, for them to actually run, sort of relay races in the playroom or bouncing balls to each other and um … so to try and empower them with some ideas of games and skills that they could actually use in the playroom. So yah as a music therapist I felt also there was a lot of a consultation role. Yah.

Interviewer Yah it's interesting about the staff cause it brings a whole different dynamic into it.

MT Mm. And more often than not you need to be very aware of the staff. And I saw in a lot of institutions or wherever we worked, that would be um… at times more beneficial than working with the children because what happens is it becomes more sustainable. If you can work with a staff group and get a staff group, you know jelling and working well together and then empower them with games and activities. Even certain songs, and movement songs, and … some very basic sort of ideas on how they should sing the songs. Sing the songs with the children; not to the children. That's the whole thing I see there: they sing songs to, not with. Cause then what happens is when music therapists aren't there, or when the students start and there's a gap between the next students or should music therapy not be at the institution anymore then at least there's some principles that sort of continue. And I think they are looking at doing it [courses for staff] [drumming with schools][training].

Interviewer	You've touched on it when you talked about … um the … what music therapy does at Mohau but what do you, … see or think is the main needs of these kids?
MT	Appropriate stimulation. By appropriate … sort of referring more to appropriate social behaviour, um … yah. Social behaviour, group dynamics, being able to share, being able to play together, um just repeat the question?
Interviewer	What do you see as the main needs …?
MT	And again, going back to what I said earlier, the individual attention. Because you know you can imagine a child takes a lot of attention. And that playroom is just, you know that can be hell on earth. Especially for a child. If you listen to the volume levels there, and the amount of crying and screaming and, any stranger walks in and those kids … think about attachment theory, they're hanging on their legs now for, a child that's two years old, now for a normal child, normal by you know, a child that's got mom and dad and maybe one or two siblings, they wouldn't walk up to a completely stranger. So there's a lot of need for attention. And, you know I strongly believe that to take them out of that playroom and put them into … a different environment gives them a different experience of themselves, gives them a different experience of their siblings (cause essentially they are siblings, they're a family of circumstance) and … um just allows them to be with others and to be with themselves but in a completely um … different environment.
Interviewer	Ok. And then, when you worked there, the process when the clients or the children were identified for music therapy, how they were referred. How did that go about?
MT	Well if I think about some of the children that I worked with, for example um … when Bobby was referred to me was because he loved music. He always sang, he's very rhythmical, so he's very musical. And also, he, when he gets that attention then his self-harming behaviour actually diminishes a lot and his behaviour becomes a lot more manageable. Um … I mean I remember I had a break for two months and I came back after two months and they were just pulling their hair out. Because, and they put it down to the fact that he wasn't getting that individual attention. So he needed individual attention, and also he was very musical. And then some of the other children that were referred to

me… um … they were very new to Mohau. So they were very withdrawn and they were quiet and would stick to themselves because it's you know ... I mean the one little girl, you know all of a sudden, she's been living with mom and dad her whole life and boom! They're gone, and her whole reality is completely shifted. So she just went into shutdown. Flat affect, completely non-responsive, withdrawn, and so, those referrals, you know, just to start to have some individual time with somebody that works there, and to really just get them to come out of their shell a little bit and experience um .. you know playing on instruments and really just extending and drawing them out of this … sort of complete withdrawal. And what I did with the one child that, this was the case, is after a couple of sessions, then I introduced another child that she spent a lot of time with in the playroom. And then we did that, and then introduced another two children. So slowly build up the group in a safe environment, safer focused environment so she would be a little bit more at ease in the playroom. I keep on going, talking about the playroom cause I think, you know that's one of the main focus areas of that place. And that's where they are and sometimes that's just chaos. So, … and then the groups, sometimes it was just like ok this child … you take that that that that one, and we looked at the age range, and because they haven't done music therapy in six months. So it was just to give them a chance really. You know it wasn't any specific referral criteria or reason it was just really to give them a chance. So I think those … cause they're not using a referral list. No they're not using one. So … I'm just thinking you know when you write your reports, you have "reasons for referral" and sometimes I'd be like: "well, I don't really know why they were referred". You know I'm not a hundred per cent sure why this child, you know, no reason was given for referral. So, you know thinking along those lines, and also the need for appropriate social interaction. Because if you think these children are now, three, some of them are three years old, ok, and they are behaving like this, what are they going to be like when they are sixteen? So you need this early intervention and already it's kind of, almost too late. Those first few formative years. You know they say if you don't want a child to display certain behaviours when they're six, you must stop that behaviour when they are eight and nine months. Like pulling hair or pulling ears or punching or biting, um … so those sort of … inappropriate social behaviour um … and I'm thinking about … um … Pete, he battled in the playroom: lots of snatching lots of hitting. Again, started off with individual sessions, so the two of us were sharing, and then introduced one more child,

and then introduced a couple more children. And I think especially those environments to build into group work, is very very positive, very powerful. And you also have these little clicks of children. So if there's one child that is the same age group, and then, you have individual sessions with them and then start to introduce other children. You can really draw them into that group. Of course one of the things you need to be aware of, is that if you work individually with a child, then it's your special time. And as soon as you introduce other children, you can make that inappropriate social behaviour worse, because they feel precious about their session, and now all of a sudden have to share you. But if you can overcome that problem with sharing, then you're on your way to sort of … appropriate social behaviour. [individual towards group while training] [observation in playroom].

Yah because there's not really a referral criteria at all. I get it a lot from parents: Ooh I want my child to come to music because they *love* music! They love music. And I often get parents going: Well, he can carry on with music therapy as long as he enjoys it. As soon as he doesn't like it then I'm going to stop music therapy. And you kind of think, well, there's gonna be times when it's not gonna be fun for them. Otherwise the music therapy, therapy side of it, then it's music activities. The therapy side of it is not going to move forward and sometimes therapy is not fun. You know, sometimes it's not always … a walk in the park. [Busy children with all therapies].

Interviewer And that's also why I wanted to do this, because at so many institutions: No he's quite musical, he can go. And that's why I wanted to do this one. Because there's so many valid reasons except from "he likes to sing or he's musical" and, you get that so much.

MT Yah and you think kind of well, if you wanna raise a child's potential, and to improve his self-esteem and to … possibly … raise abilities that are dormant, if you think about the music child, in fact that in essence everybody is musical … and you want to take children that are not necessarily musical. Because then, if you get them into, you know sort of mutual playing and if you playing with them and you're creating this nice music that is going to be so powerful for that child. Cause that child is going to think "Hey I'm playing music with this person and it's cool music". Whereas a lot of the children that are musical or like music, they want to sing Old McDonald, If you're happy and you know it

… And they don't necessarily, they like listening to music, but that doesn't necessarily mean that they're very good at playing music. And even saying "very good" is dangerous because you know … we don't have to work with children that can play music. [parents worried about abilities to do music therapy].

Interviewer I think this links again, but the most prominent reasons while you were there, the most prominent referrals you got, reasons why the children came to music therapy …?

MT Probably the most prominent one was because Oh this child likes music, and this child likes to move and to dance. You know, that's probably the most … that and … children that were socially withdrawn, that were new to Mohau, that were … that were very new to Mohau. I think those are probably the two prominent reasons … [files]. But I think yah, withdrawn, and because … they like music.

Interviewer You see that's the thing there's not really concrete items you can say ok this child is like this and this and this so, you know, that kind of thing. And that's why I'm looking for in this.

MT Yah I mean, … one of the … one of the … outcomes that … or the aims and goals that I use a lot especially in schools, is to stimulate gross and fine motor skills, and I wish I had more … occupational therapy understanding to stimulate, you know fine motor skills, and gross motor skills, and crossing the midline, playing on that drum and playing on that drum: right drum with left hand, left drum with right hand. Um, and so it's gross and fine motor skills, listening skills, concentration, central auditory processing skills. Um because those are, you know when I go into a school and I want to do a drumming circle or something there, they want, ok, "what are you going to be covering"? They want, *they* want concrete things. So for me to say ok cool, because once you say, well you know, raising self esteem and improving class dynamics and providing self-affirmation, and they kind of go: Yeah, so…? But then you say: you know, concentration, listening skills, gross and fine motor skills, then it's something they can concretely like, *tick*, ok cool you're doing that. You know and we're doing sort of, those kind of things.

Interviewer Ok. And it makes sense, for them yah.

MT Yah. And … and, yah, through that you know, stimulating movement, a lot of children. [Work with cerebral palsy boy] And sometimes we can't talk about it. Because it's this spark, this magic that happens when you're playing music together. But then the world, being in a very medical model, and very outcomes based, goes: ok so what are you doing? So what do you say. You're making music. And I mean I felt that before, I mean I remember, I had one session, um, with Bobby and the fact that I still remember it today, is testament to how powerful our music-making was after that, um … how powerful our music-making was during that session. I finished that session and I was on a buzz for two weeks. It was just so great, the music that we made. And I just … I said to a couple of people and I thought to myself, if I'm feeling like this, then without a doubt, on some level, he's also feeling like this. And I mean I feel it when I, you know when I play music with musicians, when you're creating something which is just awesome. That's, that's wow – and it sticks with you for days. So how do I explain it.

Interviewer I was just going to say you can't tell anyone how did it make you feel it's just …

MT No, and I think especially you know that's why you do so much you know you check yourself and you check your feelings. And I knew that what we did there was power. And if I was feeling so buzzed and … and … so … amazed by what we did, then without a doubt he's feeling that. Which is good for self-esteem, self-affirmation, connections, personal connections, creativity, coming from … a healthy place, your creative place, but he can't explain that. He can't talk about that. So, how do we then explain it. And when you're trying to create business, and get groups, … get groups going, try and explain this to … a principal of a school.

Interviewer Just take him for a session! [laughter]. Just to go on with that, I was going to ask you how you saw were the referrals, for … and my second question is how did the referrals inform your aims, but if there weren't really … did it have a lot of impact on how you worked with the children? These referrals.

MT No not really. Not really. The … I mean the … the referral … you know, are … a child that's withdrawn. Then I kind of know, ok, … so this child is withdrawn; high levels of anxiety, um … so I need to be very … delicate with the music, draw them in slowly into the interaction, but then also go and observe them in the playroom. And I suppose *that* referral out of all of them, was the one that I would um … refer to the referral, most about my goals and aims. Because mostly you know they enjoy music. Ok. It can help you. It might help you to think ok, what, you know maybe we can bring in some pre-recorded music cause they like that. And that as a platform to start from. Rather than jumping into creating music if they like listening and dancing to movement, let's start there, where they are, rather than now giving them a drum and they've never played a drum before but they like music. So and then maybe introducing instruments *with* pre-recorded music. But more often that not … it … I would work, … work with a child for say four sessions before even putting down aims and goals. Get to know the child a bit. And I think … there's a lot to be said ... working … from your goals and aims that you have … seen … you know, things that you've seen in previous sessions, say four sessions…

Interviewer That you didn't get from say the referral…

MT Yah. Yah. Cause I'm thinking also about diagnoses. [WSK client]. If I read the file after four sessions and I was thinking: is this the same person? Now if I had read that, would I have taken that into the session? Would I have been a little bit apprehensive and maybe on guard waiting for her to throw a chair around the room? Whereas working from a completely clean slate not knowing the diagnosis, or perhaps not knowing the referral, then you work with exactly what that person can offer. Not what you perceive for that person. You work with their ability. Not their inability.

