UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
University of Pretoria etd – Theron, T (2005)

Music Therapy in South Africa: Music therapists' perceptions of training needs for current practice.

By

Talita Theron

99108934

Submitted in partial fulfilment of the requirements for the Degree of M.Mus (Music Therapy)
in the Faculty of Humanities,
University of Pretoria
PRETORIA

Supervisor: Ms C. Lotter
Co-supervisor: Prof. M. Pavlicevic

March 2006

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
University of Pretoria etd – Theron, T (2005)

ABSTRACT

This dissertation outlines the music therapists' perceptions of training needs for current practice in South Africa. The purpose of my research is to construct a profile of music therapy graduates from the University of Pretoria who are currently practising in South Africa and to find how they perceive the MMus (Music Therapy) training programme in terms of their currents needs in practice, as well as their suggestions in terms of the adaptation of the training programme. The study is conducted within the qualitative and quantitative research paradigm, using questionnaires as data collection method, that were sent out to music therapists that graduated from the University of Pretoria. The survey collected data on the demographics and personal details of the respondents, their professional training and practice trends and their views of the fit between the training programme and practice needs, and suggestions as to where adaptations to the training programme might need to be made, based on their practice experience. Training in business skills and marketing together with additional information on client groups, contexts and the development of clinical and practical skills were identified as perceived needs in their practices. These correlated with the suggestions made for adaptation of the training programme.

KEYWORDS:
Adaptation, Business skills, Client groups, Clinical and practical skills, Contexts, Demographics, Music Therapists, M.Mus (Music Therapy), Perceptions, Personal details, Practice Trends, Professional training, Suggestions, Training Needs, Training Programme

ACKNOWLEDGEMENTS

I would like to thank the following:

Mercédès and Carol for your support, concern, guidance, motivation, and insight.

All the lectures at the Music Therapy Unit.

My fellow students – you are amazing people. I will remember you forever!

My friends for your support, prayers, positivism and encouragement.

My family - Mom, Dad, Elize and Thomas for your unconditional love, support, prayers and faith in me.

Morné for your love, patience, support and motivation. You have been such a blessing to me.

God, to You all the glory and praise!

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
University of Pretoria etd – Theron, T (2005)

TABLE OF CONTENTS

CHAPTER 1: BACKGROUND AND CONTEXT

1.1. Introduction 1
1.2. Music therapy as an emerging profession 1
1.3. Motivation for undertaking this study 2
1.4. Conclusion 2

CHAPTER 2: LITERATURE SEARCH

2.1. Introduction 3
2.2. Literature on music therapy research 3
2.3. The music therapy profession in South Africa 6
2.4. Conclusion 7

CHAPTER 3: RESEARCH METHODOLOGY

3.1. Introduction 9
3.2. Research paradigms 9
3.3. The Questionnaire design: Data collection 9
3.3.1. Quantitative research 10
3.3.2. Qualitative research 11
3.3.3. Ethical considerations 11
3.4. Data preparation and analysis 12
3.5. Conclusion 12

CHAPTER 4: DATA ANAYLIS

4.1. Introduction 13
4.2. Questionnaire 13
4.2.1. Description of questionnaire 13
4.3. Quantitative data 15
4.3.1. Section A: Demographics 15
4.3.1.1. Question 1 15
4.4. Qualitative data 18
4.4.1. Section B 18
4.4.1.1. Question 2 18
4.5. Quantitative data 20
4.5.1. Section B 20
4.5.1.1. Question 3a 20
4.5.1.2. Question 3b 23
4.5.1.3. Question 3c 27
4.5.1.4. Question 4a 27
4.5.1.5. Question 4b 28
4.6. Qualitative data 28
4.6.1. Section C 28
4.6.1.1. Question 5 29
4.6.1.2. Question 6 30
4.6.1.3. Question 7 32
4.6.1.4. Question 8 33
4.6.1.5. Data analysis of question 5 and 8 36
4.6.1.6. Data analysis of question 6 and 7 38
4.6.1.7. Data analysis of question 8 39
4.7 Conclusion 39

CHAPTER 5: DISCUSSION

5.1. Introduction 40
5.2. Research Question 1 40
5.2.1. Demographic data and personal details of the respondents 40
5.2.2. Practice trends 41
5.2.3. The perceived needs in the respondents' practices 42
5.2.4. Respondents' perceptions of training 43
5.3. Research Question 2 44
5.4. Conclusion 46

CHAPTER 6: CONCLUSION

6.1. Researcher's perceptions 47
6.2. Limitations of the study 47
6.3. Conclusion 48

BIBLIOGRAPHY

APPENDICES

Appendix I Letter of consent
Appendix II Questionnaire
Appendix III Questionnaires data generation

FIGURES

4.1.	Ages of respondents at graduation	15
4.2.	Home bases during and after training	16
4.3.	Marital status during and after training	16
4.4.	Chart of qualifications prior to M.Mus (Music Therapy)	17
4.5.	The respondents' experiences of the application and selection procedures	19
4.6.	Proportion of week doing music therapy work for each year after training	21
4.7.	Proportion of week currently devoted to practicing music therapy	22
4.8.	Multi-disciplinary team members with whom music therapists work	25

TABLES

4.1.	Questionnaire data sections	14
4.2.	Qualifications prior to M.Mus (Music Therapy)	17
4.3.	Experiences of the application and section procedures	19
4.4.	Average weekly time spent practicing music therapy each year after training (number of respondents)	21
4.5.	Proportion of week devoted to music therapy and other work by number of respondents	22
4.6.	Client groups and age groups	23
4.7.	Client groups and contexts (checklist)	24
4.8.	Contexts and sectors	24
4.9.	Disciplines on multi-disciplinary teams	25
4.10.	Remuneration of respondents' work	26
4.11.	Current non-clinical music therapy work	27
4.12.	Number of reasons given for doing other work	28
4.13.	Additional courses undertaken	31
4.14.	Example of data analysis, question 5	36

CHAPTER 1

BACKGROUND AND CONTEXT

1.1. INTRODUCTION

The M.Mus (Music Therapy) training course at the University of Pretoria has been in existence since February 1999. This is the first music therapy training course in South Africa to be approved by the Health Professionals Council of South Africa (the former SA Medical and Dental Council). The course is based on a combination of music therapy training curricula in the United Kingdom, (Nordoff-Robbins in London, the Association of Professional Music Therapists Guidelines or APMT) and the United States, (the University of Texas in Austin) and is the first course in any of the art therapies (i.e. art, drama, dance movement and music therapy) to be recognised for registration by the Health Professionals Council of South Africa (HPCSA).

Three groups of M.Mus (Music Therapy) students have already graduated from the University of Pretoria (UP), with the 4th group graduating in 2006. This means that music therapists, having graduated from UP, have been practicing in the field for between 1 and 5 years.

1.2. MUSIC THERAPY AS AN EMERGING PROFESSION

It is clear that music therapy is an emerging profession in South Africa. This project will aim to construct a profile of music therapy graduates from the University of Pretoria who are currently practising in South Africa. These music therapists will be invited to comment on their experience of the fit between the training programme and practice needs. They will also be asked to suggest where adaptations to the training programme might need to be made, based on their experiences in practice.

Although the M.Mus (Music Therapy) training programme has been approved by the HPCSA, I believe that it is still of vital importance continually to evaluate the music

therapy profession and its ongoing engagement with social, educational and economical developments and needs in South Africa.

1.3. MOTIVATION FOR UNDERTAKING THIS STUDY

Given that I am part of the fourth group of music therapists in training and on the verge of entering the field of practice, it may seem premature to be concerned with evaluating the training and practice. However, what one needs to take into account is that music therapy is not yet an established profession in South Africa. This is, therefore, the motivation behind this study: to investigate whether the training meets the demands in practice and to contribute towards the growth of the music therapy profession.

1.4. CONCLUSION

It is hoped that this study will contribute to the ongoing establishment and growth of music therapy as a profession in South Africa and might so make valuable suggestions for possible adaptations that need to be made to the training programme. The study will form a basis for future research and assessment of the M.Mus (Music Therapy) training course at the University of Pretoria.

With the above in mind I conclude by stating my aim and research questions.

Aim

To construct a profile of music therapy graduates from the University of Pretoria who are currently practising in South Africa.

Research questions

1. How do Music Therapists in South Africa perceive the M.Mus (Music Therapy) training at the University of Pretoria in terms of their current needs in practice?

2. What suggestions do Music Therapists have in terms of the adaptation of the training programme?

CHAPTER 2

LITERATURE SEARCH

2.1. INTRODUCTION

Since music therapy is an emerging profession, and in its infancy, no studies have been conducted about music therapy in South Africa. In this chapter I will discuss some of the studies done in other countries on this subject.

2.2. LITERATURE ON MUSIC THERAPY RESEARCH

Apart from a small number of studies based in countries where music therapy is well established, (e.g. the UK and the US), very little has been written that is useful for the purposes of this study. Stewart's study (2000) aims to find a broader perspective on the status of the United Kingdom music therapy profession. He felt that literature on this topic did not represent the 'whole picture'. "The survey gathered data on the personal qualities used in practice, working models, support networks and job satisfaction among UK music therapists. A statistically significant correlation was established between the level of professional support experienced and job satisfaction" (Stewart 2000:13). This correlation was revealed in similar identified categories that the respondents thought would have an influence on an improved experience of professional support and on what would help them towards job satisfaction. Among the categories: peer contact, personal or professional development and organisational contexts; peer contact was the predominant influential category in his study. This therefore, indirectly indicates music therapists' need for peer contact. Thus, the needs of the music therapists should be considered, together with those of the public and clients as it was discussed in Toppozada's (1995) study.

Toppozada (1995) in the United States, states that the field of music therapy seems to lack focus regarding the changing needs of the public and clients. He also states that little attention has been paid to multi-cultural issues. While the music therapists

who were surveyed in Toppozada's study did appear to understand the importance and influence of culture in therapy, many felt that music therapy students should be required to follow additional courses in ethnomusicology, multi-cultural counselling or ethnic studies. It might therefore be essential to re-evaluate our perspectives, in terms of the clients' and public's needs.

South Africa is a diverse country in terms of population and client groups. This means that music therapy students in training and music therapists in practice are and will inevitably be exposed to diverse groups. It is therefore also important to take social and political issues into consideration, which are currently influencing the public's needs within the South African contexts. We also need to acknowledge how these issues impact on the status of music therapy training and practice, determine the needs and adjust training and practice to meet these needs.

In other literature studies done in the US, Bonny (1997) wrote an article about her views of the current status of music therapy. She acknowledges the change in the public's mindset from a so-called narrow and technological description of disease, as seen in the past, towards mechanisms of healing where an extended holistic approach includes the total combination of resources available to individuals. This provides the opportunity for "greater inclusion on the healing scene for creative arts" (Bonny 1997: 66). She also believes that this change of mind creates a platform for music as therapy.

I believe that the therapists' clinical work and the models in which they have been trained also play a role in the musical skills that therapists need to have for therapeutic intervention. Bonny refers to a growing number of methods and processes in current music therapy practice. "Some of these have a longer history than others and, therefore, a stronger therapeutic base through published theory, observation and research" (Bonny 1997:67), e.g. Analytical Music Therapy (AMT); Guided Imagery and Music (GIM); the Nordoff-Robbins improvisational method, now called Creative Music Therapy (CMT). She concludes by saying that "explorations in the integration of arts therapies through experimentation and collaboration could generate fertile opportunities for theory and research" (Bonny 1997:72). She also accentuates the importance to face the thought barriers that can limit these processes from emerging. This is particularly applicable to the emerging status of music therapy in South Africa. We should be receptive for new ideas and approaches

with the possibility to add to the stimulation, growth and establishment of the profession.

This links with the paper of Summer (1997), where she regards music therapy collaboration or unification as an important issue to consider in relation to the future of music therapy. Summer also takes into account the history of developed methods and processes in music therapy practice. She provides examples of schisms that evolved within the field, including the method of Guided Imagery and Music (GIM) and the Nordoff-Robbins music therapy method that were not originally accepted within the mainstream of music therapy. The development of their work took place at the same time that the American Association of Music Therapy (AAMT) was established, only to unify with the National Association for Music Therapy (NAMT) 25 years later, under the name of the American Music Therapy Association (AMTA). They were facing a process of unification that required music therapists to "confront the differences that have evolved" (Summer 1997:76) over the years. Summer believes that the healing of the original internal split might be the key towards a strong and healthy future for music therapy. She then highlights the importance of collaboration with other art therapies in order to assure a successful future for the unified AMTA.

This calls for music therapists to collaborate with other art therapies so as to create an alliance with other larger established fields, such as medicine, psychology, social work and special education. This is rather difficult in South Africa since music therapy is the first course in any of the art therapies (i.e. art, drama, dance movement and music therapy) to be recognised for registration by the Health Professionals Council of South Africa (HPCSA). Given the fact that music therapy is an emerging profession, collaboration with the teams and personnel, within various contexts, is important in order to inform them and other disciplines about music therapy. This collaboration with multi-disciplinary teams may contribute to the awareness of music therapy, which is still an emerging profession in South Africa. Summer is confident that such a process of collaboration will forge a responsible and healthy path for the future of music therapy (Summer 1997:80).

Petrie (1993) did an evaluation of the United Kingdom's National Association for Music Therapy Undergraduate Academic Curriculum and the acquired knowledge and skills necessary to function effectively within their chosen professions. He compared the perceptual differences between educators, clinical training supervisors

and clinical music therapists, hoping to find suggestions for the internship phase (practical phase) of the undergraduate program. He came to the conclusion that "the differences of opinion identified within an ideal curriculum are not so great that they cannot be resolved through formal and informal contacts among the three groups of music therapy professionals" (Petrie 1993:172). He is therefore implying that collaboration between these three groups might be an answer in terms of the negotiation of suggestions towards the identification of necessary knowledge and skills. He suggests resolving this question through further research.

2.3. THE MUSIC THERAPY PROFESSION IN SOUTH AFRICA

The above studies highlight the necessity to conduct research in order to see if and how the music therapists that graduated from the University of Pretoria (UP), apply the knowledge and skills that they received in training. Furthermore, the emerging status and future of music therapy in South Africa, collaboration with other professions, the public's views and needs in terms of music therapy need to be considered.

This research will therefore seek to clarify how music therapists in South Africa perceive the establishment of a professional identity, to estimate the current needs in practice in relation to what training provides and if any further adaptations need to be made and added to the current music therapy training model. The establishment of the "professional identity of music therapists must be seen in terms of present capabilities, of what music therapy is today, as well as the future potential of the discipline, what it promises to be tomorrow when it is more fully developed" (Bruscia 1987:26). Bruscia (1987) also accentuates the need to acknowledge ideas and practices from the past that no longer serve the music therapy profession, and to use them as a starting point to adjust and change the profession.

What is a useful basis for this study, however, are aspects of what is called "profession research" (Bruscia 1995:18). Profession research includes demographics of the graduated music therapists, information on professional training, what the practice entails, and lastly, the views of graduates on the training programmes. "Profession research is concerned with how music therapists interact with one another and with other professionals, along with the socio-economic, political, and educational conditions affecting the discipline of music therapy" (Bruscia 1995:18).

Five of Bruscia's (1995) profession research topics are applicable to this research project: Employment practices, Music therapists, Professional education and training, Professional standards and History and culture. The music therapists in this study were invited to comment on their perception and experience of the fit between the training course and practice needs. Their suggestions as to where adaptations to the training course might need to be made, based on their practice experience will be discussed according to these topics. These profession research topics will also serve as a framework to discuss the needs assessment of the music therapy training and practice in South Africa in the research discussion chapter.

- "**Employment practices:** this includes where music therapists work; trends in employment opportunities and how music therapy services fit into various health care systems and institutions.
- **Music therapists:** this includes attitudes towards various matters related to clinical practice and employment; motivation and burn-out; professional self-esteem and identity issues; demographic information and existing levels of education and competence.
- **Professional education and training:** this addresses academic requirements and curricula in music therapy at various levels.
- **Professional standards:** this includes the standards for clinical practice in music therapy and ethical issues and problems in practice, research, and theory.
- **History and culture:** this includes historical accounts of the discipline or profession of music therapy; cultural aspects of music therapy histories and meta-analyses and descriptions of the research literature" (Bruscia 1995: 19-20).

2.4. CONCLUSION

This project will seek to evaluate these aspects of professional research and draw from it in order to interpret suggestions for possible adaptations as well as for the ongoing establishment of music therapy as practice and training course.

Research Questions

2.4.1 How do Music Therapists in South Africa perceive the M.Mus (Music Therapy) training at the University of Pretoria in terms of their current needs in practice?

2.4.2 What suggestions do Music Therapists have in terms of the adaptation of the training programme?

In Chapter 3 I will discuss the methodology that applies to my research.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

This research project will be conducted within a quantitative and qualitative research paradigm. I will examine the research paradigms, describe the method of data collection, preparation, presentation and analysis and discuss the ethical considerations.

3.2. RESEARCH PARADIGMS

"Music therapy is too broad and complex to be defined, contained, or limited by one approach to research. One need only survey the myriad areas of clinical practice and the variety of professional issues existing today to conclude that both quantitative and qualitative research are needed to enhance our mission" (Bruscia 1995: 71).

This project combines quantitative and qualitative research paradigms. Although these two paradigms are often considered to be mutually exclusive and require different ways of thinking, the questionnaire will be used to generate and elicit both kinds of data.

3.3. THE QUESTIONNAIRE DESIGN: DATA COLLECTION

The primary objective of the questionnaire is to construct a profile of the music therapy graduates from the University of Pretoria who are currently practising in South Africa and of their perceptions of the training needs for current practice. The questionnaire has three sections:

A. Demographics- personal details of respondents

Year of graduation, age, gender, marital status, home base during and after training and qualifications prior to M.Mus (Music Therapy) studies.

B. Current professional career

1. Current music therapy practice
2. Current music therapy clinical work
3. Current music therapy non-clinical work
4. Other / non-music therapy work

C. Perceptions of the M.Mus (Music Therapy) programme.

5. Aspects of their training that they apply and discard in practice
6. Additional courses attended since graduation
7. Suggestions for the adaptation of the training programme
8. Attitudes towards the Music Therapy profession

The design of the questionnaire "is a move from a generalized area of interest or purpose to a very specific set of features" (Cohen, Manion & Morrison 2000:246): general peripheral information about music therapy graduates (A), gradually focusing on their current professional work (B), and then focuses even more in (C) on specific questions about the M.Mus (Music Therapy) training. As stated earlier, the questionnaire generated data in both the quantitative and qualitative paradigm.

3.3.1. Quantitative research

Sections A and B (Question 3 and 4) of the questionnaire fall into the quantitative category due to the closed nature of the questions (See Appendix II).

Section A seeks to create a profile of the graduated music therapists' demographics and elaborate on their personal details. Section B seeks to shed light on the respondents' perceptions of the training and current needs in practice. Question 3b will aim to find what the respondents' current music therapy practice (clinical work) entails. They will be invited to elaborate on their work contexts, client groups and the amount of time they work per week. The respondents will also have to describe their music therapy non-clinical work. Question 4 will focus on other or non-music therapy work, aiming to find if, how and why the respondents combine or alternate music therapy work with other work.

All of these data are analysed using descriptive statistics. "Descriptive statistics will summarise and describe a large body of data, and manage it in a way that is representative and valid " (Ansdell and Pavlicevic 2001). The quantitative data, Sections A and B (Question 3 and 4), will be generated from structured, closed questions where measurement is sought, to "generate frequencies of response amenable to statistical treatment and analysis" (Cohen, Manion & Morrison 2000:247-248).

3.3.2. Qualitative research

The qualitative data, questions from Section B (Question 2) and Section C, will be generated from less structured, word-based and open-ended questions where rich and personal data is sought, to "capture the specificity of this particular situation" (Cohen, Manion, & Morrison 2000:247-248). These questions may generate multi-layers of meaning. The open-ended questions in sections B and C of the questionnaire allow the respondents to answer in any way they choose. The aim here is to elicit music therapists' perceptions of the M.Mus (Music Therapy) training programme, both in terms of their current needs in the practice as well as their suggestions in terms of possible adaptations of the training programme. Qualitative analysis of these sections of the questionnaire will be used to describe and interpret the answers.

3.3.4. Ethical considerations

Anonymity and confidentiality of the respondents will be assured, as stated in the informed consent (Appendix I) obtained from the music therapists who answered the questionnaire (Appendix II). I will be aware of my personal interests and researcher bias, due to the possibility that the structure of the questionnaire might imply leading questions (Ansdell and Pavlicevic 2001). The triangulation process will control possible subjectivity by applying peer debriefing, which will ensure trustworthiness and reliability (Lincoln and Guba 1985). Peer debriefing will include discussions with my supervisors on certain aspects of the data preparation, presentation and analysis.

Trustworthiness will be established through triangulation and data saturation in relation to different data sources (Lincoln & Guba 1985). Triangulation in this case includes the combination of "data types and methodologies to verify the truth" (Wheeler 1995:74).

3.4. DATA PREPARATION AND ANALYSIS

The data analysis includes "organizing, accounting for, and explaining the data; in short, making sense of the data in terms of the participants' definitions of the situation, noting patterns, themes, categories and regularities" (Cohen, Manion & Morrison 2000:147).

1. Each questionnaire will be assigned a numbers/ letter to disguise the identity of the respondents.
2. All the questionnaires will be carefully read, with points of interest noted, as a preliminary analysis.
3. All the responses to each of the questions will then be grouped together.
4. The qualitative data will be coded, categorized and then analysed for emerging themes
5. Quantitative data will be analysed into simple descriptive statistics (e.g. range, mean, mode etc.)
6. A report of the findings will be made available to the participants.

3.5. CONCLUSION

This chapter has sketched the research methodology of this study. In the next chapter I will analyse the data received from the respondents' questionnaires.

CHAPTER 4

DATA ANALYSIS

4.1 INTRODUCTION

This chapter presents the quantitative and qualitative data generated from questionnaires sent out to trained M.Mus (Music Therapy) students who graduated from the University of Pretoria.

Questionnaires were sent out to all 23 graduated music therapists of which 15 responded. This represents just over 65% of the total sample of 23. Of the respondents, 5 were part of the first training course (1999-2000), of which there were 6 graduates in 2001. Of the respondents, 4 were part of the second training course (2000-2001), of which there were 6 graduates in 2002, and 6 respondents were part of the third training course (2002-2003), of which there were 11 graduates in 2004.

The small sample size is clearly problematic in terms of quantitative research – even if the 65% response is promising in terms of graduates' interest in the subject. However, given that music therapy is a new profession in South Africa, with a small number of trainees, the questionnaire responses can be considered as points or suggestions rather than as 'proven beyond reasonable doubt' that the data are generalisable, replicable and 'trustworthy'.

4.2. QUESTIONNAIRE

4.2.1. DESCRIPTION OF QUESTIONNAIRE

The questionnaire consists of 3 sections. Table 4.1 describes quantitative and qualitative data sections. See Appendix II for the complete questionnaire.

Quantitative	**Section A :** Demographics Question 1. Personal details of the respondents
Qualitative	**Section B :** Professional training and career Question 2. Training
Quantitative	**Section B :** Professional training and career Question 3a. Current music therapy practice Question 3b. Current music therapy clinical work Question 3c. Current music therapy non-clinical work Question 4. Other/ non-music therapy work
Qualitative	**Section C:** The M.Mus (Music Therapy) programme Question 5. Ways that respondents adapted/ extended/ discarded aspects of their training in their work as music therapists. Question 6. Other training/ career development courses undertaken since graduation. Question 7. How they would like to see the training of music therapists being adapted, in relation to their own experiences as professional music therapists. Question 8. Their attitudes towards/ satisfactions at/ frustrations of being in the music therapy profession in South Africa today.

Table 4.1. Questionnaire data sections

4.3. QUANTITATIVE DATA

4.3.1. Section A: Demographics

This section consists of closed questions (See Appendix II). The data synthesis of this section and question entailed the following process: I wrote down all the responses of the respondents onto one paper and grouped similar results together. Then I typed the responses into matching columns on an excel spreadsheet. I selected the tables and created graphs to provide clear layouts of the results.

4.3.1.1. Question 1

Age at graduation

All of the respondents were females. 43% of the respondents at graduation, figure 4.1, were in the 20-29 age group; and the average age at graduation was 31 years.

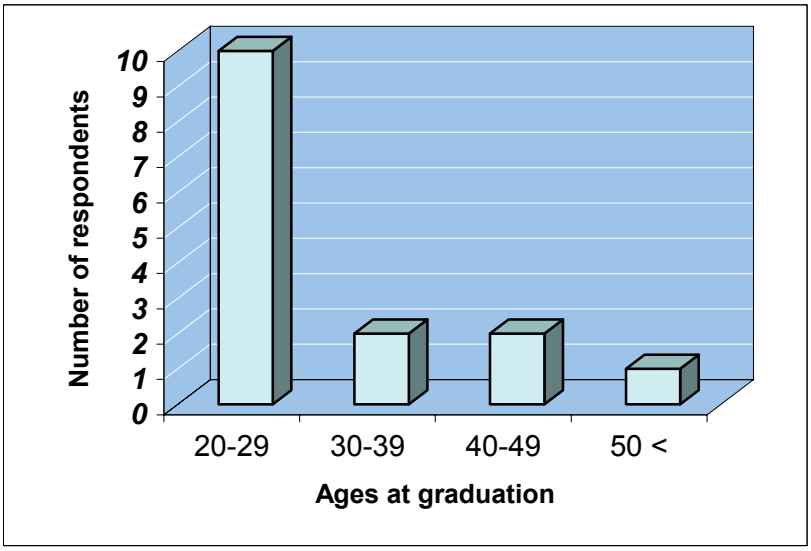


Figure 4.1. Ages of respondents at graduation

Language group

The proportion of Afrikaans (8) and English (7) speaking respondents was almost equal.

Home base during and after training

Figure 4.2. shows that during training, Pretoria was the home base for 13 respondents, and Johannesburg for 2 respondents. After training most of the respondents (9) stayed in Pretoria, 3 are based in Johannesburg, 2 in Cape Town and 1 in Middelburg, Mpumalanga.

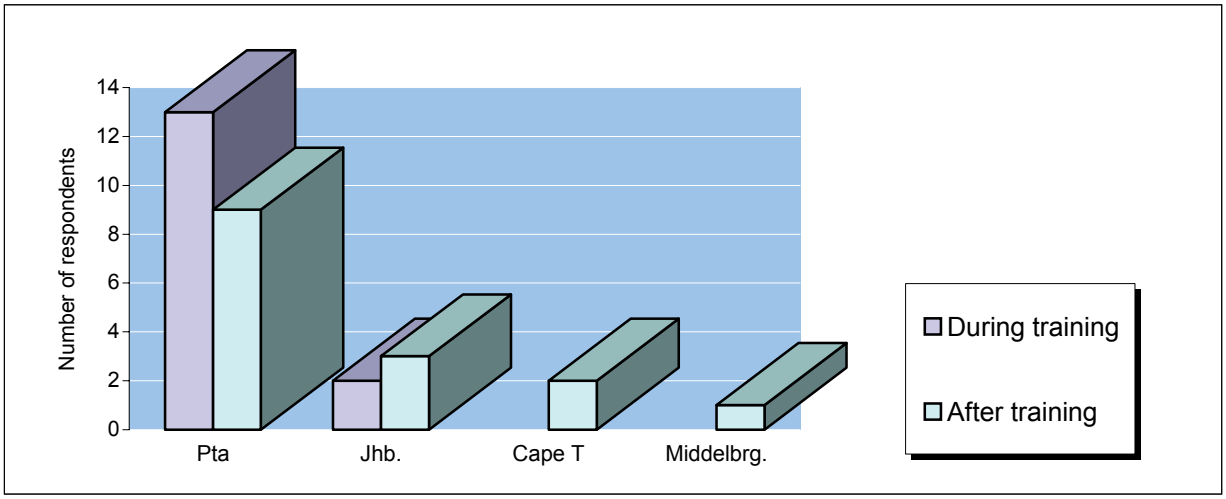


Figure 4.2. Home bases during and after training

Marital status during and after training

Figure 4.3. shows that during training, 7 respondents were single, 7 married and 1 divorced. After training, only 3 respondents were single, 11 married and 1 divorced.

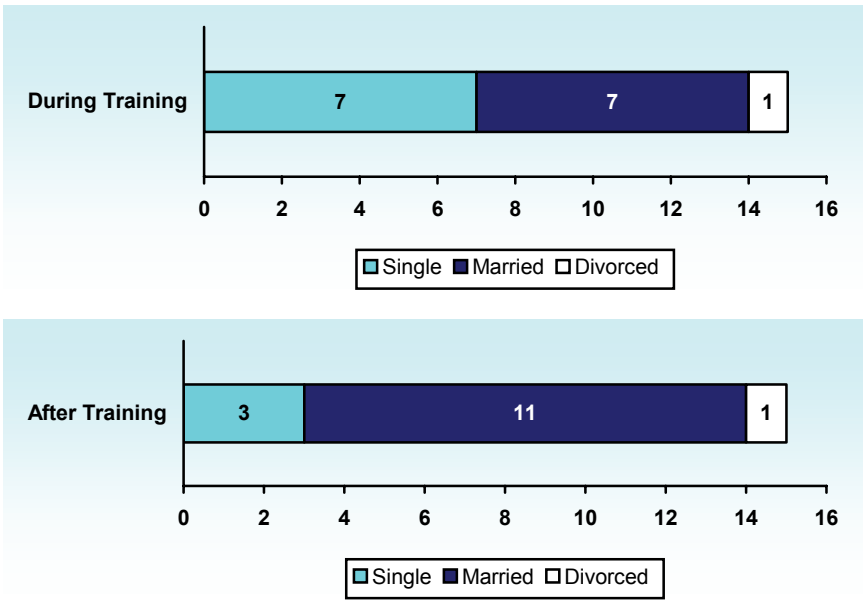


Figure 4.3. Marital status during and after training

Number of children, during and after training

Before training, 3 respondents had 3 children each, and 1 respondent had 4 children. Most respondents had no children during training.

Qualifications prior to M.Mus (Music Therapy)

Qualifications prior to the M.Mus (Music Therapy) training, as in table 4.2. and in figure 4.4. show that most of the respondents have a B.Mus degree.