Interviewer So, …am I right if I asked you do you doubt sometimes the usefulness of the criteria? I suppose sometimes it's necessary if someone has really a … big problem that he displays and they say ok this kid is really … but then other times it might be less useful?

MT I think as long as you are aware of that, you are aware of … if you get the diagnosis, or you get … um …oh this child can do this but can't really do that, so if you are aware of that, but then you're also aware that you mustn't work

according to that. That you must work *with* the child, but bearing that, the diagnosis in mind. Because sometimes it is quite important to know a diagnosis. Because that child might … know … little or limited understanding of instructions. And you don't know that. So you spend three sessions explaining things to this child. And this child is looking at you. You know, so to know it is important, but to work solely from that, is dangerous. But I think … it's about the individual and about what that individual can bring to the session. [WSK Client].

Interviewer [My WSK client].

MT [Special needs girl]. … I was saying to the dad, I want to work with her, not with the diagnosis… I just wanna know what she can do, and then raise that potential, rather than working with the diagnosis. So going back to referral criteria, I think … it's yah … it is important, but it's not necessarily a … um … foundation to build goals and aims. I would take a referral, read the referral … and then … have a couple of sessions, and then using what I've seen in those sessions plus the referral and start looking at goals and aims, and the way to move forward. I think the good thing of the referral form is for those people that are referring. It might give them a little bit more of an idea about what music therapy can achieve and what music therapy can do. Cause you might have something on there for example: Does this child have poor fine motor skills? They might go: You know what, this child does have poor fine motor skills but I never really thought that music therapy are working with that. So yah, ok, cool I'll put that on the referral form. So it might be for them a little bit more of an insight …

Interviewer Yah and you know it's good that you raise this because um … with everyone I interviewed their um … one group stated that with the deep problems, they send to psychologists and psychiatrists but with the more day to day problems, it goes to music therapy. And the other one is, the other group said that … uh… yeah they, they don't send to music therapy but their opinion is, um …, they like to imitate what we teach them in music therapy, you know that kind of … so there's a lot more that music therapy can do, they don't maybe realize.

MT Mm. Yah. Cause if you think along the lines now say, … for example in my write-up, you know that with music therapy … work with physically, mentally or emotionally disabled individuals. And physically disabled, people understand that term. Mentally disabled, people understand that term. But when you say emotionally disabled, then they kind of think … ah … ok … now that's one way of looking at it. That this person is going through trauma, so emotionally they are disabled at the moment. Because they might not be as patient, or they might be bursting into tears and whatever, which is emotionally not stable, so when you say physically, mentally and emotionally disabled. So it would be quite nice to maybe, with the criteria, have, now I'm just thinking if you had different um … main … main titles and then underneath that, different … yah … Cause we work with physical, to stimulate movement, gross and fine motor skills, um … high – low, you know that's even language that's understandable. Um … and then you work with mentally disabled, which I think would be for me, at the top of my head I'm thinking like self-esteem, raising self-awareness, affirmation, um … to be part of an interaction. And then emotionally disabled, your cathartic sort of reasons. To be able to just be … and play music and perhaps forget about your worries a little bit…

Interviewer Go on, because my next two questions links with that what you now said "It would be a nice idea", the first one, if you had the opportunity what kind of system would you prefer to use, if you, if you work there again in order to obtain these referrals. And then the other question, what items or ideas do you think would be useful to include? This … three-section thing is a nice idea because it categorize it understandably.

MT Yah…

Interviewer If you would like to 'unpack' that …

MT Unpack that! I haven't heard that for a while. Unpack that! [Laughter]. Maybe if you, I mean you could even do something on a sliding scale, like a scale of five, so you say: You have your criteria and you have "poor social behaviour". One is poor and five is they can socially interact without any sort of issues. And then you start working on a … if you had to choose children, you know if they do a form per child then you can, then you're working now on points. And they can choose somebody. You know they can say well, this child has got

poor to mild … um appropriate social behaviour. And even if you do … working with groups, then you can take those children that scored between a one and a three. You know, or you take those children that score a one and a two and eventually join them with kids that are scoring four and fives. So, and also I think for people, people like numbers. People like points. People like to see a 9.7 out of ten. Now I know it's its .. I think it's concrete rather than having a list: Does this child display inappropriate social behaviour? Yes. But your understanding of inappropriate social behaviour might be different than mine. So, that might be something which could be quite useful, is to have a sliding scale from poor, moderate, good, you just have to be very careful what each criteria is … yah. [Read about scaling system]. And sometimes it's better to have it out of four, cause when you have it out of five, then you've got a medium in the middle, so people can just go: Yah {ticking everything in the middle}. [Sometimes people just tick]. So maybe poor, moderate, good, very good. And then you have, you know if you had physical, mental and emotional, and under that you have your sub-categories on a sliding scale. I think for me, if I had to get a referral form like that, it would be more beneficial than having a "tick-form". Yah, because then you, instead of: Yes they've got inappropriate social behaviour, you can say Yes they've got inappropriate social behaviour and it's *poor*. Or, yes they have um … and you can even on there, music enjoyment: do they like movement, listening to music? Do they like making music?

Interviewer Oh that's going to give you an idea of how to start …

MT That's gonna give you an idea. How … how much listening to music do they … is there listening to music? See the problem is there if you say "poor" that immediately you think they've got poor listening skills. So there you'd have to be very careful on what your scaling is. I think that that would be yah … you have a form, you have your categories, music enjoyment, or musicality [laughter]. [Music therapist's referral form].What sort of songs, or is there a specific CD that they like listening to. Like: Do they love singing Barney songs? That always gives you a nice platform to start at. So I would definitely have a form but then also have a place for "other comments". [Child likes music] [Therapist's referral form]. Oh other therapies as well. This may be helpful even at Mohau. They will just enrich your work, if you've got all that kind of information. [Therapist's referral form]. [Look at file]. Ah you see here

I've got *communication, behaviour, general*. Poor concentration, struggles with fine motor skills, rigid and limited play, little interest or curiosity … little understanding of verbal language … repetitive behaviour … social skills, aggressive towards peers.
Maybe you can even have a category called Socially disabled as well. And then in there you have communication, and behaviour as sub-categories in there. Because if somebody's socially disabled, you know, they can't function properly in a social environment. They might be aggressive or they might be withdrawn. You know …

Closing chat.

APPENDIX X

CODING OF SEMI-STRUCTURED INTERVIEW 1: SOCIAL WORKERS

Codes: Q: Interviewer's Question
A1: Respondent 1's answer
A2: Respondent 2's answer

Warm up question and chat			
Line no	C	Main text	Codes
1 2	Q	The first question is to both of you how long have you worked at Mohau?	
3 4 5	A1	Um I started 2000 in March, so it's like seven years. Seven years now. Two thousand, thousand and two. I've been working here for five years now.	
6	Q	Oh ok	
7	A1	Two thousand and two in March.	
8	A2	I started 2006 December.	
9	Q	So it's almost a year …	
10	A2	About … nine months	
11		[Laughter]	
12	Q	Um and then to both of you, your roles and responsibilities,	

13		what's your duty as social worker, but specifically at Mohau	
14	A1	Ok um … presently I'm I'm a residential social worker,	
15		meaning that my duties and responsibilities are firstly a do	
16		the admission request, I handle that whoever wants to place	16. Admission procedures
17		the children here, I need to do the assessment and the	17. Admission assessment
18		screening to see if the child is a candidate for admission. I	
19		arrange for the panel, Sister Queen, myself, my colleague,	
20		to sit together and do the assessment and then if we agree	
21		then we admit this child. On admission I also arrange for a	
22		case conference with the social worker bringing the child, to	
23		discuss the plans and the future for the children, court dates,	23.1 Family contact 23.2 Jurisdictional aspects
24		visitation and all that. I see to that … after admitting the child	
25		I see to the child's needs in terms of their emotion,	25. Provide emotional care
26		education, medication, um, material needs and also their	26.1 Educational needs; 26.2 Health needs 26.3 Material needs
27		spiritual care.	27. Provide spiritual care
28	Q	Ok …	
29	A1	So if it's a school going child I register them at the school	29. Educational needs
30		and I liaise with the area social worker getting their	
31		performances and the teachers … [what teacher does]	
32		Then also see to their needs in terms of their educational	
33		needs, school uniform, books and all that. And then um	33.1 Educational needs 33.2 Provide material care
34		because I have the background information on admission I	
35		get that, I see to the emotional needs. If they need therapy, I	35. Emotional needs

36		immediately start and if they need more expertise then I	
37		refer like to the psychologist or the psychiatrist. I also work	37. Multi disciplinary approach
38		together with the other disciplines like if the child need some	
39		occupational therapy, speech therapy, music therapy I see	39. Multi disciplinary approach
40		to the relevant referrals. And then um for the material needs	
41		on admission I see to the clothes and that the child gets a	41.Provide material care
42		bed and all these other material needs... And we also try to	
43		involve the children with um the churches around. [Church	43. Spiritual needs
44		activities]. … so that we can also see to the emotional and	
45		spiritual needs. And otherwise medication I liaise with Sister	45. Health needs
46		Queen … um to see to their health needs. Clinics, and also	
47		the other disciplines outside the hospitals, the clinics and	
48		also I arrange for their transport and the dates and all that.	48. Provide health care
49		That's mainly my duties, my responsibilities	
50	Q	So you are basically the qualified mother!	
51		[Laughter]	
52	A1	Yeah … yes, yeah …	
53	Q	And … [look to second social worker]	
54	A2	Ok with me well just to add on um I also do family	
55		reunification meaning that once the children had been	55. Family reunification
56		admitted then what I do is that then I try to … cause the aim	
57		is to um reunite them with their family … so we work	57. Family contact
58		together with the parents in terms of counselling and so on,	58. Family counselling

59 60 61 62 63 64		and also … home visits um to see if the home circumstances are conducive for the children to ultimately return there, cause we don't wanna keep them here until they're eighteen … so the main aim is that once they are admitted, work together with the children, the family, and to reunite them.	60. Family reunification
65	Q	Ok …	
66 67	A2	And what I also do is I also have foster care places in the community yes meaning giving supervision to the families …	
68	Q	And this is also for the Mohau children?	
69	A2	Some of them are Mohau children…	
70 71	A1	…but some of the cases there was opened then by child welfare and then they refer to us to help with the case load.	
72	A2	[Food garden project & feeding scheme]	
73	A1	[Satellite centre]	
74 75 76	Q	Ok… um, another thing, what in your opinions are for the children the main needs that they experience, or that they have?	
77 78 79 80 81	A2	Ok well I think in my opinion I think the main need that they need is to actually … build a relationship with someone … to have a bond with someone. Where there's the care worker here or the family. But they need someone who's special and who they can … that will in turn provide them with	78. Need for relationship 80. Need for relationship with significant other 81. Emotional needs