First degree (3yrs)	B.Mus	10
	BA Mus	2
	BA Psychology	1
Additional qualification	B.Mus Hons	1
	BA Hons Psychology	3
	FED	1
	B.Ed	1
Licentiate	L.T.C.L	1
Diploma in teaching	HED	2

Table 4.2. Qualifications prior to M.Mus (Music Therapy)

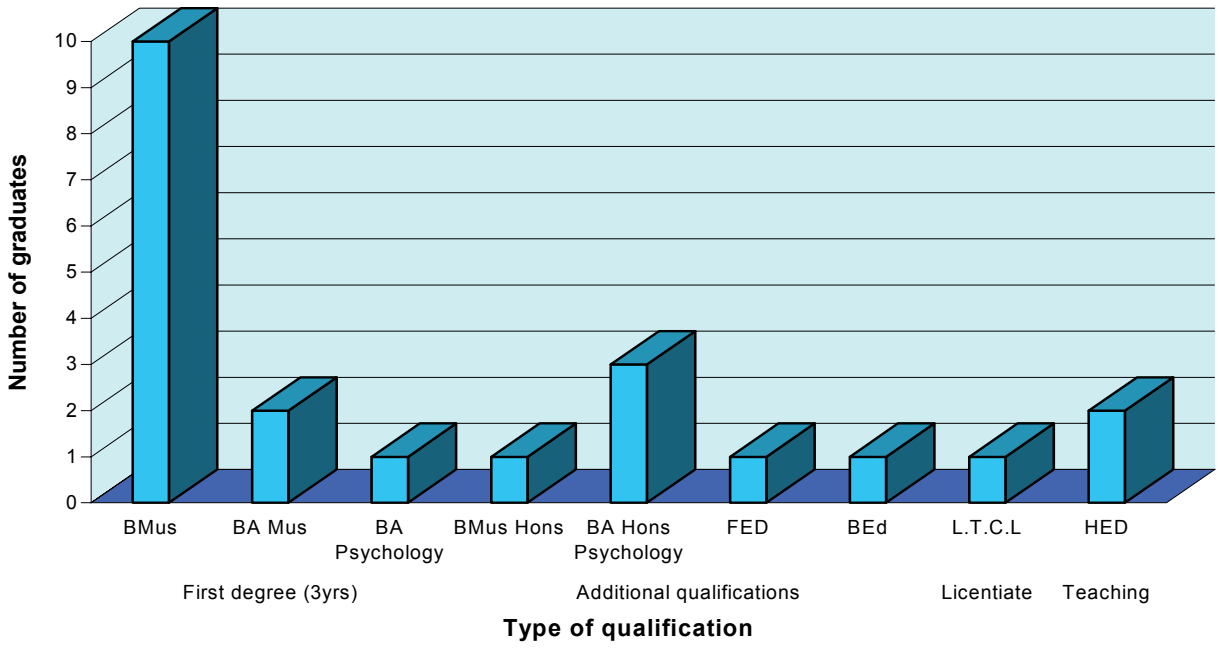


Figure 4.4. Chart of qualifications prior to M.Mus (Music Therapy)

Work experience prior to M.Mus (Music Therapy)

- 2 respondents had no work experience prior to music therapy studies.
- 11 taught music prior to music therapy studies, this included music accompaniment and pre-school music appreciation groups.
- Of these 11, 1 combined and alternated music teaching with managing a coffee shop and another with performing in orchestras.
- 1 only did youth and pastoral work.
- 1 only performed in orchestras.

4.4. QUALITATIVE DATA

4.4.1. Section B

Question 2 aims to establish how music therapists were informed about the training course and how they experienced the application and selection procedures.

4.4.1.1. Question 2

How did you hear about the MMus (Music Therapy) UP training program?

- 27% through word of mouth,
- 30% through the media (internet, newspapers, UP bulletin and website)
- 43% through lectures in music department / exposure to music therapy during studies in music.

This question did not provide a checklist for answers. Rather as an open-ended question it aimed to find how the respondents were informed about the training course and how they experienced the application and selection procedures.

How did you find the application / selection procedures of the course?

The respondents' responses were clustered together into groups that represent similar qualities, e.g. appropriate, fair and thorough, were clustered together as seen in table 4.3.

❑ Appropriate ❑ Fair ❑ Thorough	• Nerve racking • Unfriendly + cold • Intimidating
- Satisfying	○ Challenging
▪ Strict ▪ Intense	○ Stressful ○ Difficult

Table 4.3. Experiences of the application and selection procedures

The respondents mostly found the application / selection procedures of the course fair, thorough and nerve racking as presented in figure 4.5.

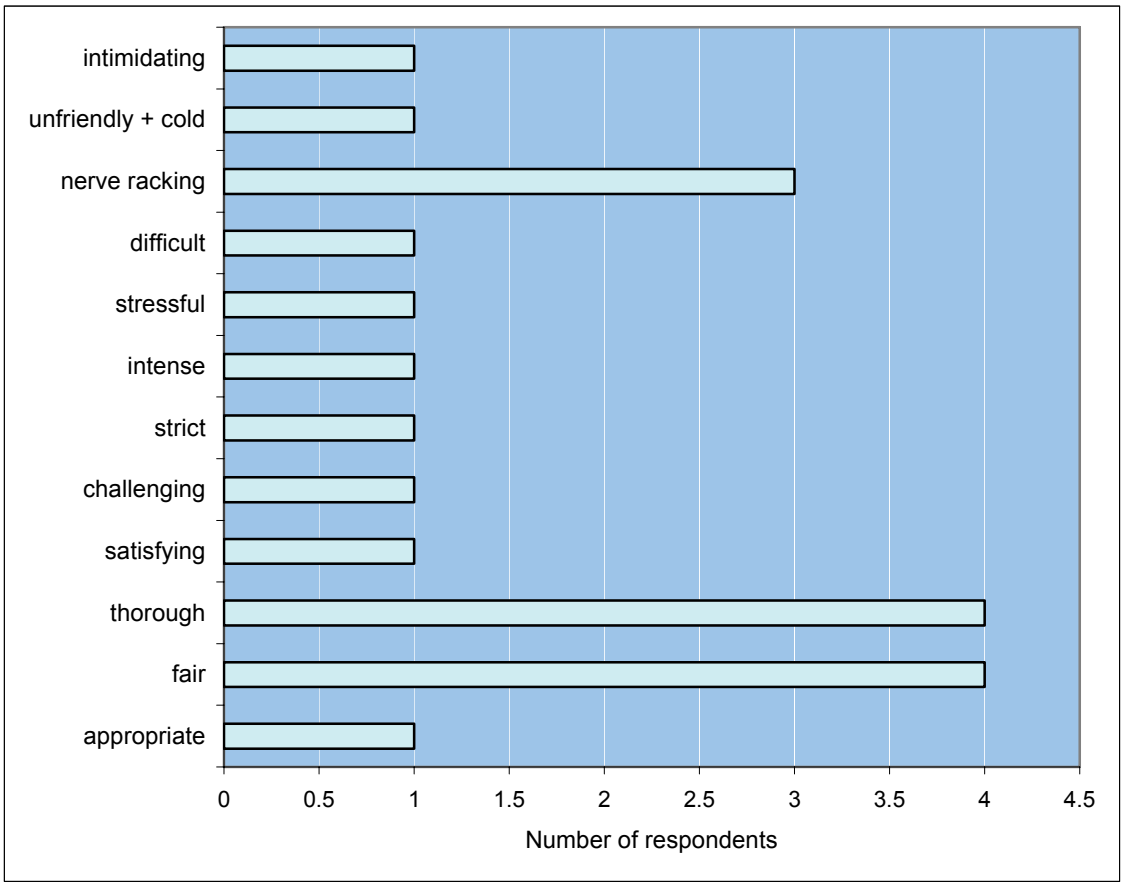


Figure 4.5. The respondents' experiences of the application and selection procedures.

4.5. QUANTITATIVE DATA

4.5.1. Section B

Question 3 asks about current music therapy practice (clinical work), to shed light on the work contexts, client groups and proportion of time per week taken up with music therapy. The respondents were also asked to list and describe their music therapy non-clinical work. Question 4 focused on other or non-music therapy work, asking how and why the respondents combine or alternate music therapy work with other work.

4.5.1.1. Question 3a

Question 3a has 2 sub questions (A and B) and asks about the current music therapy practices of the respondents.

Question 3a: Sub question A. Please enter the average time that you have been doing clinical Music Therapy work (this excludes research, fundraising, etc) for each year after training.

The respondents' results were typed into one table. Results in each column were added up and displayed as the final results in table 4.4. (A copy of the complete process can be seen in appendix III).

If the 1st year after training is for e.g. 2000, then it means that the 2nd year after training will be 2001, the 3rd year after training will be 2002 etc.

Table 4.4. shows that all the respondents have been practicing music therapy uninterruptedly for each year after training. It is really an exception to do full time music therapy work. (N= number of respondents that work ½ days or 1-4 full days per week in their 1st - 5th year after training)

Year after training	1 day/ week	2 days/ week	3 days/ week	4 days/ week	½ days/ week	Full time MT
1st	5	3	2	1	5	0
2nd	2	5	3	1	4	0
3rd	0	3	1	1	5	0
4th	1	2	1	1	3	1
5th	1	1	0	1	1	0

Table 4.4. Average weekly time spent practising music therapy each year after training (number of respondents)

Figure 4.6. shows the proportion of music therapy work per week, between the 1 and 5 years that the respondents have been in practice. Accordingly to this figure, most of the respondents do 1 or 2 full days music therapy work per week. See table 4.5.. for the respondents' current average amount of days that they are working per week.

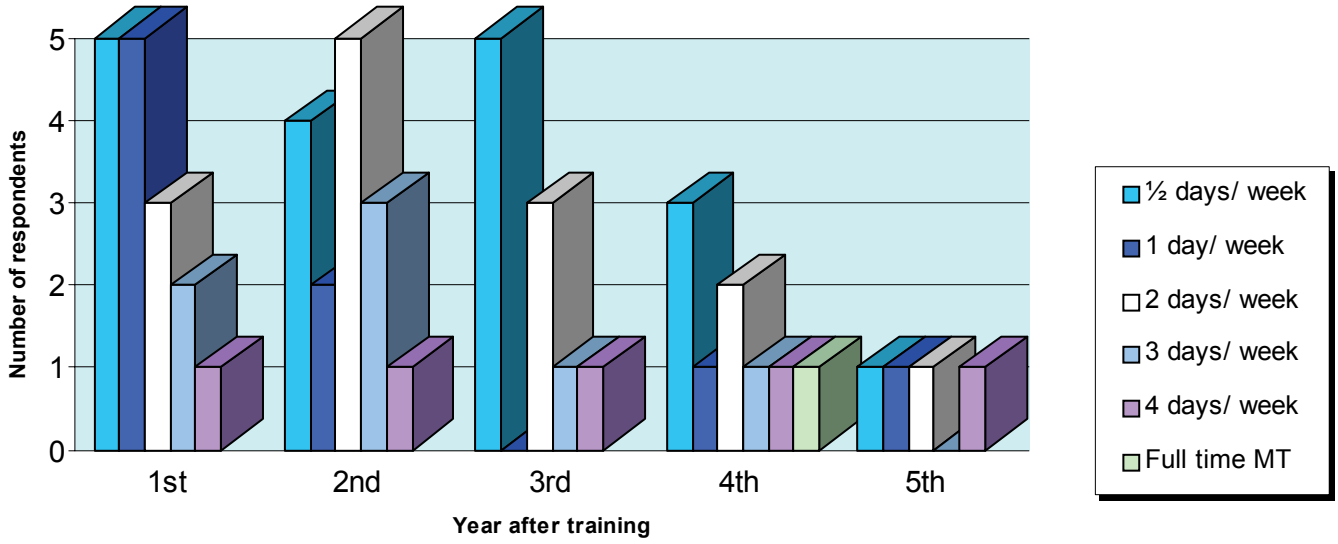


Figure 4.6. Proportion of week doing music therapy work for each year after training

Question 3a: Sub question B. What proportion of your week is CURRENTLY devoted to general music therapy work and to other work?

Amount of time spent doing different types of work was converted into a percentage, where 10% = 0 .5 days and 100% = 5 days. The work includes: music therapy work, music lessons (private), music education (schools), UP music therapy department work (teaching and supervising students) and other, as seen in table 4.5. (Respondents could list more than 1 occupation.)

Type of work	1 day		2 days		3 days		4 days		5 days	
	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Music Therapy		4	3	2	2	2			1	1
Music Lessons	3		3	3	3					
Music Education	2		1							
Music Therapy Studies		1	1	1						
Music Therapy Department	1	2								
Counselling	1									
Gigs	1									
Special Education										1
Other: not specified	1	1		1						

Table 4.5. Proportion of week devoted to music therapy and other work by number of respondents

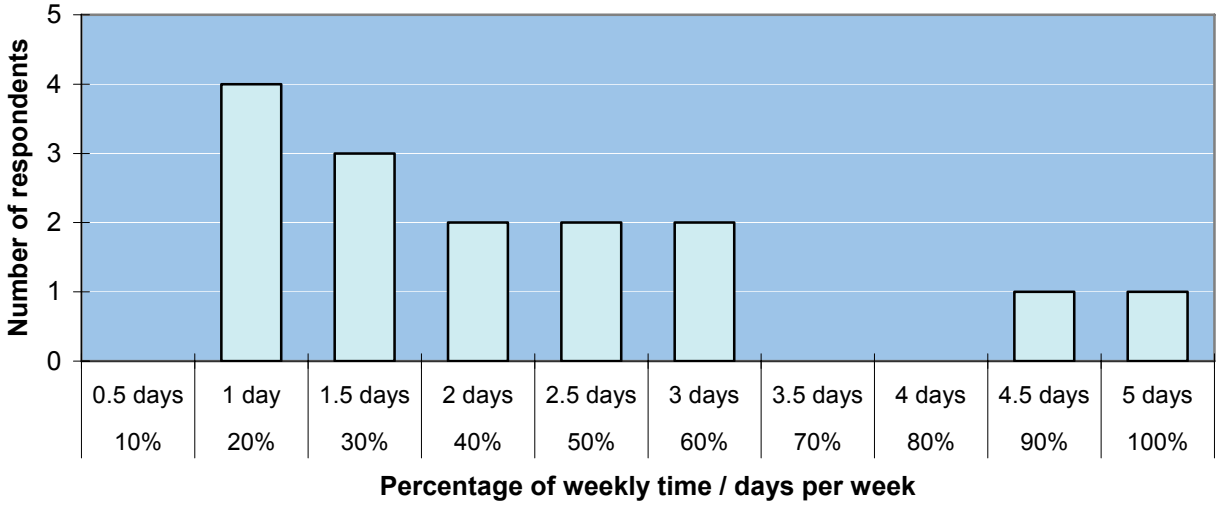


Figure 4.7. Proportion of week currently devoted to practising music therapy

Although 7 out of the 15 music therapists work 1 to 1.5 days per week, and only 1 works full time, the average is 2.2 days per week.

4.5.1.2. Question 3b

Question 3b: Sub question A. Specify the music therapy client group that you are currently working the most, including the age group, client group, kind of practice, context and sector.

This question entails the current music therapy clinical work with which the respondents are involved, as seen in table 4.6, 4.7. and 4.8.

Once again, these are not mutually exclusive categories because respondents might work in more than one context and with more than one age group

Client group		Age groups						
		Infants	Toddlers	Children	Adolesc.	Adults	Elderly	
		0-1.5 yrs	1.5-3 yrs	4-11 yrs	12-18 yrs	19-64 yrs	65yrs<	Total
Handicap	Physically	X	X	X	X	X		5
	Mentally	X	X	X	X	X		5
	Developmental delay	X	X	X				3
Psychological	Eating disorders			X	X	X		3
	Trauma		X	X	X			3
	Depression					X		1
	Emotional depr./diffic.	X	X	X				3
	Learning disabilities			X	X			2
Medical	Oncology					X		1
	Epilepsy		X	X	X			3
	Neuro impairment				X	X		2
	Neuro trauma					X		1
Other	Autism	X	X	X	X			4
	ADHD				X	X		2
	Down Syndrome	X	X					2
	Adolescents at risk				X			1
	Female street children				X			1
	Geriatric conditions						X	1
Total		6	8	9	11	8	1	

(x = age range and client group)

Table 4.6. Client groups and age groups

Respondents work mostly with the handicapped and psychological client group. The work is fairly spread between the different age groups, although a higher concentration of work is done with adolescents.

Client Group	Handicap			Psychological					Medical				Other						TOTAL
Context	physically	mentally	developmental delay	eating disorders	trauma	depression	emotional depr./diffic.	learning disability	oncology	epilepsy	neuro impairment	neuro trauma	autism/asperger	ADHD	down syndrome	adolescents at risk	female street children	geriatric conditions	
Clinic				1															1
Centres/ Day care	2	1	3										1		1	1			9
Hospital									1										1
Institution	3	2																1	6
Private practice	2	1	2			1	3	1		1			4	2					17
Rehabilitation hospital												1							1
Residential	2	3									1						1		7
School	3	3	2		3		1				1		2						16
Total	**12**	**10**	**7**	**1**	**3**	**1**	**4**	**1**	**1**	**1**	**2**	**1**	**7**	**2**	**1**	**1**	**1**	**1**	

Table 4.7. Client groups and contexts (checklist)

Table 4.7. shows that most frequent context for work is in private practices (N=17) or in schools (N=16). Very little work is being done in clinics, hospitals or rehabilitation hospitals. (N=1 for each)

Context	Sectors					Total
	NGO	Private	Charity	Public	GED	
Clinic	1	1				2
Day care centres/centres		2				2
Hospital		1				1
Institution	1	1	1	1		4
Private practice		7			1	8
Rehabilitation hospital		1				1
Residential	1	3				4
School	1	6	1	2	1	11
Total	4	22	2	2	2	

Table 4.8. Contexts and sectors

As seen in table 4.8., most areas of work are funded by the private sector (N=22). Less work is funded by NGO's (N=4), and even less by charities, public sector and the Gauteng Educational Department (N=2 each).