82		emotional needs so that they can feel secure.	82. Need for security
83 84 85 86 87 88	A1	That's what … secure attachment, they never had that, yeah, mostly. Um some of them had the attachment before the parents or mothers passed away, but they still need love and care. I think most of them need love and care. Because um … some of them were abandoned, some were neglected, some are orphaned, so mainly it's love and care.	83. Need for attachment 85.1. Need for love 85.2 Emotional needs 85.3 Physical needs 87.1 Abandonment; 87.2 Neglect; 87.3 Children orphaned 88. Emotional need
89 90 91 92 93	Q	Ok… um … and then how do you think, or what do you think music therapy can offer these children, what … I mean, what you know about music therapy at this moment, how do you think that can help with these main needs that they have?	
94 95 96 97 98 99 100 101 102 103 104	A1	I think because most of them were neglected, even though they had parents, they get the attention from the music therapist they want … the attention that they so yearn for, and the stimulation because they were just left there, there was no stimulation there was no attention, and also the one-to-one involvement um … tells them and shows them that at least someone cares about me. So that stimulates everything in them, like intellectually and emotionally and the balance is being created in the therapy, you know. And also the instruments make it also fun for them, which they	94. Neglect 96. Need for attention 97. Need for stimulation 99. Significant relationship in individual music therapy 100. Emotional needs 101.1 Cognitive stimulation in music therapy 101.2 Emotional stimulation in music therapy 102. Music therapy provides musical enjoyment 103. Instrument playing

105 105 106		never had before. They were lonely and they get this funny moves and movements so, I think it helps a lot in that way … that it covers most of their needs in one or at once, so...	104. Play in music therapy
107 108 109 110 111 112	A2	Yeah I also say it's definitely stimulation, especially because you know some children are referred um … to work individually with the music therapist and others within a group. So I think those who work within a group it will also help them in a way to work with um… together with other children.	109.1 Individual music therapy 109.2 Group music therapy 110. Stimulation of social interaction in music therapy
113	Q	And can you see the difference?	
114	A1	[yeah]	
115	Q	… when the children has been for music therapy?	
116 117 118 119 120 121 122 123 124 125	A1	Mm, mm, it does make a difference. Especially, say, bigger children, um, the new admissions for instance, most of them doesn't have the social skills. When you put them in the group they learn to share, and to respect each other, you know in a group, so it does make a difference in a sense that there's less fighting and crying when they're in the group. They learn the skills in the group and going downstairs in the playroom, it's better cause they can share, and they enjoy some music together and it creates a very pleasant um … situation for all those in the group. It does	118. Social education need 121. Stimulation of appropriate social behaviour in music therapy 123. Stimulation of social interaction in music therapy 124. Music therapy provides musical enjoyment

126		make a difference.	
127	Q	And that fun is so important …	127. Music therapy provides musical enjoyment
128	A2	It is, yeah.	
129	A1	Yeah, yeah …	
130 131 132 133	Q	Ok and then, mm…, um, in your, in your work, how often do you see the children, say on a one-to-one basis, or do you see the children to see where they are emotionally or? If you could explain a bit about that …	131. Observation of children
134 135 136 137 138 139	A2	Yes we do see them one-on-one, as often as possible within a week, yeah because for example currently I'm working with the older children, they're doing um, their life books and when they do that they are on a one-to-one time with me as well… and also if you see that the child is unhappy about something then you call him to your office and so on …	137. Observation of children
140 141 142 143 144 145 146	A1	[Bakwena] Unfortunately here I work with the little ones a lot, and because of their ages they're not that clever and they're not expressive. But as soon as I get a report that there's some behaviour difficulties then I see the child on a one-to-one basis and do some play, although I'm not an expert but I do try to find out, um, by playing with them, what could be the problem. [Bakwena].	141. Children verbally non-expressive 144. Provide therapeutic play

147 148 149 150	Q	Ok. Um, and, and I think that links to the next question where you say you get reports on difficult behaviour. Um do you regularly have discussions, is it with the care workers?, about the children's behaviour?	149. Multi disciplinary teamwork
151	A1	Yes	
152 153 154 155	A2	Yes, they're the ones who usually report if there's a specific child, they'll report that so-and-so did this and so on. In that way then we actually try to then provide whatever counselling or therapy that child need.	153. Multi disciplinary teamwork 155. Multi disciplinary approach
156	Q	So it's important that link with the care workers …	156. Multi disciplinary teamwork
157	A1	Yes	
158 159 160 161 162 163 164 165 166 167 168 169	A2	Yes it's very important because they spend more time with them, for example on weekends we're not here, and they are here so then they, so it's better for them to report to us what happened so that then we can work together in a team…, it's very important. The teachers from the schools also report, our pre-school teacher here, and … uh … the other therapies, the physio's and the OCC's and the medical doctors as well, the practitioners also. Everyone who's involved with the child they report back to us. And during our staff meeting we sit after the general meeting with the childcare worker specifically, we discuss the children. So every month end we discuss the children. And sometimes	162. Multi disciplinary teamwork 167. Multi disciplinary teamwork

170 171 172 173 174 175 176 177 178 178 180 181		just in between we call for a meeting. Myself, Makopane and Tiekie, to discuss issues with the child so there's a continuous discussion, ya, so they know that they need to immediately report whatever behaviour there was. And we also have an incident book, uh, punishment, where they uh register the uh …punishment that they gave to the children and why and also how they went through it so we can monitor the discipline if it's relevant and if it's appropriate cause of this behaviour. So we always go through the book to check if they really are doing the right thing because they need to understand how to discipline and be consistency and all that. So we also use that book as a guideline to go.	172. Multi disciplinary teamwork 174. Discipline 177. Discipline
182 183 184 185 186 187 188 189	Q	Ok. Now there's a lot going on that one doesn't see, but which is necessary to make it roll! And then, still with the care workers, um, my question is what type of information do they give you, but more, what kind of language do they use to tell you about the behaviours of the children? Um if you can give me a few words that they use cause this will help me in my list, to use the language in my list, the uh, appropriate language for …	
190	A1	For the children …	
191	Q	Yeah …	
192	A1	I think, when I went through that book, because we are	

193 194 195 196 197 198 199		trying to teach them to … um to have the correct way so that the children can understand why they're punishing them. They will say like: Children have bad attitude or aggressive or it were not co-operative, you know they such words so that the children can … not abstract words because children won't be … won't understand why they were punished. They use such words like being disrespectful. Yah.	195.1 Inappropriate behaviour 195.2 Aggression 196. Unco-operative behaviour 199. Inappropriate behaviour
200	Q	Ok, and then if they talk to you, is it the same kind of …	
201	A1	Yes, yes	
202 203	Q	Um, and then again, with music therapy, um, when generally do you refer children for music therapy?	
204 205 206 207 208 209	A2	Well it mostly depends. Some children we refer if they are really withdrawn. The childcare workers, or social care workers, no one can get through to them, then we refer them to music therapy. Yes and also others who maybe, we see that they're attention seeking, then they also get referred, …	205. Referred due to withdrawal 208. Referred due to need for attention
210	Q	Ok …	
211 212 213 214	A1	And also others who um … maybe um have behaviour problems … and we normally refer the new admissions because usually they had um … problems at home so immediately when they come we start with them and it helps	211. Referred due to behavioural problems 212. New admissions referred 213. Negative home experiences

215 216 217 218 219 220 221 222		us like assess in a way after your intervention, the therapy intervention, if they need more help or if it was just an adjustment and adapting and all that, so we also use it as an opportunity for someone else to intervene, and we do our assessment later. Yeah so mostly it would be the new admissions, and yeah, the older ones who's been here, also aggression, … and you know the isola … the withdrawn ones …	215. Music therapy helps with assessment 217. Music therapy assist with adjustment 219. New admissions referred 221. Referred due to aggression 222. Referred due to withdrawal
223 224 225	A2	This you get like sometimes, the same child would be referred um, over and over again … um, they still need more intervention.	224. Repetitive referrals
226 227 228 229	A1	And it's mostly those without families that they continually need that attention and as soon as you refer them, they feel at least they have someone, there are people coming for them specifically and it makes them feel good. It changes …	227. Need for attention 228. Need for relationship
230 231 232 233 234 235 236	A2	Because you'll notice that, you can tell the difference between the children who have never ever had anyone visiting them and so on, and the ones who had other people or when parents or relatives, someone visiting them. You can tell the difference. And the moment that this child does not have anyone, and then the moment he gets someone, you'll see a totally different attitude altogether.	231. Visitors impact children
237	Q	Ok …	

238 239 240 241	A2	So I guess it works together the music therapy in a sense that then they get the attention cause the children *need* attention and then they'll display it in different ways. Aggression, withdrawal and so on.	238. Need for attention addressed in music therapy 239. Need for attention 241.1 Aggression 241.2 Withdrawal
242 243 244 245 246	Q	Ok … and then, … I think this, I think you got to feel you've answered this already, but not only for music therapy, but, … yeah put therapy aside, but what are the <u>main, the most likely difficult behaviours</u>, that the children display? The most difficult behaviours you struggle with?	
247 248	A2	Uh… sexual behaviours, and … also those who display um … aggression … I think those two are really difficult.	247. Inappropriate sexual behaviour 248. Aggression
249	A1	Mmm…	
250	A2	The uncontrollable …	250. Inappropriate behaviour
251 252 253 254 255 256 257 258 259 260	A1	The uncontrollable children … yeah … those who are actually not co-operative and they'll just stand and look at you when you talk to them, and not respond and not … take instructions or mainly um … just being <u>disrespectful</u> for elders. Those are the most difficult cases. Aggression and uncontrollable behaviour and the sexual acting out, cause it involves the other innocent children as well. So if one starts it might end up, you know, um … that all these children are involved. Some unconsciously some not knowing … not knowing what's happening. But it can become a very serious	251. Inappropriate behaviour 254. Inappropriate behaviour 255. Aggression 256.1 Inappropriate behaviour 256.2 Inappropriate sexual behaviour

261		problem. Yes.	
262	Q	Ok …	
263 264 265 266 267	A2	It's very difficult because you know children, they can't exactly put words, they can't say, this and this is happening, you have to like really um … enforce it and then like, and then take… take it out of them for them to say something. Yeah …	264. Children verbally non-expressive
268 269	Q	Ok. And the sexual behaviour, is it more with the elders, or are the young ones involved, or …	268. Inappropriate sexual behaviour
270 271 272 273 274 275	A1	Yeah it depends, you know some who are admitted like four,… three, four and already they've been exposed to the sexual activities and then they will start involving the others and as soon as they start feeling that it's soothing in a way, to do whatever, they will continue because they need that … soothing …	272. Inappropriate sexual behaviour 274. Emotional needs
276	A2	They need the comfort …	276. Need for security
277 278 279	A1	Comfort yah, so. That's, that's that's the main problem. That's it, and those who are just uncontrollable. Not wanting to go to school for no reason and to do their homework …	277. Need for security 278. Inappropriate behaviour
280 281 282	Q	Ok. Um … and then, this is the last kind of idea … um … currently, are you using a list or a kind of a… a… criteria list where you refer children for music therapy?	
283	A1	Out here we have like um … basic guidelines that you would	