Question 3b: Sub question B. Are you involved in a multi-disciplinary team in any of these contexts? If yes, please list the other disciplines on the team.

13 of the 15 respondents are involved in multi-disciplinary teams (MDT). Table 4.9. lists the different disciplines on the teams and the abbreviations that are used within figure 4.8.

Occupational therapist	OT
Physiotherapist	PT
Audiologist	A
Speech therapist	ST
Psychiatrist	Ptrst
Psychologist	Pgst
Counsellor	C
School psychologist	SPgst
Social worker	SW
Reflexology	R
Movement therapist	MT
Holistic therapist	HT
Nurse	N
Teacher	T
Superintendent	S

Table 4.9. Disciplines on MDT

Figure 4.8. shows that music therapists are predominantly working together with occupational therapists (N=11), physiotherapists (N=5), speech therapists (N=6), psychologists (N=4) and social workers (N=4) on multi-disciplinary teams.

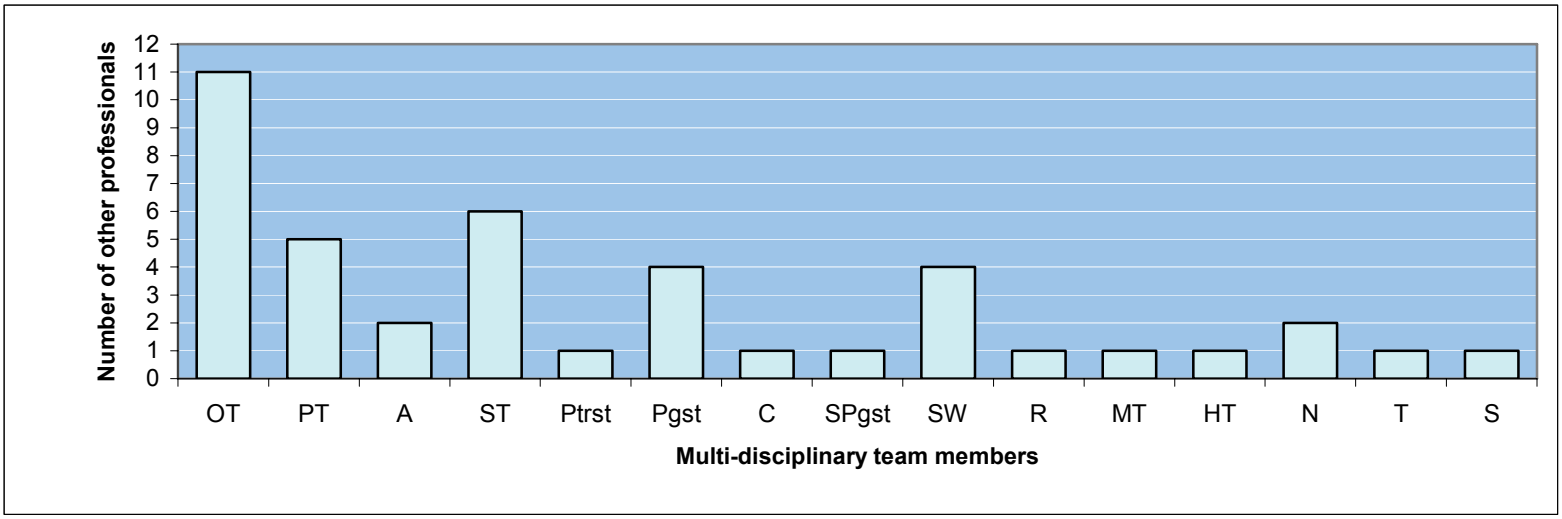


Figure 4.8. Multi-disciplinary team members with whom music therapists work

C. *Who remunerates you (e.g. institution, clients in institution; voluntary, funds specially raised by institution / by you, etc)?*

Table 4.10. shows who remunerate the respondents' work.

Remuneration from	Number of respondents
Institutions	4
Institutions + client	2
Institutions + funds	1
Institutions + clients + funds raised	1
Institution + clients + voluntary	1
Clients	3
Clients + funds raised	1
Clients + voluntary + educational department	1
Voluntary	1

Table 4.10. Remuneration of respondents' work

- The funds are raised by either the institutions, the respondents themselves or from NGO's
- 4 are remunerated by institutions alone
- 3 are remunerated by clients
- 1 does voluntary work

4.5.1.3. Question 3c

Please describe your current non-clinical Music Therapy work, e.g. music therapy research, fundraising or public relations, and % of your working week you do this.
Public presentations/ speaking, fundraising, music therapy department work and studies as well as research are high on the priority list as seen in table 4.11.

Public presentation/speaking	5
Fundraising	4
Music Therapy Department	3
Music Therapy Studies	3
Research	3
Managing of non-profit music therapy org.	2
Public relations	2
Writing articles	2
AMPTSA meetings and presentations	1
General administrative work	1
Interviews (radio about music therapy)	1
Meetings and panel discussions	1
Networking	1
Voices editorial work	1
Workshops	1

Table 4.11. Current non-clinical music therapy work

4.5.1.4. Question 4a

Please describe as fully as possible, including; amount of time per week what other work you do (excluding MT research / fundraising etc)
Table 4.5. shows that after music therapy, respondents are mostly involved in music education (lessons and classroom teaching) – with very few doing non music therapy based work.

4.5.1.5. Question 4b

Please describe why you are doing other (non Music Therapy) work, e.g. no MT work / enjoy variety / keep up music performance / family demands / burn out / remuneration / etc.

Variety/ Enjoyment/ Enjoy variety	13
Financial implications/ Remuneration	10
Keep up music performance	4
Preventing burn out	3
Burn out	1
Need experience in education	1
Less time consuming than MT	1
Not enough clients for MT	1

Table 4.12. Number of reasons given for doing other work

The respondents' predominant reason for doing other non- music therapy work is the need for and enjoyment of the variety of other work as well as financial implications.

4.6. QUALITATIVE DATA

4.6.1. Section C

This section includes 4 open-ended questions concerning the MMus (Music Therapy) training programme. Respondents had to elaborate on the aspects of their training that they apply and discard in practice (Question 5), and additional courses that they have attended since graduation (Question 6). How they would like the training programme adapted (Question 7), and Question 8, their attitudes towards, frustrations of and satisfaction regarding the music therapy profession.

4.6.1.1. Question 5

Please list how have you adapted / extended / discarded aspects of your training in your work as a music therapist (and / or other work)?

1. Use

1. 1. Respondents use the following in practice
   - Theory of improvisation
   - Reflective stance
   - Transference and counter transference
   - Variety of clinical material
   - Basic principles and skills
   - Clinical improvisation

2. Adapt

2.1. Adaptation to work contexts and client groups
   - According to client group's needs
   - Adapt to suit different clients and contexts
   - Variety of clients and needs
   - Work is relevant to specific contexts
   - Including a community focused perspective
   - Use skills and adapt them to suit community settings
   - Performances, community involvement, drumming circles, guitar skills

2.2. Adaptation of the following skills taught in terms of the application of knowledge
   - Report writing
   - Teaching strategies
   - Exercises and musical examples
   - Communication with parents - less complicated
   - Practice and interaction

3. Extend

3.1. Extend practical, clinical skills and needs required in practice

- Additional courses
- Reading related material
- Self-enrichment
- Contact with other professionals
- Attending seminars
- Search for clinical interventions and new approaches

3.2. Extend to apply to work contexts and client groups

- Work is relevant to specific contexts
- Clients' general needs and contexts

3.3. Extend skills taught in terms of the application of knowledge

- Performance, Community Involvement, Drum and Guitar work
- Flexibility to improvise new approaches

4. Discard

- NR Scales
- Piano work
- Training aspects that they were unable to incorporate in practice
- Notes on adults and the elderly

4.6.1.2. Question 6

What other training / career development courses, have you undertaken since graduating, and why/ why not?

Table 4.13. presents courses in e.g. drumming, counselling and information on autism. The reasons are mostly based on the needs for personal enrichment and growth, the development of practical skills. Of the respondents, 6 didn't take any other development courses, mainly due to a lack of time and financial means and because they are not clearly informed or aware of courses providing for their interests and needs.

Course/ Symposiums/ Seminars	Reasons
'Caring for the terminally ill'	• Particular interest in Palliative Care
Play therapy	
Counselling	▪ Personal enrichment and to apply in practice ▪ Helps to handle MT sessions with more insight and ease, especially working with the parents of children ▪ Personal growth and insight into clients' problems and how to deal with them
Child assessment	
Ethics, psychology and ADHD	
Ethics	• Refreshment of what is important in our profession
Special learning needs	
Autism	▪ To gain knowledge about my clients ▪ Informing current music therapy work and CPD points
Drumming	▪ Personal enrichment and to apply in therapy ▪ Skills which I can use more creatively in MT sessions
Nutrition	
PhD in Educational Psychology	• Thesis about support teams for learners with developmental and learning difficulties, relates firmly to music therapy
None (6)	▪ Not much available of what I want to do or that is relevant to my interest ▪ Time, money, haven't heard about many ▪ Time and financial means ▪ Started with PhD

Table 4.13. Additional courses undertaken

4.6.1.3. Question 7

How would you like to see the training of music therapists being adapted, in relation to your experience as a professional Music Therapist?

Data generated through this question highlighted issues concerning music therapy training, course needs, practice needs and music therapy business management.

1.1. Assignments and syllabus

- Writing reports to non-professionals

1.2. Practical development of clinical skills and needs within training

- Improvisation workshops to enrich musical skills (guitar and piano)
- Development of clinical skills before starting to work with clients
- More practical skills – more client specific and goal orientated
- More detailed clinical practice exercises
- More experience in enhancing musical skills to offer varied experience of musical styles and to broaden a musical vocabulary

1.3. Work context

- Learning more about other disciplines
- More resources from the different areas in which music therapists work
- Experience of and introduction to Community Music Therapy work

1.4. Client groups

- Exposure to as wide a variety of client groups as possible
- More information on client group
- Higher function individual work, team building etc.
- Practical information on handling handicapped patients physically

1.5. Skills in the application of knowledge in practice

- More about early intervention strategies
- Therapeutic assessment – music therapy assessment needs to be less subjective and grounded in theory

1.6. Skills related to, or borrowed from other disciplines

- Training/experience in the medical field, less emphasis on psychiatry
- Better medical background (more physiology)
- Courses in counselling
- Counselling skills required

1.7. Music Therapy business management

- Marketing yourself
- Basic knowledge of business skills
- Starting and handling of private practice
- More emphasis on developing skills as entrepreneurs
- Functioning in a non-lucrative world

4.6.1.4. Question 8

Describe your attitude towards / satisfaction at / frustrations of / being in the Music Therapy profession in South Africa today.

The responses varied between attitudes towards, frustrations of, satisfactions at and towards the general public and work contexts, financial implications, music therapy practice and the profession.

1. Frustrations

1.1. Frustrations of and towards general public and work contexts

- Uninformed general public
- Clients require improvement and results within short periods of time
- Effects of therapy – not aware that the 'effects' of music therapy intervention manifest in other areas of a client's life.

1.2. Frustrations of financial implications

- Little government funding and support available
- Lack of funding and resources
- Not enough to keep household going
- Client group and context - not always able to pay

1.3. Frustrations of music therapy practice

- Isolation and loneliness
- Professional development
- Professional and clinical work
- Long term work
- Job hunting is difficult
- Referrals are difficult
- Difficult to defend profession
- Competing with multi-disciplines

2. Satisfactions

2.1. Satisfaction at being in the music therapy profession and practice

- Music therapy profession
  - A privilege, rewarding, fulfilling
  - Promotion of music therapy
  - Growth
  - Possibilities + opportunities + responsibility
- Music therapy intervention
- Break through in long term work
- Witnessing the effects of therapy

2.2. Satisfaction at sharing discipline information with others

- Discipline information
  - Apply (use any opportunity to inform general public)
  - Responsibility
  - Difficult
  - More people are informed

2.3. Satisfaction at working with different clients and in different contexts

- Clients and contexts enhance + stimulate the profession
  - Various contexts
  - Cultural richness
  - Diverse population
- Clients + public

3. Attitudes

3.1 Attitude towards music therapy profession and discipline

- Music therapy profession
  - A necessity
  - Exciting, vibrant, challenging
  - Interest from professionals and non-professionals
  - Not an elite profession
  - General public see it as a last resort
- Needs in different areas

- Multi-disciplinary teams
  - Enrich: contact with other disciplines to enrich one another
  - Attitude: positive attitude towards other disciplines
- Work opportunities
- The importance of marketing the profession

4.6.1.5. Data analysis of question 5 and 8

I've created a table with the pre-determined categories, as given in the questions. I then divided the responses under and into the most suitable categories. At times it was necessary to collapse long sentences into shorter and simple sentences, although I retained the original meaning of the responses. Then I clustered similar responses under the given categories into different themes.

The following example from one of the respondents' responses to question 5, table 4.14, illustrates this process. (A copy of the complete process can be seen in appendix III).

	Use	**Adapt**	**Extend**	**Discard**
Original response	I have extended aspects of my training through additional courses, e.g. counselling, drumming. Adaptations had to be made as a result of a great variety of clients and their needs. Discussion groups and reading widely have also been valuable in handling different clients.			
Divided responses into suitable categories		Had to be made as a result of a great variety of clients and their needs.	Through additional courses e.g. drumming and counselling Discussion groups and reading widely have also been valuable in handling different clients	
Collapse sentences		Variety of clients and needs	Discussion groups + reading widely: handling clients Additional courses: drumming+ counselling	
Themes		Adaptation to work contexts and client groups	Extend practical, clinical skills and needs needed in practice	

Table 4.14. Example of data analysis, question 5

Four categories emerged from question 5:

- **Adapt:** how the respondents changed aspects of their training to make it suitable for a new purpose or situation. These were divided into two themes:
  2.1. This includes the adaptations of skills, in order to make the training more suitable for the work contexts and client groups.
  2.2. This includes adaptations of specific skills taught in training.

- **Extend:** how the respondents extended aspects of their training in their work as music therapists. These were divided into 3 themes:
  3.1. This includes the extension of practical and clinical skills and needs required in practice, these are mainly for enrichment purposes and the increase of knowledge about the fields that they are working in.
  3.2. This includes the extension of aspects of training in order to make it applicable and relevant to the work contexts and client groups.
  3.3. This includes the extension of skills taught in terms op the application of knowledge.

- **Discard:** aspects of their training that they do not use in their work as music therapists.

- **Use:** accommodates the responses that didn't fall under any of the other categories, these responses relate to what the respondents use in practice.

4.6.1.6. Data analysis of question 6 and 7

I followed a similar process as in question 5 and 8, the only difference being that no pre-determined categories were given in the question. Therefore, I started the process by collapsing the original responses into shorter sentences. Then I clustered similar responses together: in question 6 they are only clustered together, and in question 7 they are clustered into themes.

In question 7 the respondents had to elaborate on how they would like to see the training of music therapists being adapted, in relation to their experiences as professional Music Therapists.
Seven themes emerged from question 7:

- **Assignments and syllabus:** includes the written academic interaction of the respondents with other non-professionals. This is the part of the training, besides from verbal interaction with others, that are taught as part of the academic syllabus and is therefore under a separate theme.
- **Practical development of clinical skills and needs within training:** includes any clinical skills that they would like to adapt.
- **Work context:** includes their needs to know more about other disciplines that they are working with and areas that they are working in.
- **Client groups:** includes anything that relates to client groups, e.g. more exposure to other client groups.
- **Skills in the application of knowledge in practice:** includes the needs for the adaptation of practical concepts that are being applied in practice.
- **Skills related to, or borrowed form other disciplines:** relates to the above, although these are the need for the adaptation of skills that are used in other disciplines.
- **Music Therapy business management:** includes all the marketing and business management components needed.