284 285 286 287 288 289 290 291 292 293 294 295 296 297		follow, like in all the new admissions we refer, and the withdrawn ones and the aggressive ones and the uncontrollable ones, and those who are attention-seeking. Because normally we … I choose, I observe them most of the time in a group and I'm able to identify who needs what. So as soon as the therapies become available, I already know. Yes because also because of the reports that I get from the other people and the background and my observation and my work with the children. So it is an individual … it it's you know we do not follow the same criteria for all the children because they are individuals and they have different needs. But whatever needs we know, as we've been trained, that needs some intervention, then to refer.	284. New admissions referred 285.1 Referred due to withdrawal 285.2 Referred due to aggression 286.1 Inappropriate behaviour 286.2 Need for attention 287. Assess possible referrals
298	Q	Ok.	
299 300 301 302 303 304 305 306	A1	Yah… to refer if it's something very deep then you get a psychologist or a psychiatrist but for the basic needs we know that it can be attended to by any … music therapist for example then we refer. But we do have children who see psychiatrists and psychologists. Educational psychologist or just child psychologist … because of the assessment and the therapy that we had done already then we refer them for such um … therapies. But it is just, you know like … um	299. Multi disciplinary approach 300. Basic needs referred to music therapy

307 308		minor or the basic needs the general needs that each child has then we refer to you.	
309 310 311	Q	Well thank you, I'm done. And this has really been interesting cause there's a lot of things that you said today that I didn't know.	
312	A1	[Talk about the work]	
313 314	A2	[Difficulty of making decisions and explain to children why they can't go home]	313. Staff difficulties
315 316	A1	[Difficulty of job] [Difficulty of people entering and exiting children's lives]	
317 318 319 320 321 322 323 324 325	A2	Yes it's really traumatizing for the children because we're thinking they benefit from that time. And we don't know that perhaps um … this child has actually built a relationship with the therapist … and you don't know that you're just doing the music therapy for six months and then you go. And then it's someone else. Then because of that period that … this person has built a relationship with this person now she's not here anymore. Then they start displaying that behaviour …	318. Lack of consistency 324. Need for relationships
326 327 328 329	A1	Sometimes they become resistant and when we think they still need therapy because of that behaviour and they resist, because they're not, … they do not want to be disappointed anymore, so they decide not to participate. So and the new	327. Avoidant behaviour

330 331 332 333 334		therapist will think that it's a difficult child to build a relationship with, but because they've been disappointed before they also try and protect themselves from that again. The rejection and… and the abandonment. Because they do not understand.	333. Rejection
335 336 337 338 339 340 341 342	A2	And you know, like I said it's difficult a child cannot say, I'm … behaving this way because … whoever decided to leave me … [Analysis of child] So I'm sure, I mean … just trying to myself in the child's shoes, it's difficult they're thinking "who are these people. Who's this group, tomorrow this group, today this one is taking me to the clinic, tomorrow it's this one …" it must be really confusing for them …	336. Children verbally non-expressive 340. Lack of consistency 342. Different therapies causes confusion for child
343	A1	Mm!	
344	Q	[Secure attachment]	
345	A2	[Secure attachment & foster parents]	
346	A1	Mm … mm … [Holiday supervision]	
347		Closure	

APPENDIX XI

CODING OF SEMI-STRUCTURED INTERVIEW 2: CARE WORKERS

Codes: Q: Interviewer's Question
A1: Respondent 1's answer
A2: Respondent 2's answer

Warm up question and chat			
Line no	C	Main text	Codes
1 2	Q	If I can start with you, how long have you worked at Mohau? [Look at caregiver 2]	
3	A2	Six months	
4	Q	Six months? And you? [Look at caregiver 1]	
5	A1	Nine years	
6 7	Q	Nine years! A long time, hu! Ok. And then, to both of you, what are your responsibilities, as a care worker, at Mohau?	
8	A1	Taking care of the children.	8. Provide physical care
9	Q	Ok, during the whole day?	
10	A1	The whole day.	
11 12	Q	Ok. Then, in your opinion, what's the main, the most important needs that the children have?	

13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	A1	The most important thing they need is to … to teach them things like, you see where they stay, there are many children So I think we have to teach them things like … I can say like how we teach our children at home. We mustn't just leave them like they are in a group, not teaching them, we must teach them like respect, like those children, like those children, those who are sick, they are like slow in learning to talk. So it's like we must teach them so they can learn how to talk. Sometimes they have this like … I can say, hearing problem yeah, because most of them they have problem of hearing. So it's like when we talk we must repeat some things we are talking so that they can learn. I don't know if she can add something there [looking at caregiver 2]	13. Educational needs 17. Provide maternal care 19. Provide social education 21. Speech delay 22. Teach verbal skills 24. Auditory problems 27. Educational needs
30 31 32 33 34 35	A2	And we teach them responsibility like in the morning when they wake up, they have to, first thing they have to wash their teeth and after taking out the, the pyjamas they must put it in the basket, and … they know they have to wash. After washing they have to put, to find their shoes, wear their shoes and they know where to go after that.	30. Teach self-care

36 37	Q	So basically they need that … which a child at home, that a mother gives him …	37. Provide maternal care
38	A1	Yeah	
39	A2	Yah …	
40	Q	They need that here. Ok.	
41 42 43		And then, um, music therapy, um, I think you've seen that we're coming in every Monday to do music therapy with the children. How do you think music therapy help the children?	
44 45 46 47 48 49 50 51 52 53	A1	Uhm … I think that music helps them a lot because like before, we did not have like this like TV. They can see something on the TV. So when they are here very happy. They like the music. Mm. They like how you treat them. When they come from here they tell us: They were teaching us beating drums, yah, so like now if they can see on the TV, they are happy again they remember about the music therapy and teach them.	48. Music therapy provides musical enjoyment 49. Music therapy relationship 50. Education through music
54	Q	Mm. Ok, And for you? [Look at caregiver 2]	
55 56 57	A2	For example John … he's a quiet boy. But when he was, when he's with the other children, maybe one of them, … he's with the other children. He can sing. Mm.	57. Singing
58	Q	And it's … fun as well.	58. Music therapy provides musical enjoyment

59	A2	Mm. It's fun for them they like the music.	59. Music therapy provides musical enjoyment
60 61	Q	And then, um … while you are with the children daily, what kind of difficult behaviours do they show?	61. Inappropriate behaviour
62 63 64 65 66	A2	… When he's tired, he doesn't want to talk, even if you call him, he won't come to you. And the other children also is James. If he's tired, he will cry. And he won't stand up and come to you.	62. Physical discomfort
67 68 69 70 71 72	A1	And the other difficulties … experience too much. They don't understand. I mean like when you tell them something, they don't want to sit and listen to what you are saying. This one will stand up and go there, another one go there, they don't want to sit in one place so they can understand.	70. Inappropriate behaviour
73	Q	So it's not a language thing …?	
74	A1	No …	
75	Q	So it's something else?	
76 77	A1	Something else yah. Something else. So that is the difficulties …	
78	Q	And then, naughtiness?	78. Inappropriate behaviour
79	A2	Yes they are naughty	79. Inappropriate behaviour
80	A1	Yes, they are very naughty.	80. Inappropriate behaviour
81	Q	What kind of …?	

82 83 84 85	A1	If … like what I've said they don't want to listen if you're telling them something and we got this one like John, John is always beating the others, and even if you can talk to him, he won't listen. They won't listen.	82. Inappropriate behaviour 84. Aggression 85. Inappropriate behaviour
86 87	A2	It's like when they jump on the coach, you say: Don't jump on the coach … [discipline]	86. Inappropriate behaviour
88 89 90	Q	Ok. And you mentioned … um … hitting or fighting. Do they fight a lot or is it only a few children or are they aggressive, are they …	 89. Aggression
91 92 93 94	A1	Only a few children, not all of them. Some of them are nice but there are, some of the children will always like to beat others. When somebody is playing with her toys she grabbed it like that [shows], but not all of them.	 92. Aggression
95 96 97	Q	Ok. And then, you probably don't see this a lot, but … uh … are there more times that they behave well, or are they usually a bit difficult to handle?	
98 99	A1	Ai most of the time they are difficult … [Laughter] Most of the time they are difficult! Mm.	98. Inappropriate behaviour
100	A2	Mm they are, they are difficult.	100. Inappropriate behaviour
101	Q	Yeah, that's difficult cause you have such a lot of them.	101. Staff difficulties
102	A2	Yah,	
103 104	A1	Mm, if you're talking to this one, somebody is doing another thing like that, so it …	103. Inappropriate behaviour

105	A2	And the other one run away …	105. Inappropriate behaviour
106 107	A1	You're talking to this one, the other one is banging the doors, yah … very difficult. But we try!	 107. Inappropriate behaviour
108	Q	I know I've seen you! And it's not an easy job.	108. Staff difficulties
109	A1	No, not easy.	
110 111 112	Q	Um, and then, if you see, say a child has difficult behaviour, he's acting out or he's fighting or … who do you tell or who do you discuss it with?	110. Inappropriate behaviour 111. Aggression
113 114 115 116 117	A1	If there is nobody, ourself will discuss what can we do. Maybe we punish that child, … maybe not giving him or her the snack. Mm. And then if Sister is here, we can tell sister or the social worker. If the child is very difficult now, then we can tell the social worker.	113. Staff difficulties 114. Discipline 116. Multi disciplinary teamwork
118 119	Q	So you talk, you talk regularly to the social worker, or you punish first? I mean you sort it out first with the child …	 119. Discipline
120	A1	We sort it, with the child first....	
121	A2	It depends...	
122 123 124 125	A1	Yah …to see if the child is not stopping then we take it to the social worker. Sometimes maybe they … the child becomes naughty when Sister and the social worker are not here, after four. So we decide.	 123. Multi disciplinary teamwork 125. Discipline
126	Q	Yeah then you have to do a bit of punishing.	126. Discipline
127	A2	Yeah	