(A copy of the complete process can be seen in appendix III).

4.6.1.7. Data analysis of question 8

The themes that emerged from this question are self-explanatory and need no further discussion. (A copy of the complete process can be seen in appendix III).

4.7. CONCLUSION

In the next chapter I will return to the research questions and attempt to answer them in relation to the data analysis and to put it in the context of the literature search done in chapter 2.

CHAPTER 5

DISCUSSION

5.1. INTRODUCTION

The aim of this study was to construct a profile of music therapy graduates from the University of Pretoria who are currently practising in South Africa, because of the emerging status of the music therapy profession. The profile included the demographics and personal details of the respondents, as well as details about their practice, e.g. client groups, contexts etc. In this chapter, a discussion of the perceived needs of the respondents in practice, as well as their perceptions of training will follow the discussion of the respondents' demographic profile in order to answer the first research question. This will then lead to answering the second research question where the respondents' suggestions in terms of the adaptation of the training programme will be discussed.

5.2. RESEARCH QUESTION 1: 'How do Music Therapists in South Africa perceive the M.Mus (Music Therapy) training at the University Of Pretoria in terms of their current needs in practice?'

5.2.1. Demographic data and personal details of the respondents

Music therapy is still an emerging profession in South Africa. This study only evaluates graduates of the first 6 years of the M.Mus (Music Therapy) training course. Out of a total number of 23 students that graduated from the course at the University of Pretoria, there were only 15 respondents, which limits the scope and impact of this study. The small sample size however, reflects the narrow spread of demographics of music therapists in South Africa, where respondents are exclusively female and relatively young, with an average age of 31 at graduation. These results show a similarity to Stewart's study (2000) where he described "music therapy as a 'young profession', both in terms of its membership and its evolution as a whole" (Stewart 2000:21). All of the respondents in this study are helping to evolve the profession, as they are all practicing music therapy in South Africa.

They display different practice trends in relation to the time allocated for practice, kinds of client groups, age groups, contexts and sectors, all of which are classified as employment practices under Bruscia's profession research topics (1995).

5.2.2. Practice trends

Only one respondent practices music therapy full-time. The rest of the respondents are combining music therapy work with other work. "It would appear that most are combining different professional commitments in a 'portfolio career'" (Stewart 2000:22). Such profession commitments relate in most cases to the qualifications that the respondents had prior to their MMus (Music Therapy) studies. They practice as music teachers, as educators in music, do counselling and music therapy departmental work.

There is a gradual increase in the proportion of weekly time spent doing music therapy work as the respondents remain in the field. However only 5 respondents out of the total number of 15 respondents have been in the field for respectively 4 and 5 years now, so that, as larger numbers of respondents remain in the field for longer, they too will do music therapy for larger proportions of their total work time.

The respondents are working with clients of all ages, although only one respondent works with the elderly. The client groups predominantly consist of clients with physical and mental handicaps and developmental delays. The contexts are mainly schools and private practices with very little work being done in hospitals and rehabilitation hospitals. The private sector is the biggest funder of music therapy work, where work done within clinics, schools and residential contexts are funded by the NGO's and public sectors. One person's work is funded by the public sector, the Gauteng Educational Department.

Only 7% of the respondents' work is voluntary, and only a few are remunerated through funds that are raised by either the institutions, the respondents themselves or from NGOs. This might be due to the time consuming nature of fundraising and to the fact that voluntary work does not include financial compensation. Institutions remunerate 27% of the respondents' work, clients remunerate another 20% and the

others are remunerated by a combination of the above. This presents a picture that correlates with the respondents' work in diverse contexts and with diverse client groups, where different remuneration possibilities apply.

5.2.3. The perceived needs in the respondents' practices

The above practice trends need to be seen in relation to the respondents' replies on their attitudes towards, satisfaction with and frustrations of being in the music therapy profession in South Africa. This falls under another topic which Bruscia (1995) addresses in profession research, that of music therapists themselves. This includes some of their "attitudes towards various matters related to clinical practice and employment; motivation and burn-out; professional self-esteem and identity issues" (Bruscia 1995:19). This offers a reference as to what their perceived needs in practice are.

The respondents are combining music therapy in a portfolio career due to financial implications and remuneration. They've also motivated these practice trends by their need for variety and the enjoyment of doing other work. They have difficulty to find job opportunities, funding, support and resources in terms of the music therapy practice. One respondent replied, " It is impossible to keep a household going by only doing music therapy work" (Appendix III, Section C, Question 8). Another responded "I find it quite hard to compete with other therapies. It is a big challenge to find jobs and to get referrals and clients" (Appendix III, Section C, Question 8). This strongly relates to the respondents' frustrations towards and experience of the general public, which includes medical schemes, professionals from other disciplines as well as non-professionals, which they find uninformed in terms of what music therapy entails. One respondent replied that she felt that others viewed music therapy as a last resort.

On the other hand, the respondents also express their satisfaction at being part of the music therapy profession and practice. They experience it as a privilege, as a rewarding and fulfilling profession with plenty of possibilities, opportunities and responsibilities, e.g. " It is exciting to be a pioneer in this field and it feels as if there is still so much to be explored" (Appendix III, Section C, Question 8). They also express their satisfaction with opportunities where they can share the music therapy discipline information with others. Thirteen of the respondents work together with other disciplines, such as occupational therapists, physiotherapists, speech therapists,

psychologists and social workers on multi disciplinary teams. One respondent replied that working on multi disciplinary teams helps to enrich one another.

The respondents also enjoy working with different clients within different contexts; this explains why their work displays a diverse spread of client groups. "There are so many possibilities and opportunities for music therapists in this country and the cultural richness and diversity of the South Africa population and the various contexts that we work in, enhance and stimulate our profession in exciting new ways" (Appendix III, Section C, Question 8). Working in numerous contexts definitely informs others about what music therapy can provide for these clients. I think that the concentration of work that is done with handicapped clients and autistic spectrum disorders, relates to the respondents' familiarity with these client groups. The Nordoff-Robbins improvisational method, now called Creative Music Therapy (CMT), is adapted and applied to the South African context as a paradigm and training model central to the training of music therapists at the University of Pretoria. This method was invented by Paul Nordoff and Clive Robbins' music therapy work, where they made use of music improvisation with autistic and handicapped children (Summer 1997). The practical training of the respondents therefore also included training with these client groups.

The respondents have adapted and extended their practices to meet the needs of the clients and the contexts in which they are working. Some of the respondents undertook extra training or career development courses to meet these needs or even for self-enrichment purposes. This will be reflected on within the next section of the discussion, in order to determine how they perceive the M.Mus (Music Therapy) training programme in relation to their perceived needs.

5.2.4. Respondents' perceptions of training

The respondents reflected on the perceptions of the training programme formed during their time in the field, practising music therapy. They illustrated that they've adapted and extended their practices to suit the work contexts and client groups. For example, some respondents used and adapted their skills to include a community-focused perspective to suit specific community settings. Another respondent replied that "the course taught therapists to be 'flexible' – most valuable when needing to 'improvise' a new approach' (Appendix III, Section C, Question 5). Some of the

respondents adapted their communication with parents by making it less complicated to understand what the therapy entails, e.g. writing reports in a less formal way.

The respondents also extended their practical and clinical skills and requirements in practice through reading related material, attending additional courses and seminars or through contact with other professionals. Nine of the respondents undertook other training or career development courses after graduating as music therapists. Courses, symposiums and seminars in counselling, drumming and information on autism show prevalence and interest. The respondents ascribe this to a need for personal enrichment, to gain knowledge about their clients and also a need to apply these skills in practice. This relates to the study done by Toppozada (1995) about the importance of considering the changing needs of the clients. It resembles how their needs influenced the adaptations that were made by the respondents.

Their perceptions of the M.Mus (Music Therapy) training programme in terms of their current needs in practice show that adaptations and extensions were made to suit their individual needs as well as the client and context needs. They also display frustration in terms of job opportunities and remuneration. These perceptions on the training programme will now lead the discussion towards the second research question, where the respondents' suggestions in terms of the adaptation of the training programme will be discussed.

5.3. RESEARCH QUESTION 2: ' What suggestions do Music Therapists have in terms of the adaptation of the training programme?'

The respondents were asked to elaborate on how they would like to see the training being adapted. This relates to another of Bruscia's (1995) profession research topics: professional education and training topic. Their responses are categorized into the following categories: Assignments and syllabus; Practical development of clinical skills and needs within training; Work context; Client groups; Skills in the application of knowledge in practice; Skills related to, or borrowed from other disciplines and lastly Music Therapy business management. The data revealed the following suggestions:

- The development of report writing skills in less complicated terms to non-professionals; this has already been discussed under their perceived needs in practice.

- The training in and development of clinical and practical skills that are used within practice, thus, the development of clinical resources in training: for example, the enrichment of piano and guitar skills and the development of clinical intervention and practical skills that are client specific and goal orientated. This clearly relates to their perceived needs in practice; to be better equipped to meet the needs of their clients and the contexts.

- Exposure and more information to a variety of client groups, practical information on handling handicapped patients physically as well as information on early intervention strategies. Some of them also suggest training in working with higher functioning individuals.

- Work in the specific contexts call for a need to be better informed about different contexts, other disciplines with which they are working with within these contexts, as well as additional experience of and introduction to Community Music Therapy work. They suggest and express a need for training and experience in the medical field, as well as additional courses in counselling skills that are required in practice.

- Most of the respondents accentuated the financial implications of the profession and that music therapy is currently a non-lucrative profession that can benefit from basic knowledge of business skills in order to change this situation. This includes their needs regarding how to start and handle a private practice, marketing and more emphasis on the development of entrepreneurial skills.

5.4. Conclusion

As seen from the above discussion, this study reveals that the respondents' perceptions of and suggestions for the training programme are mainly based on the following topics.

- Training and development of additional clinical and practical skills, e.g. drumming skills, clinical intervention and practical skills.
- Information about different client groups that will help and guide respondents to meet the clients' needs. They also suggested training regarding therapy with higher functioning individuals.
- Information about other disciplines as well as additional skills, e.g. training and information about the medical field and counselling skills.
- Training in business skills and marketing. I believe that this will not be to equip music therapists to be solely practicing music therapy but also "as a new career within an ever more diverse and flexible employment market, perhaps notions of multiplicity and portfolio careers can be viewed almost as a 'given' within music therapy" (Stewart 2000:22).

The fact that, although they worded it differently, the respondents identified the same basic shortcomings in the course, validates their suggestions. Petrie (1993) refers to Pennington and Green (1997) in his article, where they noted, "in the past, many have made changes on bits and pieces of a curriculum to meet the demands of an immediate problem but have neglected assessment of the total curriculum. They also noted that the actual needs of the learners were seldom considered when generating a new or improved curriculum programme" (Petrie 1993).

The aim of this study was not to improve the curriculum program but it is to construct a profile of music therapy graduates from the University of Pretoria who are currently practising in South Africa, considering the emerging status of the music therapy profession. This will hopefully contribute to the growth of the music therapy profession and might in the future also contribute to the improvement of the training programme.

CHAPTER 6

CONCLUSION

I have been very excited about conducting this research, due to the opportunity to do a pioneering study about music therapy training in South Africa. In concluding this dissertation, I will now reflect on my perceptions and the limitations of the study, and discuss the respondents' suggestions.

6.1. Researcher's perceptions

I found that music therapy is clearly in its infancy as a profession in South Africa, as seen from the developmental processes that the respondents went through in order to establish the identity of the profession, for example their reflection on other professionals who are not well informed about what music therapy entails. As seen from the results, changes have already taken place within practice that shed light on the need for adaptations of the training programme.

I hope that this study will contribute to the growth and development of the profession, now that a profile of graduated music therapists from the University of Pretoria has been constructed. I have said previously that I also hope that this study will contribute to the possible improvement of the training programme and that future students will hopefully benefit from these changes in the training programme. On the other hand, I am not convinced that the profile sketches a complete picture of the perceptions of the respondents on the training programme. The following limitations of the study have been identified.

6.2. Limitations of the study

The questionnaire, as the only data collection method, directed the respondents into sharing certain personal perceptions and aspects of their training. The following limitations have been identified; I will make suggestions within the process of discussing these.

- Detail on demographic data – information regarding home base before training would have provided for a sense of the impact of the respondents' choice of home base after training.
- The average time that the respondents did clinical music therapy work per week didn't provide for the amount of ½ days that the respondents worked per week, only for the amount of full days. This made it impossible to determine the average days per week, for each year, that the respondents were practising music therapy.
- A question on how the respondents experience the difference between the practical training within the different placements, and practicing music therapy in the field, could have provided valuable insights and suggestions. This would have provided for the perceptions and inherent needs of the respondents on the process of getting acquainted with different contexts and client groups. Their needs in terms of the supervision processes that they underwent, within these placements, could also have been identified and researched in relation to their needs in practice.

I found that the research questions were not mutually exclusive and that the perceptions of the training programme showed similarities with the suggestions for the adaptation of the training programme. For future research on the changing profile of music therapy in South Africa, it is recommended that the assessment of the total curriculum in relation to the trends and needs in practice be considered.

6.3. Conclusion

The motivation of this study was to investigate whether the training meets the demand in practice and to contribute towards the growth of the music therapy profession. The profile of graduated music therapists in the field creates a profile for music therapy in South Africa. I am privileged to be part of this exciting development of the profession in order to share knowledge, celebrate the opportunity to provide therapy and to learn from others' contributions as to how to adapt training to meet the needs in practice.

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

July 2005.

Dear ……

I am writing to invite you, as a UP- trained music therapist, to be a participant in my research project. The purpose of this project is to gauge the relevance of the current music therapy MMus programme in relation to job demands, work opportunities, and career structures for Music Therapists in South Africa.

For this purpose, you are being invited to complete the attached questionnaire as fully as possible. In keeping with research ethics, your identity as respondent will be kept anonymous and the confidentiality of your comments will also be maintained. Also, the completed questionnaires will be made available only to persons conducting the study, and will be destroyed on completion of the project. Your participation in this project is voluntary and you may withdraw from the study at anytime. A summary/report of the findings will also be available to you, as participant.

If you are willing to participate in this project, I would be grateful for your signing this letter in duplicate, and returning one copy to me at the above address.

Consent

I have read, and understood the above information. I hereby give consent for my questionnaire responses to be used as part of Talita Theron's research study, under the above conditions.

Participant's signature _____ Date _____

Talita Theron signature _____ Date _____

Prof. M. Pavlicevic _____Date _____

Academic Supervisor _____Date _____

Questionnaire for Mini-Dissertation Study

Section A - Demographics

1. Personal details

- Year of graduating at the University of Pretoria, as a Music Therapist _____
- Age at graduation: _____
- Number of years since graduation: _____
- Language group: _____
- Home base during training: _____
- Home base after training: _____
- Gender: Male/Female

Qualifications prior to M.Mus (Music Therapy):

Work experience prior to M.Mus (Music Therapy):

Marriage status during training: (*e.g. married, divorced, single, co-habiting)*

Marriage status after training: (*e.g. married, divorced, single, co-habiting)*

Number of children, during training _____ Ages: _____

Number of children currently _____ Ages: _____

Section B – Your Professional training and career

2. Training

How did you hear about the M.Mus (Music Therapy) UP training program?

How did you find the application / selection procedures of the course?