128	A1	Yeah …	
129 130 131	Q	And then, say, when you talk to sister or to the social workers, um … what kind of behaviours is it usually that don't stop?	130. Inappropriate behaviour
132 133 134 135 136 137	A1	Like … like somebody we got like Eric, sometimes he don't want to, when he comes to school, they must do the homework. And he doesn't want to go to do the homework. And sometimes he just beat the other children. If you talk to him, he doesn't understand, and then we refer to the social worker.	134. Inappropriate behaviour 135. Aggression
138	Q	Ok, so it's more serious kind of behaviour that you …	
139 140	A1	Yeah. If we try and try and then the child doesn't stop, then we'll refer to the social worker.	140. Multi disciplinary teamwork
141 142 143 144	Q	Ok. And then, um … if you talk to the social worker or to sister, um…I just want to know if this is in your plan as care workers, do you sometimes say that this one can go for music therapy or, or do you not talk about that really?	
145	A2	The children?	
146 147 148	Q	You as care workers. If you say talk to sister and you say this one is difficult, do you maybe say he can go to music therapy or …	
149	A2	No	
150	A1	We don't speak about that …	150. Care workers not involved in referring for music therapy

151	Q	So it's more the social workers who decide …	151. Refer to music therapy
152	A1	Yes	
153 154	Q	Ok. And then have you seen differences when children went for music therapy or not really?	
155 156 157 158 159	A1	Yeah, there is a difference because when they come to the music therapy, when they come back to us, they are doing what you were teaching them in the music therapy. Because they do like you are teaching them and then they don't do the naughty …	158. Education through music 159. Positive experience in music
160	Q	Oh ok so they are busy with something …	
161	A1	Yeah	
162	A2	Yes	
163 164	Q	Ok. And then, just a last question. I want to know um … what's your idea of what we do in music therapy?	164. Staff's knowledge of music therapy
165 166 167 168 169 170	A1	My idea is that you can … just that you can carry on to do the music, because maybe it can help many of them, yeah because you see like they said they like singing, but when they cannot find that something she likes to do maybe she's going to do something that is not all right. [children likes singing]	166. Positive experience in music 167. Music therapy provides musical enjoyment
171	A2	[singing to child]	
172		Closure	

APPENDIX XII

CODING OF SEMI-STRUCTURED INTERVIEW 3: NURSE

Codes: Q: Interviewer's Question
A: Respondent's answer

Warm up question and chat			
Line no	C	Main text	Codes
1 2	Q	Then just the first question, how long have you worked at Mohau?	
3	A	Ah since 1997.	
4	Q	Oh so it's ten years now!	
5	A	Mmm … We are the pioneers of this …	
6	Q	Oh did it start then?	
7	A	Yes.	
8 9	Q	Ok, ok. It's a long time! You don't think about it, but it goes quickly.	
10	A	Yes it does …	
11 12	Q	Ok, and then, your responsibilities as a nurse at Mohau, if you can just … is it purely medical, or if there's other …	
13	A	Um … mine is a holistic approach. And it is not only the	13.1 Provide physical care 13.2 Provide emotional care

14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32		health section that I'm looking for. So you could say ok, the health one is that mine is to check that the kids are in good health every day. In the morning there's nobody who has a hick-up or sore … refer them to the doctors if I see the need. And also to check their appointment dates that they don't defaulter. That if some has been referred to different clinics then their follow-up dates, I have to arrange that and make sure that they attend the clinics as such. And also specifically, specially the immunology clinic, that is where our HIV kids go to where they get their ARV's and I have to make sure that they attend, they don't defaulter, and they get their medications from the pharmacist at the correct dates and correct times. Then preparing their meds, again, make sure that they take it strictly because it's twelve hourly medications. So , for everyone that is on meds. There are thirty presently. [Timeline medications] So it's basically that, and also checking that they have a nutritious diet. Because that goes hand in hand with their medications. They have to get proper foods. [Diet of children]. [Immunisations]	14. Provide health care 16. Provide health care 19. Provide health care 30. Provide health care
33 34 35	Q	And then, um, … out of your point of view, what are the main needs, the most important needs for these children?, um whether it be health, or emotional or …	
36	A	Uh … I think it's … uh … the need to … holistically … they	

37		need everything you know. Health wise they have to be	37. Health needs
38		looked after. Spiritually we need to teach them, they must	38. Provide spiritual care
39		know that there is a church they must attend church and	
40		everything. And um educational wise they have to attend	40. Educational needs
41		school I mean … they have to go to school and uh … learn	
42		… help them in their homework again and make sure that	
43		they do their homework and they don't fall behind in school	
44		you know. Cause then the teachers will start complaining	
45		that the Mohau kids don't do their homework and so forth.	
46		So we have to look to it that they do their homework	
47		properly and keep it up to date. They need love. And care. If	47.1 Need for love 47.2 Emotional needs
48		you have no love for these kids then you are not helping	
49		anything. Children are children. They are naughty, they'll be	
50		a … a… quarrelling and all that. But if you don't a … a … I	50. Inappropriate behaviour
51		mean if you don't correct that with love, it will be destructive	
52		to the kids. We have to love them first. That's basically … so	52. Need for love
53		that you can continue supporting them in all the different	53. Provision of support
54		needs that they have.	
55	Q	Ok. Yah that's very true, ne. Um, and then, if you think about	
56		these needs, that we just spoke about, what do you think,	
57		how do you think music therapy can help to meet these	
58		needs for the children?	
59	A	I think that the musical therapy helps mostly with their	

60 61 62 63 64 65 66 67 68		behavioural … problems. Especially those who are … um … very slow in their development, in their milestones. Because now with music therapy they are able to identify all this different instruments and then, what I observed with them, with music therapy, it also helps them, those who are slow in speech. You know, cause they want to imitate they want to sing, they want to imitate and you know say the words of the songs and at least, that you can see the progress that they're trying …	60. Behavioural problems addressed in music therapy 61. Developmental delay addressed in music therapy 62. Cognitive stimulation in music therapy 64. Stimulation of speech acquisition in music therapy 65. Music therapy provides musical enjoyment 66. Stimulation of speech acquisition in music therapy 68.1 Education through music
69	Q	Ok so you're definitely seeing the difference …?	
70 71 72 73 74 75 76	A	Yah, with the very slow … developmental stages. And ah ... what I've seen again is the ones that for instance a … Bobby who is now and again becoming aggressive, you know. But if you sing, then it quietens him down and at the end of the day he joins in he just continue singing "tu tu tu tu" imitated all that you know for, right through the day, so it also encourages him to sing …	70. Developmental delay addressed in music therapy 72. Aggression 73. Music has calming effect 75. Stimulation of speech acquisition in music therapy
77	Q	Yeah I've noticed with Bobby, his …	
78	A	Mm, he likes music. And I think that helps …	78. Music therapy provides musical enjoyment
79 80 81	Q	Ok, and then, what other activities, say than music therapy, but other activities are here for the children? Um, like any other activities that they take part in every day or …	 80. Multi disciplinary approach
82	A	Ok, uh … we have the pre-school that … they attend the	

83 84 85 86 87 88 89 90		pre-school here, where they're being helped in their motor – motor and physical co-ordination where at least it helps them that side. And then, the activities that they do here, I think, the play therapies, they play around and then, also uh … building blocks, you know, they play. They play with those because it helps them to … to … with their cognitive aspect. At least one day he'll be able to choose the blocks and building up and the numbers.	83. Motor skills development 86. Multi disciplinary approach 87. Provide therapeutic play
91	Q	And then OT, Physio …?	
92 93 94 95 96 97	A	We have the OT's, that takes them, also the very slow developmental ones, um … they go to OT, and those who are very slow in walking they'll also go to physiotherapy. And also the speech therapist they help us again, especially for those who are very slow in their speech. They will do speech therapy.	92.1 Multi disciplinary approach 94.1 Multi disciplinary approach 95. Multi disciplinary approach 96. Speech delay
98 99	Q	And there are quite a few of the children who struggles with speech?	 99. Speech delay
100	A	Yah.	
101 102 103 104 105	Q	Um, and then…, I think you did tell me in one of the questions, but what is, what involvement do you have in the daily routine of the children? Every day, um cause I know it's not just medical, um, … so do you observe them as well, you discuss them as well at the staff meetings, um … it's not	 103. Responsibility of nurse

106		purely medical, is it?	
107	A	No, no no no. It's not only medical as I've said it's a holistic	
108		approach that we … we we … care for them. Um … It's	108.1 Provide physical care 108.2 Provide emotional care
109		observing from the morning when you come in, in the	109. Observation of children
110		morning, greeting them, you have to observe them, if they	
111		do respond or not. Then perhaps checking their emotional	111. Observation of children
112		status again. Sometimes one is not well, if you come in then	112. Observation of children
113		they know that you greet them and they all come, you know	
114		that. They come with their hands up they want to give you a	
115		hug and then those who … do not come in, you will … check	
116		what is happening. Because you know them they all come	
117		when you come in and give you a hug and greet you and	
118		they run. But if that particular child, there's one who doesn't	
119		come in that day, it means there's something wrong we	
120		have to go deeper in that finding out what is the problem,	
121		why is it that he is not … uh … standing up. When we find	
122		that he is not well…, so you need to … uh … check and	
123		send to the doctor. You may find that maybe, one of them,	
124		… there has been a slap, [laughter] so he's been fighting so	124. Aggression
125		he does not feel like you know going up and all of that so we	
126		need to check on that. And then uh, also um … checking	
127		with the mothers if they had any problems during the night.	127. Observation of children
128		Sometimes, … when they cough, they don't cough much	

129 130 131 132 133		during the day. They cough more at night. That also will help you to say ok he's coughing at night then we have to report to the doctors but during the day he's not coughing, but at night there's a report that he's coughing or sweating. Sometimes they sweat a lot at night.	
134 135 136 137 138 139	Q	Oh ok. Um, … yeah but you said something now, um, you observe them. Now say if you observed someone was not feeling well, and it's no medical cause, there's something else, do you discuss it with one of the social workers or … or what's the steps then if you see it's not medical, but this child is still not …	135. Observation of children 137. Multi disciplinary teamwork
140 141 142 143 144 145 146 147 148 149 150 151	A	Not happy or … something like that. Yah. We have to discuss with the social workers. We first find out with the caregivers because they are much closer to the kids, just to find out exactly whether that is not a … a… sporadic thing, you know. You don't jump into conclusions, just find out: Has this been happening since … when? You know time, time, timeframe is the one that will guide you if there is really a problem. But sometimes you find that some of the things is just a momentary thing, just for that moment and then it passes and you don't have to worry about it. But if it's something that is serious which is happening, you know, maybe it's … even yesterday this happened, then you need	141. Multi disciplinary teamwork

152 153 154 155 156		to worry about that and you need to discuss with the social workers. And then you start observing continuously for a few reasons and then we'll give the necessary help. If we feel that he needs to be referred then he'll be referred to the physios or the psychologist or whoever. After discussion.	 153. Observation of children 155. Multi disciplinary teamwork
157 158 159 160 161	Q	Yah. Ok, Um, … and then, for for music therapy, you know the students come in every six months, and then we have to get new clients and everything. Um is it only the social workers who discuss who can come for music therapy or are you involved as well?	
162	A	I am involved. Mm	
163	Q	Is it. So you talk about the children …	
164 165	A	The children's progress, and who we think will benefit from …	
166 167 168 169	Q	Ok. So you are … and then … oh yes so that was my next question: are you involved in recommending people and then, when, what kind of behaviours or problems will make say you suggest somebody for music therapy?	
170 171 172 173	A	Um … as I've said the very slow … milestones, you know those who are very slow in their speech, who we think they need to be encouraged to speak, you know through music therapy. And those who are hyperactive …	170. Developmental delay referred for music therapy 171. Speech delay referred for music therapy 173. Referred due to inappropriate behaviour
174		[laughter]	

175	Q	Which you get a few here …	
176	A	Mm	
177	Q	And there's emotional problems …?	177. Emotional problems
178	A	There's also emotional problems yah, …	178. Emotional problems
179 180 181 182	Q	Ok. Is there anything else, that you think can help me … uh, like categorizing behaviours maybe or, is it more or less the same kind of slow development, aggression, withdrawal, is it basically those kind of things that …?	181.1 Developmental delay 181.2 Aggression 181.3 Referred due to withdrawal
183	A	Mm yah,	
184	Q	So there's not really other …	
185	A	… reasons that you could …	
186 187	Q	Like behaviours that you struggle with, a lot with the children?	
188 189 190	A	Uh … uh-uh, aggression, the really slow ones, … that's the criteria mostly that we use. Yah. But I can't remember if there's … no.	188.1 Aggression 188.2 Developmental delay
191		Closure	

APPENDIX XIII

CODING OF SEMI-STRUCTURED INTERVIEW 4: MUSIC THERAPIST

Codes: Q: Interviewer's Question
A: Respondent's answer

Warm up question and chat			
Line no	C	Main text	Codes
1	Q	Ok so first question: how long did you work at Mohau?	
2	A	2 ½ Years	
3	Q	That's student and working?	
4 5 6	A	Yah. Half a year in year one, first year, and then half and then a full year in second year, and then I stayed on at Mohau for a year thereafter, which finished 2006.	
7 8	Q	And then your roles and responsibilities as music therapist?	
9 10 11 12 13	A	Um, … it was quite interesting cause it was like a … um music therapist role, but also they used to consult with me quite a lot about what I thought about the children and … what I thought would be the best sort of route to go with that child, be it … to move to another orphanage or um …	10. Provision of music therapy 11. Multi disciplinary teamwork

14 15 16 17 18 19 20 21		to continue music therapy or … um how I think, how I thought the care workers were dealing with that child. Also um … sort of advice on things that the care workers do, like um … allowing Bobby to feed himself and not actually feed him. Even though it's messy and he's got it in his hands you know … so it was nice cause I felt part of the team. I wasn't like an outside music therapist that just came in. But pretty much it was music therapy.	
22 23	Q	Ok. Um and then … what do you think is the role of music therapy at Mohau?	
24 25 26 27 28 29 30 31 32 33 34 35 36	A	… um I think the role, it varies between group work obviously, between group work and individual work. I think group work, the main role was to take a small focus group of children to give them that attention, and to sort of stimulate um … acceptable social interaction, in an environment that was different to the playroom. Cause one of my big sort of … things that I saw there was in a playroom there's a lot of competition for toys, and even more so competition for attention. So … it's quite a um … a tough environment for those young children, where you might have 20 children in the playroom and four care workers. And they all want attention so they're always hanging on them and always sitting on their laps or crying;	25.1 Group music therapy 25.2 Individual music therapy 27.1 Need for attention addressed in music therapy 27.2 Stimulation of appropriate social behaviour in music therapy 29. Therapeutic space 31. Need for attention 34.1 Staff difficulties 35. Need for attention

37		snatching toys, so it was very much as a group to take a	
38		small group of children and give them play time and music	
39		time um … just so that they could have that sort of	39. Group music therapy provides musical enjoyment
40		attention and so that they could have that kind of	
41		stimulation which perhaps was lacking in the playroom.	41. Lack of stimulation in playroom
42		And on the individual level was also very much about	
43		giving them, individual attention but also then to raise that	43. Need for attention addressed in music therapy
44		individual's potential that, perhaps wouldn't be tapped if	44. Stimulation of individual potential in music therapy
45		they were just in the playroom. So I thought it very much	
46		like a whole … completely different environment, with	46. Therapeutic space
47		completely different activities, and um … yah just, just a	
48		different place for those children. And I also think that the	
49		role of music therapist there, although I tried to get it	
50		started but it didn't really pan out, was to do some work	50. Music therapy with staff
51		with the staff. Because there's a lot of dynamics that	
52		happen there between staff and management and	
53		between management and governing body, and you know	
54		you have this hierarchical order in the staff. And so to get	54. Staff politics
55		the staff together to do some music therapy, I started a	55. Music therapy with staff
56		drumming group with the staff during the lunch break. The	
57		problem with that is that their lunch break is very precious	
58		to them. Understandably because their days are so hectic.	58. Staff needs
59		The attendance wasn't great and then also it was quite a	

60 61 62 63		lot more work load for me and it just sort of … I don't think my energy was a hundred per cent in there and they weren't all that keen to come together and play. So yah, it's multi-faceted really.	
64 65 66 67 68 69 70	Q	It's interesting that you mention the staff because when I did the interviews with the social workers and with the care workers, both groups mentioned, and a large part of the interview, after I've talked about the kids, were about how difficult it is for them, and the different things and how it drains them, and they kept on talking and talking about how … how it affects them, working with these children.	68. Staff needs 69. Staff difficulties
71 72 73 74 75 76 77 78 79 80 81 82	A	Mm. And this year, I mean, I've had some conversations there Tiekie and the management there because … what's happened is that they got a primary school teacher in there now. So she takes quite a large group of children. So for the staff members to fill their day, management gave them other tasks, but it was tasks like cleaning, and moving stuff around. And they were like, well this isn't our job. And that caused huge issues and problems there. So they wanted me to go in and do some drumming with them which I'm still waiting to find out, sort of dates and that. Just because the staff is very fragmented and fractured and there's lots of sort of undercurrents between various	75. Staff difficulties 76. Staff difficulties 77. Staff politics 79. Music therapy with staff 81. Staff politics

83		staff members. And I also think that financially, you know a	
84		lot of things come down to finances, that there wasn't a lot	84. Staff difficulties
85		of money for bonuses. So they were not happy with that	85. Staff difficulties
86		there, the increase or the bonus. And it's a stressful job. I	86. Staff politics
87		think, going back to the role of the music therapist, one of	
88		the other things that management has often asked me	
89		was, <u>what sort of things can I show the staff members to</u>	89. Staff empowerment through music therapy
90		<u>do in the playroom</u>. So I did one or two talks on structured	
91		games, structured activities rather than just having the	
92		kids running around in the morning and playing and	
93		throwing stuff around and the staff are sort of sitting there	
94		with kids on them, for them to actually run, sort of relay	
95		races in the playroom or bouncing balls to each other and	
96		um … so to try and empower them with some ideas of	
97		games and skills that they could actually use in the	
98		playroom. So yah as a music therapist I felt also there was	
99		a lot of a consultation role. Yah.	99. Multi disciplinary teamwork
100	Q	Yah it's interesting about the staff cause it brings a whole	
101		different dynamic into it.	
102	A	Mm. And more often than not you need to be very aware	
103		of the staff. And I saw in a lot of institutions or wherever	
104		we worked, that would be um… at times more beneficial	
105		than working with the children because what happens is it	105. Music therapy with staff

106 107 108 109 110 111 112 113 114 115 116 117 118 119		becomes more sustainable. If you can work with a staff group and get a staff group, you know jelling and working well together and then empower them with games and activities. Even certain songs, and movement songs, and … some very basic sort of ideas on how they should sing the songs. Sing the songs with the children; not to the children. That's the whole thing I see there: they sing songs to, not with. Cause then what happens is when music therapists aren't there, or when the students start and there's a gap between the next students or should music therapy not be at the institution anymore then at least there's some principles that sort of continue. And I think they are looking at doing it [courses for staff] [drumming with schools][training].	106. Staff empowerment through music therapy 114. Staff empowerment through music therapy
120 121 122	Q	You've touched on it when you talked about … um the … what music therapy does at Mohau but what do you, … see or think is the main needs of these kids?	
123 124 125 126	A	Appropriate stimulation. By appropriate … sort of referring more to appropriate social behaviour, um … yah. Social behaviour, group dynamics, being able to share, being able to play together, um just repeat the question?	123. Need for stimulation 124. Social education need
127	Q	What do you see as the main needs …?	
128	A	And again, going back to what I said earlier, the individual	

129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146		attention. Because you know you can imagine a child takes a lot of attention. And that playroom is just, you know that can be hell on earth. Especially for a child. If you listen to the volume levels there, and the amount of crying and screaming and, any stranger walks in and those kids … think about attachment theory, they're hanging on their legs now for, a child that's two years old, now for a normal child, normal by you know, a child that's got mom and dad and maybe one or two siblings, they wouldn't walk up to a completely stranger. So there's a lot of need for attention. And, you know I strongly believe that to take them out of that playroom and put them into … a different environment gives them a different experience of themselves, gives them a different experience of their siblings (cause essentially they are siblings, they're a family of circumstance) and … um just allows them to be with others and to be with themselves but in a completely um … different environment.	129. Need for attention 131. Negative playroom environment 134. Need for attachment 139. Need for attention 141.1 Therapeutic space 141.2 Different experience of self and other
147 148 149	Q	Ok. And then, when you worked there, the process when the clients or the children were identified for music therapy, how they were referred. How did that go about?	
150 151	A	Well if I think about some of the children that I worked with, for example um … when Bobby was referred to me	

152		was because he loved music. He always sang, he's very	152. Referred due to musical behaviour
153		rhythmical, so he's very musical. And also, he, when he	153. Referred due to musical enjoyment
154		gets that attention then his self-harming behaviour actually	154. Behavioural problems addressed in music therapy
155		diminishes a lot and his behaviour becomes a lot more	
156		manageable. Um … I mean I remember I had a break for	
157		two months and I came back after two months and they	
158		were just pulling their hair out. Because, and they put it	
159		down to the fact that he wasn't getting that individual	
160		attention. So he needed individual attention, and also he	160. Need for attention
161		was very musical. And then some of the other children that	161. Referred due to musical behaviour
162		were referred to me… um … they were very new to	162. New admissions referred
163		Mohau. So they were very withdrawn and they were quiet	163. Referred due to withdrawal
164		and would stick to themselves because it's you know ... I	
165		mean the one little girl, you know all of a sudden, she's	
166		been living with mom and dad her whole life and boom!	
167		They're gone, and her whole reality is completely shifted.	
168		So she just went into shutdown. Flat affect, completely	168. Referred due to emotional problems
169		non-responsive, withdrawn, and so, those referrals, you	
170		know, just to start to have some individual time with	
171		somebody that works there, and to really just get them to	
172		come out of their shell a little bit and experience um .. you	
173		know playing on instruments and really just extending and	
174		drawing them out of this … sort of complete withdrawal.	