3. a). Your Current music therapy practice

Please first enter the years after you completed your training as follows:

E.g. if you graduated in April 2000, then,

Yr after training	**1st year**	**2nd**	**3rd**	**4th**	**5th**	**6th**
Enter year	2000	2001	2002	2003	2004	2005

E.g. if you graduated in April 2004, then,

Yr after training	**1st year**	**2nd**	**3rd**	**4th**	**5th**	**6th**
Enter year	2004	2005				

After entering the years as shown above, please enter the average time that you did clinical Music Therapy work (this excludes research, fundraising, etc) . for each year. (DO not enter other work you've done)

Mark appropriate box with a **X**

Yr after training	1st year	2nd year	3rd year	4th year	5th year	6th year
Enter year						
Full-time MT						
1 day/week						
2 days/week						
3 days/week						
4 days/week						
½ days/week						
No MT						

What proportion of your week is CURRENTLY devoted to general music therapy work and to other work? (out of 5 days per week or 10 ½ days/week) e.g.

music therapy	2/5
education	½ /5
special education	2/5
private music lessons	½ /5
other	

Please rank in order of 1º /2º /3º client group

Type of work	Days or ½ days per week

3.b). Current Music Therapy clinical work (This section asks you about your current clinical work, not what you have done in the past)

- Specify the music therapy client group you are currently working with the most, including age group, client group, kind of practice, context, sector
  - E.g. of age group: (*0 – 2 yrs, 3-6yrs, 6-12 yrs, 13-20 yrs, adults, old people)*
  - E.g. of client group: (*autism, mental health, developmental delay, physical handicap, senile dementia)*
  - E.g. of context: (*private practice, hospital, residential, institutions, school, day clinics, volunteer centers, community centers)*
  - E.g. of sectors : (e.g. *private, public or NGO's, charities)*

Days/week	Age group	Client group	Context	Sector

Are you involved in a multi-disciplinary team at any of these contexts, please state which ones.

Yes	No

If yes, please list the other disciplines on the team.

PLACE	Disciplines on multi-disciplinary team

Who remunerates you (e.g. institution, clients in institution; voluntary, funds specially raised by institution / by you, etc)

3. c). Current Music Therapy <u>non-clinical</u> work

Please describe your current Music Therapy non-clinical work, e.g. research, fundraising or public relations, and % of your working week you do this.

4. Other / Non Music Therapy work

- Please describe as fully as possible, including; amount of time per week what other work you do (excluding MT research / fundraising etc.)

Days/week	Description

- Please describe why you are doing other (non Music Therapy) work, e.g. no MT work / enjoy variety / keep up music performance / family demands / burn out / remuneration / etc

---

Section C – The M.Mus (Music Therapy) Programme.

This section asks for your input with regard to the music therapy training course, based on your experience. Please describe as fully as possible.

5. Please list how have you adapted / extended / discarded aspects of your training in your work as a Music Therapist (and / or other work)?

6. What other training / career development courses, have you undertaken since graduating, and why/ why not?

7. Given all of the above, how would you like to see the training of music therapists being adapted, in relation to your experience as a professional Music Therapist?

8. Describe your attitude towards / satisfaction at / frustrations of / being in the Music Therapy profession in South Africa today.

ANY OTHER COMMENTS YOU WOULD LIKE TO MAKE?

If you would like to be informed of the outcome, please tick ……

If you are happy to be contacted for further information, please enter you contact number here ……

Thank you very much for your help and time in completing this questionnaire.

Talita Theron M.Mus (Music Therapy) yr 2

Section A

Section A : Demograhpics.

1. Personal details.

	April after yr 2 Graduate in Year _	Age	Years since gradu.	Language Group	Home base after training	Gender.
A	2001	24	4	Afr.	Pta.	Fem.
B	2001	23	4	Eng.	Cape Town	Fem.
C	~~2004~~ ~~2003~~	33	1	Eng	Jhb during / after	Fem.
D	2001	49	5	Afr.	Pta.	Fem.
E	2002	24	3	Eng.	Pta.	Fem.
F	~~April~~ 2001	25	4	Afr.	Pretoria.	Fem.
G	2004	28	1	English.	during / after Johannesb.	Fem.
H	2002	24	5	Afr.	Pretoria	Fem.
I	~~April~~ 2004	25	1	Afr.	Pretoria	Fem.
J	2004 (finished class in 2003)	25	1	English	Pta - week during training weekend / after Johannesburg	Fem.
K	2002	24	3	Afrikaans	Cape Town	Fem.
L	~~2001~~ ~~2000~~	60	4	Afrikaans	Pretoria	Female
M	~~2002~~ ~~2001~~	24	4	Afrikaans	Middelburg MP	Female.
N	~~2005~~ 2004	38	1	English	Pretoria	Female.
O	2004	41	1	English	Pta.	Female

Section A: ① Personal details

Marriage status



Section A: ① Personal

Number of children during + after training

	Number of Children: During	Ages	Number of children: After training	Ages
A	—	—	—	—
B	—	—	—	—
C	N/A	—	N/A	—
D	3	17, 22, 26	3	22, 27, 31
E	—	—	—	—
F	—	—	—	—
G	—	—	—	—
H	—	—	—	—
I	N/A	—	N/A.	—
J	—	—	—	—
K	—	—	—	—
L	3	26, 32, 34	3	30, 36, 38
M	—	—	—	—
N	3	4, 6, 11	3	6, 8, 13
O	4	4, 16, 18 twins	4	8, 20, 22 ↓ twins

Section A : (1) Personal details

Qualifications prior to MMus (Music Therapy)

	BMus	Other 4yr degree	Licentiat.	Teaching	Ad hoc.
A	BMus (UPE)				
B	BMus				
C		BA Psychology English majors			
D	BA (music)	*FE*D (special Ed) *BEd.		*THED- music (4 years)	
E	BMus				
F	BMus				
G	BMus (Ed) Wits				
H	BMus ✓				
I	BMus Pta ✓				
J	BMus (musicology) WITS	BA Hons (clinical psychology) WITS.			
K	BMus				
L	B. A. (mus)		L. T. C. L.	H. E. D.	
M	BMus Pta	Ba Hons (Psychology) Pta.			
N	BMus Hons (Musicology) UCT				
O	BA Hons Psych. →				

Section A · Personal details.

Work experience prior to MMus (Music Therapy.)

	Education	Health	Other	Ad hoc - small causes
A	music teaching ✓			orchestral playing
B				• Orchestra member. • Gigs - functions etc
C	Private guitar + piano tuition → 11 yrs Pre-school music appreciation - 5 yrs			
D	• 21 yrs teaching in general + special schools • private music teacher ✓ • 3 yrs part time lecturer (@ Zululand Univ.) Music Dept.			
E	~~BFG~~ —	—	—	—
F	Music teacher (1 yr.) ✓			
G	Class + individual music teacher → Crawford Fairways Feb 1999 - June 2002 ✓		Manager coffee shop July 2001 - Dec 2001	
H	Piano lessons since 1998 ✓			
I	Part of Bmus - music educ. was 2 teach ✓ @ Pinshof School 4 partially sighted learners	~~SLK III → practical Gauteng Level 8.~~		
J	Piano teaching + accompaniment ✓			
K	Private music lessons (2 yrs) ✓			
L	Music teacher (private practice) ✓			
M	—	—	—	—
N	Music teacher ✓			
O			Youth + Pastoral work.	

11 teaching music, this includes accompaniment + pre-school music appreciation

Section B.

2. Training.

How did you hear about MMus(MT) training program?

	Word of mouth	Website	Music department.
A		Read in UP bulletin.	
B	From a friend		
C		UP website	
D			Lecturer @ UP music department
E			Program was introduced while studying BMus @ UP
F	Written media + word of mouth.		
G	Through Mercedes Pavlicevic		
H			Program was introduced @ UP while studying BMus
I	Knew one of MT students that was in first training group		Was busy with BMus when program was introduced. MT as a capita selecta subject in 4th yr BMus
J			Lecturer @ WITS music department.
K			During BMus studies
L	Newspaper ~~Beeld~~	Newspaper: Beeld	
M			During studies @ UP (music dep.)
N		Internet	
O	Theology faculty at UP		

no response Word of mouth 4½ (27%) Media 4½ (30%) Music department + lecturer 6½ (43%)

Section B

2. Training

	How did you find the application / selection procedures of the course?
A	application - easy enough. Everyone was very helpfull, was well organised selection - seemed quite strict.
B	Fair. A little scary ... but necessarily so.
C	Nerve-wrecking but seemingly thorough
~~E~~ D	Application less strenuous than selection. Interview not true reflection of myself - outcome of interview could have been addressed in more constructive manner.
~~E~~ D	Good procedure, didn't let me feel at ease. Quite unfriendly with a "cold" atmosphere
F	Satisfying
G	Through Mercedes Pavlicevic N/A.
H	Challenging + intimidating
I	Intense, stressful.
J	Fair. Psychology masters program application was much more intense + stressful. ← after that the selection MT application was great
K	Appropriate
L	Very thorough, fair
M	Extremely nerve wrecking, difficult
N	Nerve-wrecking, thorough
E	Weak points seemed to be the focus points and were at times brought up during the course, instead of being looked at practically and with constructive criticism.
O	Thorough but fair

Section B

Section B: Question 2

How did you find the selection and application procedures

appropriate	1
fair	4
thorough	4
satisfying	1
challenging	1
strict	1
intense	1
stresful	1
difficult	1
nerve racking	3
unfriendly + cold	1
intimidating	1

Section B

3.a. Current MT practice

The average time that you did clinical MT work for each year after training.

	1ST year after training	1 day/ week	2 days/ week	3 days/ week	4 days/ week	½ days/ week	Full time MT	No MT
O	**2004**	**1st**	**2nd**			**1st**		
N	**2004**		**1st**		**2nd**			
M	**2002**			**1st** **2nd** **3rd**				

L	**2001**		**1st**	**2nd**	**3rd** **4th** **5th**			
K	**2002**	**1st**	**2nd** **3rd** **4th**			**3rd** **4th**		
J	**2004**	**1st** **2nd**						
I	**2004**	**1st**	**2nd**					
H	**2002**					**1st** **2nd** **3rd** **4th**		
G	**2004**					**1st** **2nd**		
F	**2001**	**1st** **2nd**	**3rd** **4th** **5th**					
E	**2002**					**1st** **2nd** **3rd**	**4th**	
D	**2001**	**4th** **5th**	**1st** **2nd** **3rd**					
C	**2004**		**2nd**	**1st**				
B	**2001**			**2nd** **4th**	**1st**	**3rd**		
A	**2001**					**1st** **2nd** **3rd** **4th**		
	1st	5	3	2	1	5		
	2nd	2	5	3	1	4		
	3rd	-	3	1	1	5		
	4th	1	2	1	1	3	1	
	5th	1	1	-	1	1		

What proportion of your week is currently devoted to general music therapy work and other work?

1	2	3	4	Other
Music Therapy 40%	Music lessons 10%	MT departm. 20%	Private music work And Studies MT 30%	
Music Therapy 90%	Music lessons 10%			
Music Therapy 30%	Music lessons 30%	MT departm. 20%	Studies MT 20%	
Music Therapy 60%	Music lessons 40%	Counselling 10%	?	
Music Therapy 50%				
Music Therapy 20%	Music lessons 30%	Studies MT 40%		Not spesif. 10%
Music Therapy 40%	Music educ. 50%	Music lessons 10%		
Music Therapy 50%	Music lessons 50%			
Music lessons 40%	Music Therapy 20%			Not spesif. 40%
Music Therapy 30%	Music educ. 10%	Music lessons 40%		Not spesif. 20%
Music Therapy 100%				
Special educ. 100%	Music Therapy 20%			
Music Therapy 20%	Music educ. 30%	Music lessons 50%		
Music Therapy 63.60%	Music lessons 27.30%	Gigs 9.10%		
Music Therapy 30%	MT departm. 10%	Music educ. 10%	Music lesson 50%	

Sec. B. 26) Current MT clinical work: age group + client group

Physically	O → Adults A → ~~0~~ 0-5 M → Adults N → 14-54 H → 4-25 C → 8-40 J → 3-12 D → 0-6 F → 6-7, 10-15
Mentally	O → adults M → adults N → 14-54 C → 8-40 D → 0-6 A → 3-5 B → 15yrs. F → 10-15
Dev. delay	M → 3-6 J → 3-6 A → 0-3 I → 9 L → 3-6 F → 6-7
Eating disorders	K → 10yrs - adults
Trauma	K → 6-14 E → 3-12 B → 6-15
Depression	M → adults
Emotional dysr. + difficulties	O → children J → 3-12 M → 6-12
Learning disabilities	M → 6-12
Oncology	H → adults
Epilepsy	J → 3-12
Neuro impairm.	G → adult F → 10-15
Neuro trauma	G → adult
Autism/asperger	A → 0-3 N → 6-9 J → 3-12 I → 4 F → 18, 4, 10-15

Adults → 2

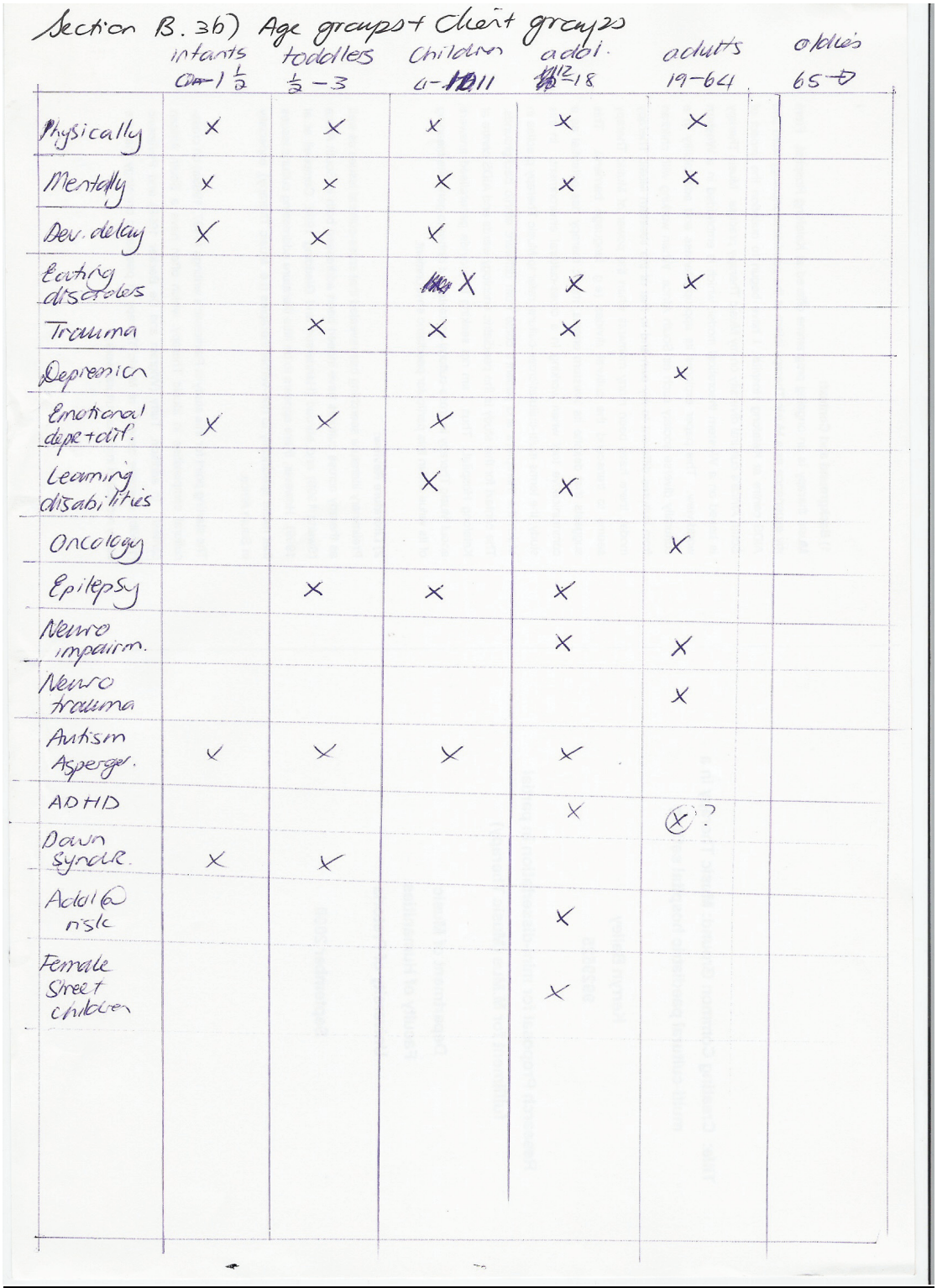
Section B. 3b) Current MT clinical work : Age group + client group.