175		And what I did with the one child that, this was the case, is	
176		after a couple of sessions, then I introduced another child	176. Stimulation of social interaction in music therapy
177		that she spent a lot of time with in the playroom. And then	
178		we did that, and then introduced another two children. So	
179		slowly build up the group in a safe environment, safer	
180		focused environment so she would be a little bit more at	180. Therapeutic space
181		ease in the playroom. I keep on going, talking about the	
182		playroom cause I think, you know that's one of the main	
183		focus areas of that place. And that's where they are and	
184		sometimes that's just chaos. So, … and then the groups,	184. Groups referred due to age ranges
185		sometimes it was just like ok this child … you take that	
186		that that that that one, and we looked at the age range,	
187		and because they haven't done music therapy in six	187. Groups referred to give all children an opportunity
188		months. So it was just to give them a chance really. You	
189		know it wasn't any specific referral criteria or reason it was	189. No reason for referral
190		just really to give them a chance. So I think those … cause	
191		they're not using a referral list. No they're not using one.	
192		So … I'm just thinking you know when you write your	
193		reports, you have "reasons for referral" and sometimes I'd	
194		be like: "well, I don't really know why they were referred".	
195		You know I'm not a hundred per cent sure why this child,	
196		you know, no reason was given for referral. So, you know	196. No reason for referral
197		thinking along those lines, and also the need for	

198		appropriate social interaction. Because if you think these	198. Referred due to need for social interaction
199		children are now, three, some of them are three years old,	
200		ok, and they are behaving like this, what are they going to	
201		be like when they are sixteen? So you need this early	
202		intervention and already it's kind of, almost too late. Those	
203		first few formative years. You know they say if you don't	
204		want a child to display certain behaviours when they're six,	
205		you must stop that behaviour when they are eight and nine	
206		months. Like pulling hair or pulling ears or punching or	206. Aggression
207		biting, um … so those sort of … inappropriate social	207. Inappropriate social behaviour
208		behaviour um … and I'm thinking about … um … Pete, he	
209		battled in the playroom: lots of snatching lots of hitting.	209. Aggression
210		Again, started off with individual sessions, so the two of us	210. Stimulation of appropriate social behaviour in music therapy
211		were sharing, and then introduced one more child, and	
212		then introduced a couple more children. And I think	
213		especially those environments to build into group work, is	213. Group music therapy
214		very very positive, very powerful. And you also have these	
215		little clicks of children. So if there's one child that is the	
216		same age group, and then, you have individual sessions	
217		with them and then start to introduce other children. You	
218		can really draw them into that group. Of course one of the	
219		things you need to be aware of, is that if you work	219. Need for attention
220		individually with a child, then it's your special time. And as	

221 222 223 224 225 226 227		soon as you introduce other children, you can make that inappropriate social behaviour worse, because they feel precious about their session, and now all of a sudden have to share you. But if you can overcome that problem with sharing, then you're on your way to sort of … appropriate social behaviour. [individual towards group while training] [observation in playroom].	224. Difficulty in sharing 225. Stimulation of appropriate social behaviour in music therapy
228 229 230 231 232 233 234 235 236 237 238 239	A	Yah because there's not really a referral criteria at all. I get it a lot from parents: Ooh I want my child to come to music because they *love* music! They love music. And I often get parents going: Well, he can carry on with music therapy as long as he enjoys it. As soon as he doesn't like it then I'm going to stop music therapy. And you kind of think, well, there's gonna be times when it's not gonna be fun for them. Otherwise the music therapy, therapy side of it, then it's music activities. The therapy side of it is not going to move forward and sometimes therapy is not fun. You know, sometimes it's not always … a walk in the park. [Busy children with all therapies].	228. No referral criteria 229. Referred due to musical behaviour 230. Referred due to musical enjoyment
240 241 242 243	Q	And that's also why I wanted to do this, because at so many institutions: No he's quite musical, he can go. And that's why I wanted to do this one. Because there's so many valid reasons except from "he likes to sing or he's	

244		musical" and, you get that so much.	
245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262	A	Yah and you think kind of well, if you wanna raise a child's potential, and to improve his self-esteem and to … possibly … raise abilities that are dormant, if you think about the music child, in fact that in essence everybody is musical … and you want to take children that are not necessarily musical. Because then, if you get them into, you know sort of mutual playing and if you playing with them and you're creating this nice music that is going to be so powerful for that child. Cause that child is going to think "Hey I'm playing music with this person and it's cool music". Whereas a lot of the children that are musical or like music, they want to sing Old McDonald, If you're happy and you know it … And they don't necessarily, they like listening to music, but that doesn't necessarily mean that they're very good at playing music. And even saying "very good" is dangerous because you know … we don't have to work with children that can play music. [parents worried about abilities to do music therapy].	246.1 Stimulation of individual potential in music therapy 246.2 Music therapy increase self-esteem 248. Music child 250. Play in music therapy 252. Creative experience in music therapy
263 264 265	Q	I think this links again, but the most prominent reasons while you were there, the most prominent referrals you got, reasons why the children came to music therapy …?	
266	A	Probably the most prominent one was because Oh this	

267 268 269 270 271 272 273		child likes music, and this child likes to move and to dance. You know, that's probably the most … that and … children that were socially withdrawn, that were new to Mohau, that were … that were very new to Mohau. I think those are probably the two prominent reasons … [files]. But I think yah, withdrawn, and because … they like music.	267. Referred due to musical enjoyment 269. Referred due to withdrawal 270. New admissions referred 272. Referred due to withdrawal 273. Referred due to musical enjoyment
274 275 276 277	Q	You see that's the thing there's not really concrete items you can say ok this child is like this and this and this so, you know, that kind of thing. And that's why I'm looking for in this.	 275. No reason for referral
278 279 280 281 282 283 284 285 286 287 288 289	A	Yah I mean, … one of the … one of the … outcomes that … or the aims and goals that I use a lot especially in schools, is to stimulate gross and fine motor skills, and I wish I had more … occupational therapy understanding to stimulate, you know fine motor skills, and gross motor skills, and crossing the midline, playing on that drum and playing on that drum: right drum with left hand, left drum with right hand. Um, and so it's gross and fine motor skills, listening skills, concentration, central auditory processing skills. Um because those are, you know when I go into a school and I want to do a drumming circle or something there, they want, ok, "what are you going to be covering"?	 280. Stimulation of motor skills 281. Multi disciplinary approach

290 291 292 293 294 295 296 297		They want, *they* want concrete things. So for me to say ok cool, because once you say, well you know, raising self esteem and improving class dynamics and providing self-affirmation, and they kind of go: Yeah, so…? But then you say: you know, concentration, listening skills, gross and fine motor skills, then it's something they can concretely like, *tick*, ok cool you're doing that. You know and we're doing sort of, those kind of things.	292.1 Music therapy increase self-esteem 292.2 Stimulation of appropriate social behaviour in music therapy 294. Stimulation of motor skills
298	Q	Ok. And it makes sense, for them yah.	298.1 Referral criteria clarifies music therapy process
299 300 301 302 303 304 305 306 307 308 309 310 311 312	A	Yah. And … and, yah, through that you know, stimulating movement, a lot of children. [Work with cerebral palsy boy] And sometimes we can't talk about it. Because it's this spark, this magic that happens when you're playing music together. But then the world, being in a very medical model, and very outcomes based, goes: ok so what are you doing? So what do you say. You're making music. And I mean I felt that before, I mean I remember, I had one session, um, with Bobby and the fact that I still remember it today, is testament to how powerful our music-making was after that, um … how powerful our music-making was during that session. I finished that session and I was on a buzz for two weeks. It was just so great, the music that we made. And I just … I said to a	301. Music therapist's dilemma 302. Positive experience in music 303. Need for relationship addressed in music therapy 309. Music is powerful experience 312. Positive experience in music

313 314 315 316 317 318		couple of people and I thought to myself, if I'm feeling like this, then without a doubt, on some level, he's also feeling like this. And I mean I feel it when I, you know when I play music with musicians, when you're creating something which is just awesome. That's, that's wow – and it sticks with you for days. So how do I explain it.	
319 320	Q	I was just going to say you can't tell anyone how did it make you feel it's just …	
321 322 323 324 325 326 327 328 329 330 331 332	A	No, and I think especially you know that's why you do so much you know you check yourself and you check your feelings. And I knew that what we did there was power. And if I was feeling so buzzed and … and … so … amazed by what we did, then without a doubt he's feeling that. Which is good for self-esteem, self-affirmation, connections, personal connections, creativity, coming from … a healthy place, your creative place, but he can't explain that. He can't talk about that. So, how do we then explain it. And when you're trying to create business, and get groups, … get groups going, try and explain this to … a principal of a school.	323. Positive experience in music 326.1 Interpersonal experience ; 326.2 Intrapersonal experience; 326.3 Music therapy increase self-esteem; 328.1 Creativity stimulation in music therapy ; 327.2 Music child
333 334 335	Q	Just take him for a session! [laughter]. Just to go on with that, I was going to ask you how you saw were the referrals, for … and my second question is how did the	

336 337 338		referrals inform your aims, but if there weren't really … did it have a lot of impact on how you worked with the children? These referrals.	
339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358	A	No not really. Not really. The … I mean the … the referral … you know, are … a child that's withdrawn. Then I kind of know, ok, … so this child is withdrawn; high levels of anxiety, um … so I need to be very … delicate with the music, draw them in slowly into the interaction, but then also go and observe them in the playroom. And I suppose *that* referral out of all of them, was the one that I would um … refer to the referral, most about my goals and aims. Because mostly you know they enjoy music. Ok. It can help you. It might help you to think ok, what, you know maybe we can bring in some pre-recorded music cause they like that. And that as a platform to start from. Rather than jumping into creating music if they like listening and dancing to movement, let's start there, where they are, rather than now giving them a drum and they've never played a drum before but they like music. So and then maybe introducing instruments *with* pre-recorded music. But more often that not … it … I would work, … work with a child for say four sessions before even putting down aims and goals. Get to know the child a bit. And I think …	340. Referred due to withdrawal 342. Limitation of referral 344. Limitation of referral 347. Music therapy provides musical enjoyment 355. Music therapy assessment 356. Limitation of referral

359 360 361		there's a lot to be said ... working … from your goals and aims that you have … seen … you know, things that you've seen in previous sessions, say four sessions…	
362	Q	That you didn't get from say the referral…	
363 364 365 366 367 368 369 370 371 372 373	A	Yah. Yah. Cause I'm thinking also about diagnoses. [WSK client]. If I read the file after four sessions and I was thinking: is this the same person? Now if I had read that, would I have taken that into the session? Would I have been a little bit apprehensive and maybe on guard waiting for her to throw a chair around the room? Whereas working from a completely clean slate not knowing the diagnosis, or perhaps not knowing the referral, then you work with exactly what that person can offer. Not what you perceive for that person. You work with their ability. Not their inability.	370. Limitation of referral 372. Music child
374 375 376 377 378	Q	So, …am I right if I asked you do you doubt sometimes the usefulness of the criteria? I suppose sometimes it's necessary if someone has really a … big problem that he displays and they say ok this kid is really … but then other times it might be less useful?	376. Limitation of referral
379 380 381	A	I think as long as you are aware of that, you are aware of … if you get the diagnosis, or you get … um …oh this child can do this but can't really do that, so if you are	380. Limitation of referrals