ADHD ✓ I → 15
~~F → 4, 10–15~~
M → adults

Down Syndrome A → 0–3

Adol. @ risk 0 → 13–20

Female street children 0 → 13–20.



Section B. 3b) Age groups + Client groups

	infants 0–1½	toddlers ½–3	children 4–11	adol. 12–18	adults 19–64	elderly 65+
Physically	X	X	X	X	X	
Mentally	X	X	X	X	X	
Dev. delay	X	X	X			
Eating disorders			X	X	X	
Trauma		X	X	X		
Depression					X	
Emotional dep + dif.	X	X	X			
Learning disabilities			X	X		
Oncology					X	
Epilepsy		X	X	X		
Neuro impairm.				X	X	
Neuro trauma					X	
Autism Asperger.	✓	X	X	X		
ADHD				X	(X)?	
Down syndr.	X	X				
Adol 6 risk				X		
Female Street children				X		

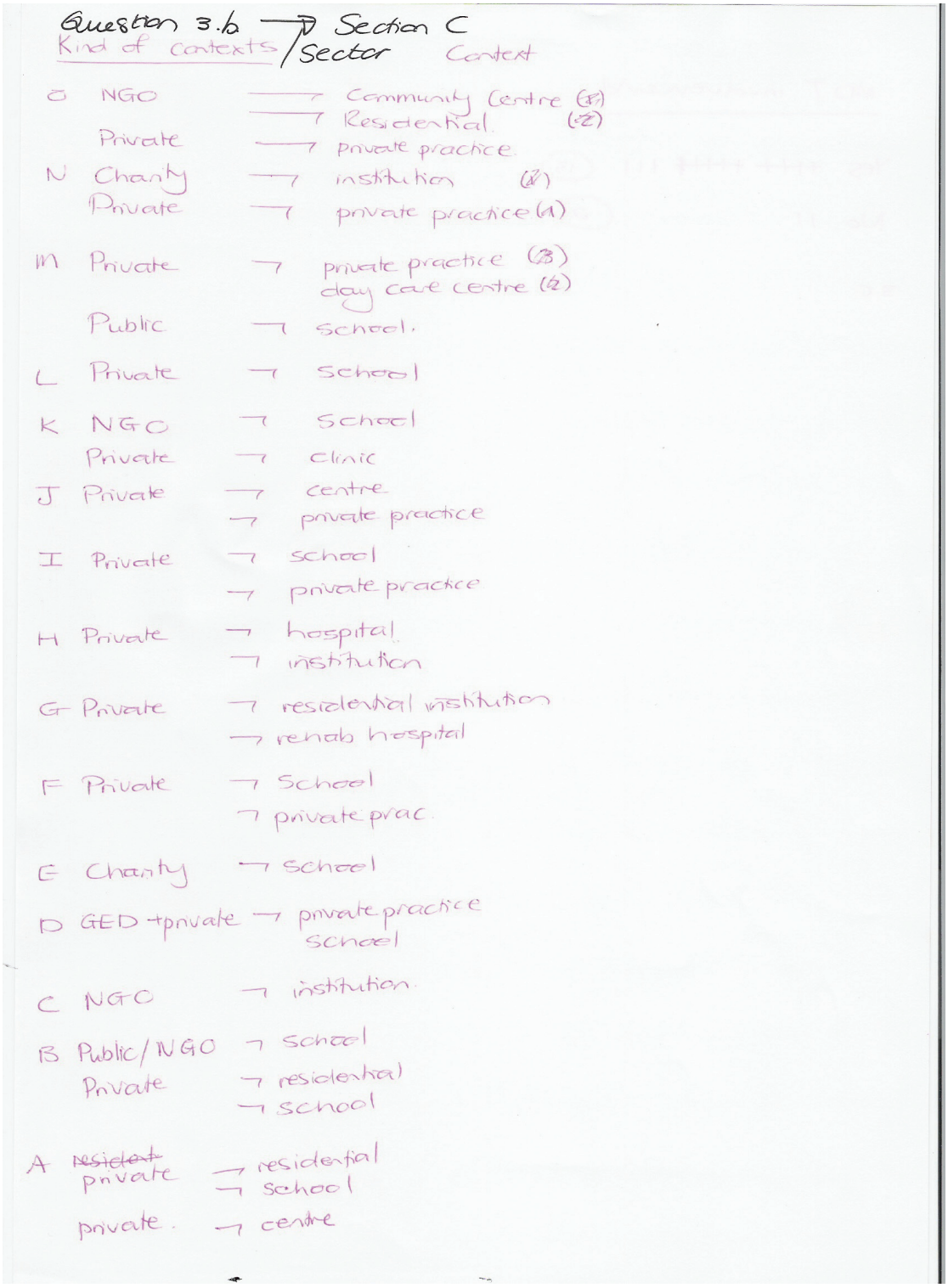
Section B

3.b. Current Music Therapy Clinical Work.

(This section asks you about your current clinical work, not what you have done in the past)

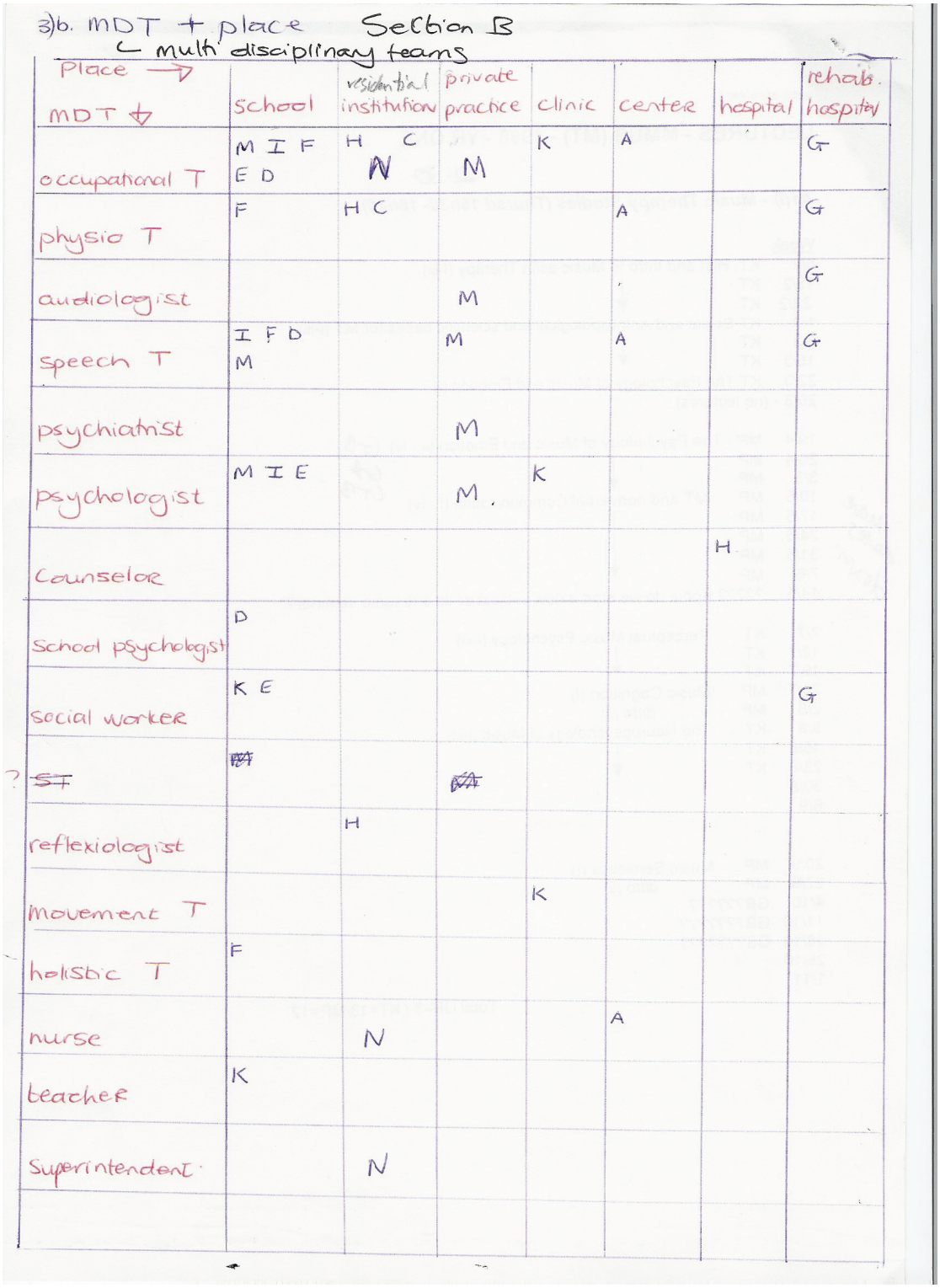
Client Groups and Contexts

Client Group	handicap			psychological					medical				other				
Context	physically	mentally	developm.delay	eating disorders	trauma	depression	emotional depr./diffic.	learning disability	oncology	epilepsy	neuro impairment	neuro trauma	autism/asperger	ADHD	down syndrome	adol. At risk	female street children
Clinic				K													
Day care center/ centers	A M	M	M J A										A		A	O	
Hospital									H								
Institution	N H C	N C															
Private practice	J D	D	M I			M	O J M	M		J			N J I F	I F M			
Rehabilitation hospital												G					
Residential	O A	O A B									G						O
School	F D A	F D A	L F		K E B		M				F		I	F			
Total																	



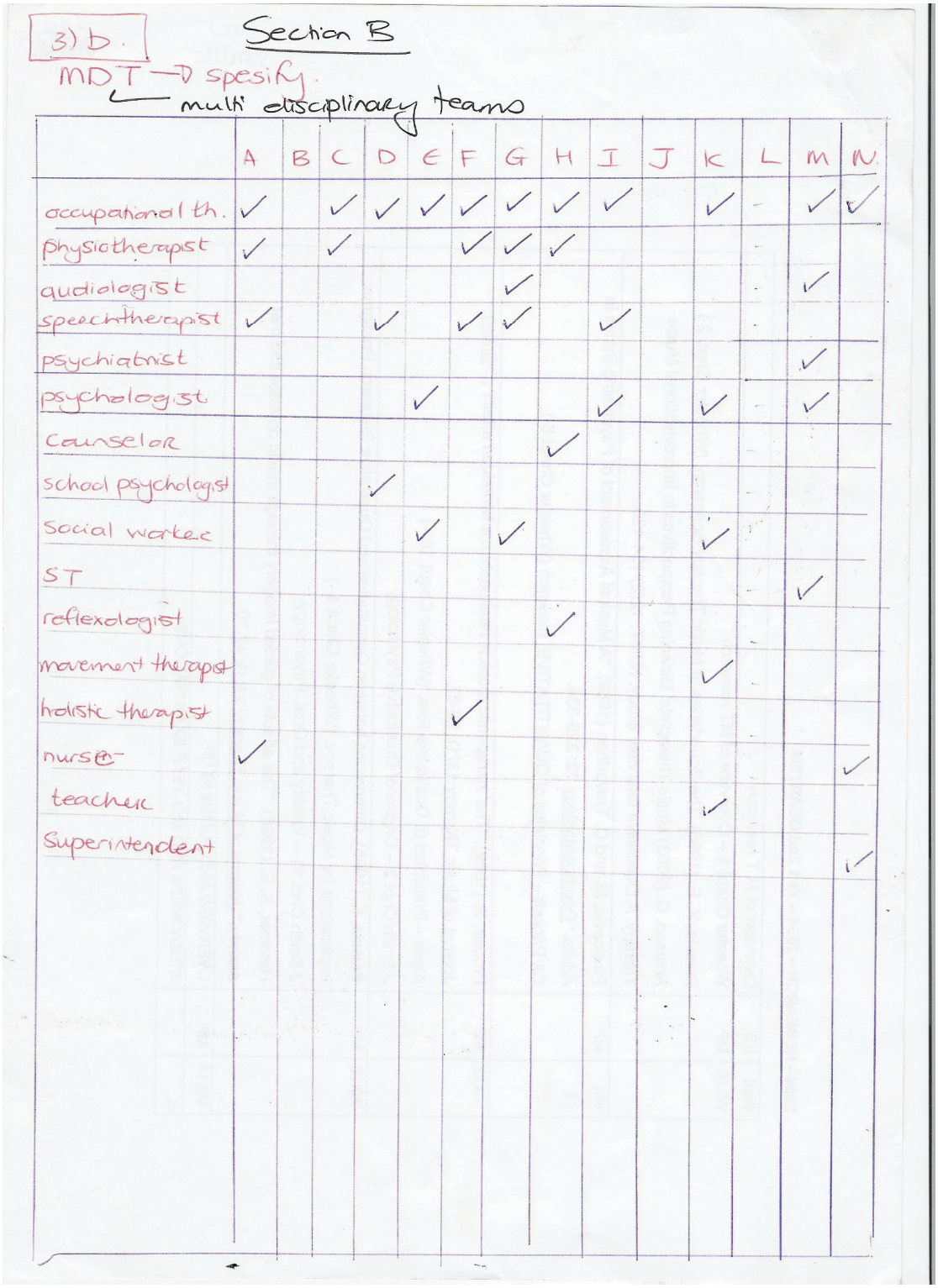
Question 3.b → Section C

Kind of contexts / Sector	Context
G NGO	→ Community Centre (1)
	→ Residential (2)
Private	→ private practice
N Charity	→ institution (1)
Private	→ private practice (1)
M Private	→ private practice (3)
	day care centre (1)
Public	→ school.
L Private	→ school
K NGO	→ school
Private	→ clinic
J Private	→ centre
	→ private practice
I Private	→ school
	→ private practice
H Private	→ hospital
	→ institution
G Private	→ residential institution
	→ rehab hospital
F Private	→ School
	→ private prac
E Charity	→ school
D GED + private	→ private practice
	school
C NGO	→ institution.
B Public / NGO	→ school
Private	→ residential
	→ school
A ~~resident~~ private	→ residential
	→ school
private.	→ centre



3)b. MDT + place Section B
↳ multi disciplinary teams

Place → / MDT ↓	school	residential institution	private practice	clinic	center	hospital	rehab. hospital
occupational T	M I F E D	H C N	M	K	A		G
physio T	F	H C			A		G
audiologist			M				G
speech T	I F D M		M		A		G
psychiatrist			M				
psychologist	M I E		M	K			
Counselor						H	
school psychologist	D						
social worker	K E						G
~~ST~~	~~[illegible]~~		~~[illegible]~~				
reflexiologist		H					
movement T				K			
holistic T	F						
nurse		N			A		
teacher	K						
Superintendent		N					



3) b.