382		aware of that, but then you're also aware that you mustn't	
383		work according to that. That you must work *with* the child,	383. Music therapy assessment
384		but bearing that, the diagnosis in mind. Because	
385		sometimes it is quite important to know a diagnosis.	
386		Because that child might … know … little or limited	386. Diagnosis informs music therapy process
387		understanding of instructions. And you don't know that. So	
388		you spend three sessions explaining things to this child.	
389		And this child is looking at you. You know, so to know it is	
390		important, but to work solely from that, is dangerous. But I	
391		think … it's about the individual and about what that	
392		individual can bring to the session. [WSK Client].	
393	Q	[My WSK client].	
394	A	[Special needs girl]. … I was saying to the dad, I want to	
395		work with her, not with the diagnosis… I just wanna know	
396		what she can do, and then raise that potential, rather than	396. Stimulation of individual potential in music therapy
397		working with the diagnosis. So going back to referral	
398		criteria, I think … it's yah … it is important, but it's not	398. Limitation of referral
399		necessarily a … um … foundation to build goals and aims.	
400		I would take a referral, read the referral … and then …	
401		have a couple of sessions, and then using what I've seen	
402		in those sessions plus the referral and start looking at	402. Limitation of referral
403		goals and aims, and the way to move forward. I think the	
404		good thing of the referral form is for those people that are	

405 406 407 408 409 410 411 412 413		referring. It might give them a little bit more of an idea about what music therapy can achieve and what music therapy can do. Cause you might have something on there for example: Does this child have poor fine motor skills? They might go: You know what, this child does have poor fine motor skills but I never really thought that music therapy are working with that. So yah, ok, cool I'll put that on the referral form. So it might be for them a little bit more of an insight …	405. Referral informs staff
414 415 416 417 418 419 420 421 422 423	Q	Yah and you know it's good that you raise this because um … with everyone I interviewed their um … one group stated that with the deep problems, they send to psychologists and psychiatrists but with the more day to day problems, it goes to music therapy. And the other one is, the other group said that … uh… yeah they, they don't send to music therapy but their opinion is, um …, they like to imitate what we teach them in music therapy, you know that kind of … so there's a lot more that music therapy can do, they don't maybe realize.	
424 425 426 427	A	Mm. Yah. Cause if you think along the lines now say, … for example in my write-up, you know that with music therapy … work with physically, mentally or emotionally disabled individuals. And physically disabled, people	427. Physical disability addressed in music therapy

428		understand that term. Mentally disabled, people	428. Mental disability addressed in music therapy
429		understand that term. But when you say emotionally	429. Emotional disability addressed in music therapy
430		disabled, then they kind of think … ah … ok … now that's	
431		one way of looking at it. That this person is going through	
432		trauma, so emotionally they are disabled at the moment.	
433		Because they might not be as patient, or they might be	
434		bursting into tears and whatever, which is emotionally not	
435		stable, so when you say physically, mentally and	
436		emotionally disabled. So it would be quite nice to maybe,	
437		with the criteria, have, now I'm just thinking if you had	
438		different um … main … main titles and then underneath	
439		that, different … yah … Cause we work with physical, to	439. Stimulation of movement in music therapy
440		stimulate movement, gross and fine motor skills, um …	440. Stimulation of motor skills
441		high – low, you know that's even language that's	
442		understandable. Um … and then you work with mentally	
443		disabled, which I think would be for me, at the top of my	
444		head I'm thinking like self-esteem, raising self-awareness,	444.1 Mental disability addressed in music therapy 444.2 Music therapy
445		affirmation, um … to be part of an interaction. And then	increase self-esteem 444.3 intra-personal experience 444.4 Stimulation of
446			appropriate social behaviour in music therapy
447		emotionally disabled, your cathartic sort of reasons. To be	446.1 Emotional disability addressed in music therapy 446.2 Creativity
448		able to just be … and play music and perhaps forget about	stimulation in music therapy 446.3 Positive experience in music
		your worries a little bit…	
449	Q	Go on, because my next two questions links with that what	

450 451 452 453 454 455 456		you now said “It would be a nice idea”, the first one, if you had the opportunity what kind of system would you prefer to use, if you, if you work there again in order to obtain these referrals. And then the other question, what items or ideas do you think would be useful to include? This … three-section thing is a nice idea because it categorize it understandably.	
457	A	Yah…	
458	Q	If you would like to ‘unpack’ that …	
459 460 461 462 463 464 465 466 467 468 469 470 471 472	A	Unpack that! I haven’t heard that for a while. Unpack that! [Laughter]. Maybe if you, I mean you could even do something on a sliding scale, like a scale of five, so you say: You have your criteria and you have “poor social behaviour”. One is poor and five is they can socially interact without any sort of issues. And then you start working on a … if you had to choose children, you know if they do a form per child then you can, then you’re working now on points. And they can choose somebody. You know they can say well, this child has got poor to mild … um appropriate social behaviour. And even if you do … working with groups, then you can take those children that scored between a one and a three. You know, or you take those children that score a one and a two and eventually	461. Assessment rating 465. Refer on basis of assessment outcome 467. Assessment rating 468. Assessment rating 471. Groups: refer children in same range of assessment

473		join them with kids that are scoring four and fives. So, and	
474		also I think for people, people like numbers. People like	
475		points. People like to see a 9.7 out of ten. Now I know it's	475. Assessment rating
476		its .. I think it's concrete rather than having a list: Does this	
477		child display inappropriate social behaviour? Yes. But your	
478		understanding of inappropriate social behaviour might be	
479		different than mine. So, that might be something which	
480		could be quite useful, is to have a sliding scale from poor,	480. Assessment rating
481		moderate, good, you just have to be very careful what	
482		each criteria is … yah. [Read about scaling system]. And	
483		sometimes it's better to have it out of four, cause when	483. Assessment rating
484		you have it out of five, then you've got a medium in the	
485		middle, so people can just go: Yah {ticking everything in	
486		the middle}. [Sometimes people just tick]. So maybe poor,	486. Assessment rating
487		moderate, good, very good. And then you have, you know	
488		if you had physical, mental and emotional, and under that	488. Assessment headings
489		you have your sub-categories on a sliding scale. I think for	489. Assessment rating
490		me, if I had to get a referral form like that, it would be more	
491		beneficial than having a "tick-form". Yah, because then	
492		you, instead of: Yes they've got inappropriate social	
493		behaviour, you can say Yes they've got inappropriate	
494		social behaviour and it's *poor*. Or, yes they have um …	
495		and you can even on there, music enjoyment: do they like	495. Assessment headings

496		movement, listening to music? Do they like making music?	
497	Q	Oh that's going to give you an idea of how to start …	
498	A	That's gonna give you an idea. How … how much listening	
499		to music do they … is there listening to music? See the	499. Assessment headings
500		problem is there if you say "poor" that immediately you	
501		think they've got poor listening skills. So there you'd have	
502		to be very careful on what your scaling is. I think that that	
503		would be yah … you have a form, you have your	
504		categories, music enjoyment, or musicality [laughter].	
505		[Music therapist's referral form].What sort of songs, or is	
506		there a specific CD that they like listening to. Like: Do they	
507		love singing Barney songs? That always gives you a nice	
508		platform to start at. So I would definitely have a form but	
509		then also have a place for "other comments". [Child likes	509. Assessment headings
510		music] [Therapist's referral form]. Oh other therapies as	510. Assessment headings
511		well. This may be helpful even at Mohau. They will just	
512		enrich your work, if you've got all that kind of information.	
513		[Therapist's referral form]. [Look at file]. Ah you see here	
514		I've got *communication, behaviour, general*. Poor	514. Assessment headings
515		concentration, struggles with fine motor skills, rigid and	515.1 Developmental delay referred for music therapy 515.2 Referred due
516		limited play, little interest or curiosity … little understanding	to need for social interaction 515.3 Referred due to aggression
517		of verbal language … repetitive behaviour … social skills,	
518		aggressive towards peers.	

519 520 521 522 523 524 525		Maybe you can even have a category called Socially disabled as well. And then in there you have communication, and behaviour as sub-categories in there. Because if somebody's socially disabled, you know, they can't function properly in a social environment. They might be aggressive or they might be withdrawn. You know …	522.1 Social disability addressed in music therapy 522.2 Stimulation of communication in music therapy 522.3 Stimulation of appropriate social behaviour in music therapy 522.4 Aggression addressed in music therapy 522.5 Withdrawal addressed in music therapy

Closing chat.

APPENDIX XIIII

REFERRAL CRITERIA FORM

REFERRAL CRITERIA FOR MUSIC THERAPY AT THE MOHAU CENTRE

♫ ♪ ♫ ♪ ♫

1. Does the child display one or more of the following behaviours? (Please tick)

Aggression	Yes	No
Withdrawal	Yes	No
Distraction	Yes	No
Irritability	Yes	No
Uncontrollable behaviour	Yes	No
Unco-operative behaviour	Yes	No
Attention-seeking behaviour	Yes	No
Disrespect	Yes	No
Inappropriate sexual behaviour	Yes	No

2. Please provide a rating based on the child's social behaviour

1. Very poor 2. Poor 3. Good 4. Very good

Social skills *(include greetings, sharing, negotiating, turn-taking)*	☐
Social interaction *(for example, interaction with peers)*	☐
Adjustment *(ability to adjust to new surroundings and situations)*	☐
Communication *(with staff, peers and visitors)*	☐

3. Does the child display physical difficulties? Yes No

(Include difficulty in movement; fine and gross motor skills difficulties)

If yes, please specify ……

……

……..

……..

4. Does the child suffer from one or more of the following? (Please tick)

Developmental delay *(age-related milestones not reached)* Yes No

Speech delay *(age-related speech acquisition not reached)* Yes No

Attention and concentration difficulties Yes No

Other (if yes, please specify) Yes No

……..

……..

……..

5. Please provide a rating based on the importance of the following items regarding the child's emotional status

1. Very important 2. Important 3. Not an immediate priority

Need for relationship with another person ☐

Need for security ☐

Need for love and / or attention ☐

6. General

When was the child admitted to Mohau? ……..

Would the child benefit from the following: Play Yes No

Creative experiences Yes No

Does the child enjoy music Yes No

(If yes, please specify: singing; instrument playing; listening; dancing / moving; other)

……..

……..

……..

……..

……..

Any other comments or disturbing behaviours displayed by the child, please specify

……..

……..

……..

……..

……..

……..