Section B

MDT → spesify.
← multi disciplinary teams

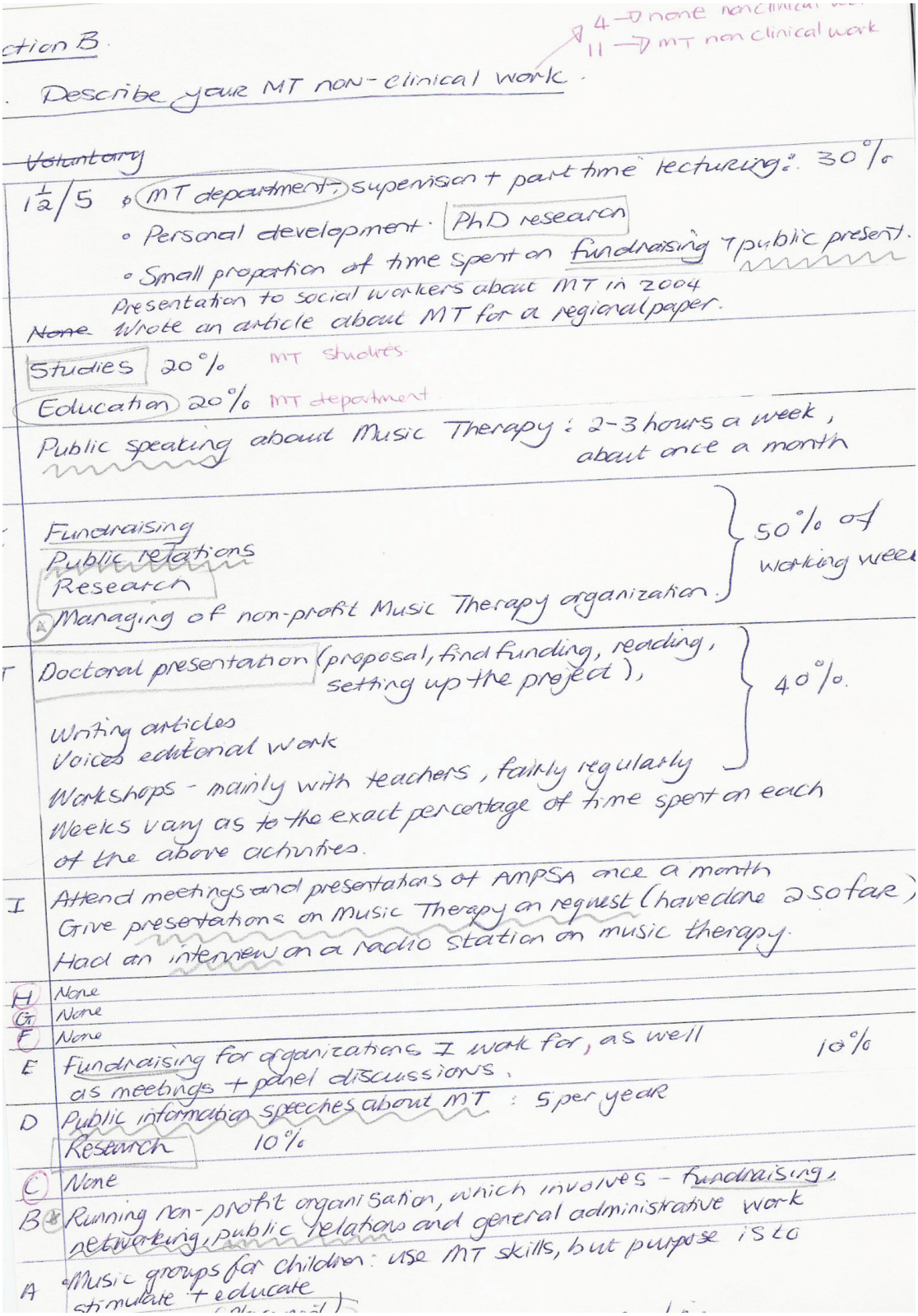
	A	B	C	D	E	F	G	H	I	J	K	L	M	N
occupational th.	✓		✓	✓	✓	✓	✓	✓	✓		✓	-	✓	✓
physiotherapist	✓		✓			✓	✓	✓				-		
audiologist							✓					-	✓	
speechtherapist	✓			✓		✓	✓		✓			-		
psychiatrist													✓	
psychologist					✓				✓		✓	-	✓	
Counselor								✓				-		
school psychologist				✓								-		
social worker					✓		✓				✓	-		
ST												-	✓	
reflexologist								✓				-		
movement therapist											✓	-		
holistic therapist						✓						-		
nurse	✓											-		✓
teacher											✓	-		
Superintendent												-		✓

Section B: Question 3b

Who remunerates your work?

- voluntary
- institution
- institution, clients, voluntary
- clients
- clients, funds raised
- institution, clients
- clients
- institutions
- institution, funds
- clients
- institution
- education department, clients, voluntary
- institution
- funds raised, clients, institution
- institution, clients

Institution	4
Institution, clients	2
Institution, funds raised	1
Institution, clients, funds raised	1
Institution, client, voluntary	1
Clients	3
Clients, funds raised	1
Voluntary	1
Education department, clients, voluntary	1



ction B.

4 → none non-clinical
11 → MT non clinical work

. Describe your MT non-clinical work.

~~Voluntary~~

12/5 • MT department supervision + part time lecturing: 30%
• Personal development · PhD research
• Small proportion of time spent on fundraising + public present.
Presentation to social workers about MT in 2004

~~None~~ Wrote an article about MT for a regional paper.

Studies 20% MT studies

Education 20% MT department

Public speaking about Music Therapy: 2-3 hours a week, about once a month

Fundraising
Public relations
Research
A Managing of non-profit Music Therapy organization. } 50% of working week

T Doctoral presentation (proposal, find funding, reading, setting up the project), } 40%.
Writing articles
Voices editorial work
Workshops - mainly with teachers, fairly regularly
Weeks vary as to the exact percentage of time spent on each of the above activities.

I Attend meetings and presentations of AMPSA once a month
Give presentations on Music Therapy on request (have done 2 so far)
Had an interview on a radio station on music therapy.

H None
G None
F None

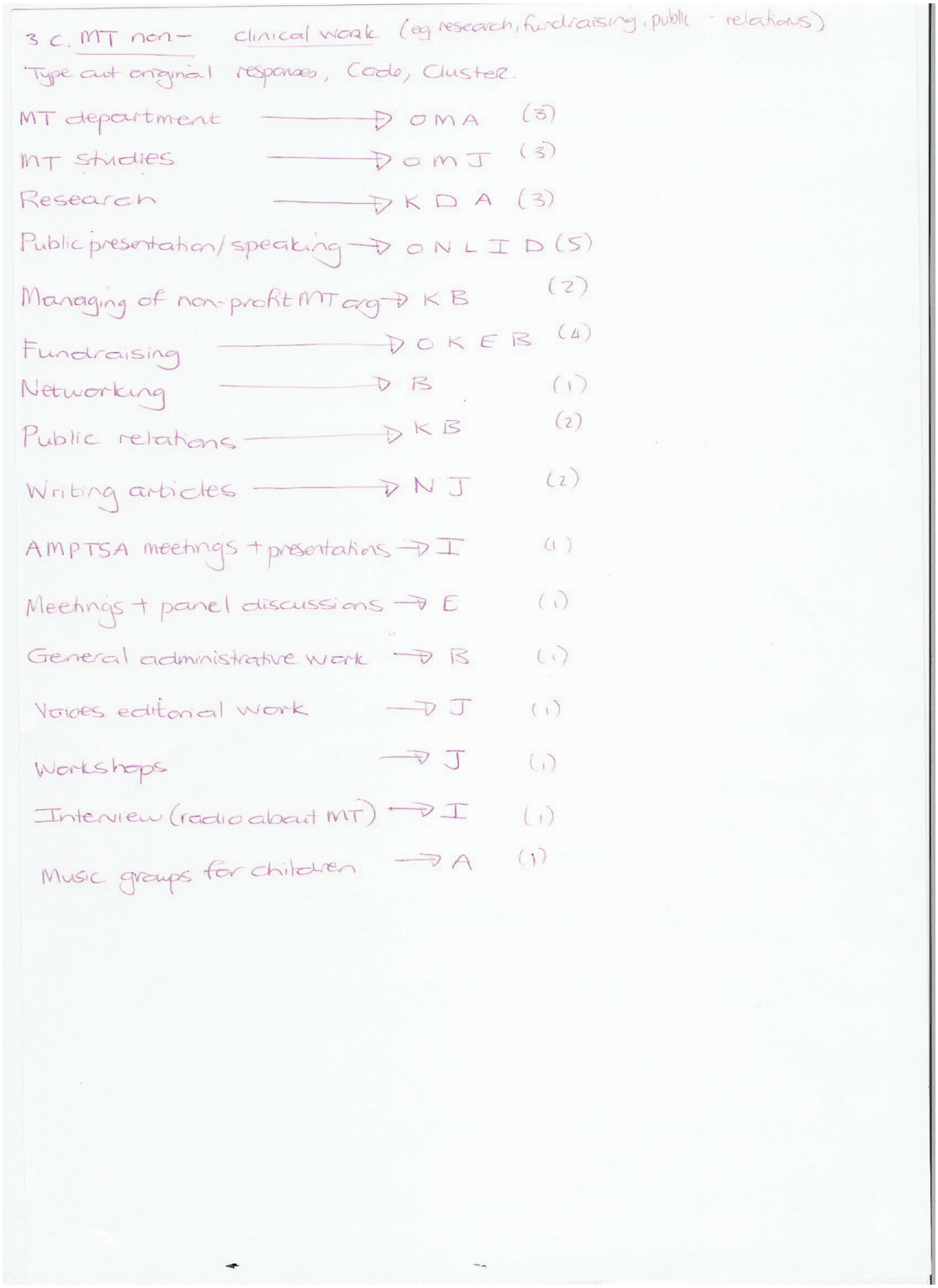
E Fundraising for organizations I work for, as well as meetings + panel discussions. 10%

D Public information speeches about MT: 5 per year
Research 10%

C None

B Running non-profit organisation, which involves - fundraising, networking, public relations and general administrative work

A Music groups for children: use MT skills, but purpose is to stimulate + educate



3 c. MT non- clinical work (eg research, fundraising, public - relations)

Type out original responses, Code, Cluster.

MT department → O M A (3)

MT studies → O M J (3)

Research → K D A (3)

Public presentation/speaking → O N L I D (5)

Managing of non-profit MT org → K B (2)

Fundraising → O K E B (4)

Networking → B (1)

Public relations → K B (2)

Writing articles → N J (2)

AMPTSA meetings + presentations → I (1)

Meetings + panel discussions → E (1)

General administrative work → B (1)

Voices editorial work → J (1)

Workshops → J (1)

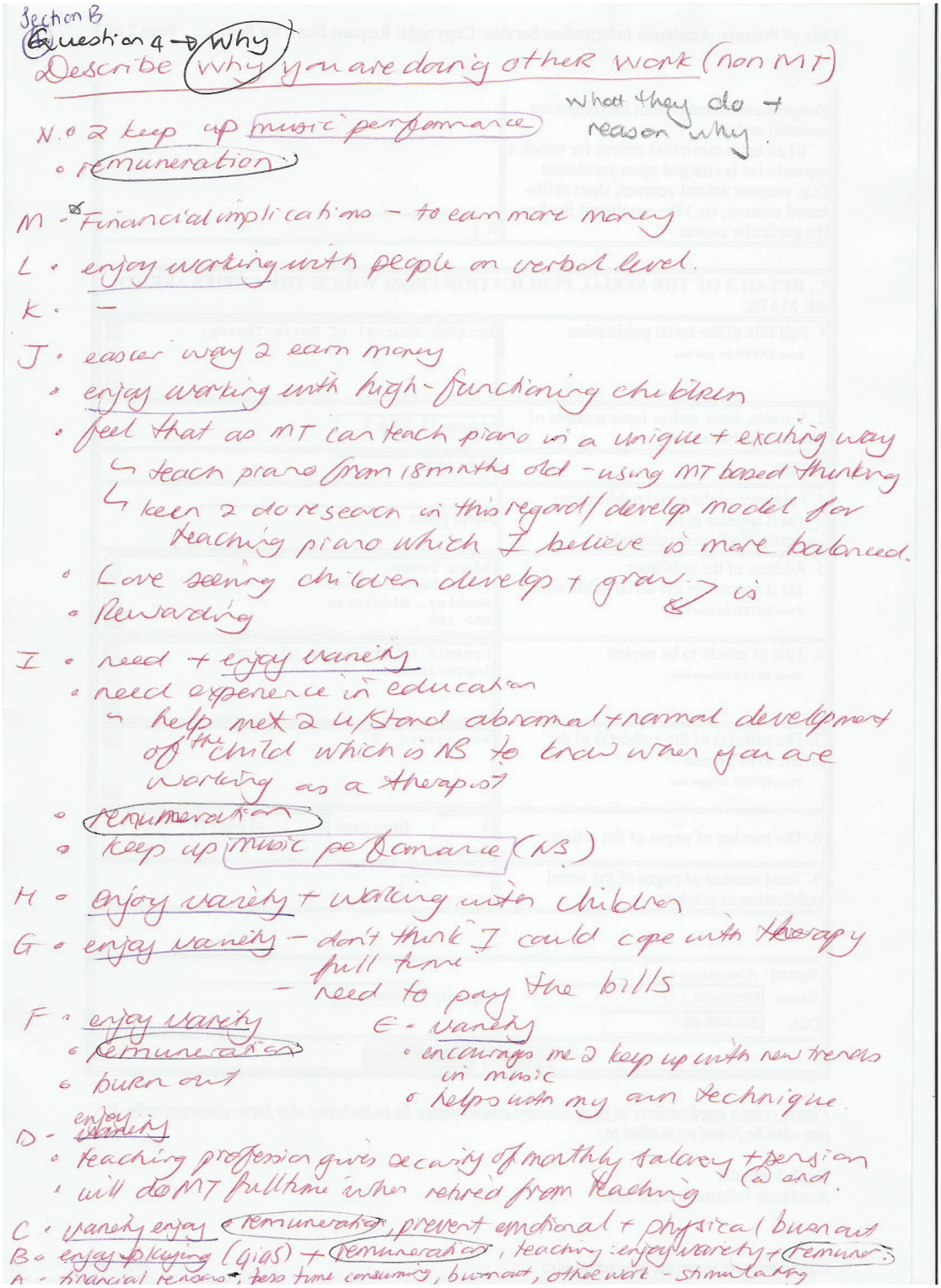
Interview (radio about MT) → I (1)

Music groups for children → A (1)

Section B (What)

4. Other/Non Music Therapy Work

	% per working week	
O	10% 10%	Private music lessons Private music work
N	40% 16% ($\frac{1}{5}$day)	Piano and Guitar Lessons Pianist.
M	30%	Lessons
L	20%	Counselling
K	–	–
~~J~~	30%	Private piano lessons.
I	50% 10%	Music education - go to nursery schools to do music with children Private music lessons
H	50%	Music lessons
G	40%	Piano lessons
F	20% 40%	Music groups Music lessons
E	16%	Private music lessons
D		Work as HOD teacher at a special school 5/5 mornings PhD study in Educational Psychology at UP (2nd year) 5/5 evening Female Choir Leader 1/5 Accompanist for two school choirs 2/5 Worship leader in the church 1/5
C	50% 30%	Private music lessons Music appreciation with preschool children
B	30% 10%	Music lessons + community project Gigs - playing in small ensemble
A	50%	Private music lessons



Section B
Question 4 – Why
Describe why you are doing other work (non MT)
what they do + reason why.

N. • 2 keep up music performance
  • remuneration

M • Financial implications – to earn more money

L • enjoy working with people on verbal level.

K • –

J • easier way 2 earn money
  • enjoy working with high-functioning children
  • feel that as MT can teach piano in a unique + exciting way
    ↳ teach piano from 18 months old – using MT based thinking
    ↳ keen 2 do research in this regard / develop model for teaching piano which I believe is more balanced.
  • Love seeing children develop + grow → is
  • Rewarding

I • need + enjoy variety
  • need experience in education
    ↳ help me 2 u/stand abnormal + normal development of the child which is NB to know when you are working as a therapist
  • remuneration
  • keep up music performance (NB)

H • enjoy variety + working with children

G • enjoy variety – don't think I could cope with therapy full time
  – need to pay the bills

F • enjoy variety
  • remuneration
  • burn out

E • variety
  • encourages me 2 keep up with new trends in music
  • helps with my own technique

D • enjoy variety
  • teaching profession gives security of monthly salary + pension (a and.
  • will do MT full time when retired from teaching

C • variety enjoy remuneration prevent emotional + physical burn out

B • enjoy playing (gigs) + remuneration; teaching: enjoy/variety + remuner.

A • financial reasons; less time consuming, burnout, other work – stimulating

1

Questionnaires : Mini Dissertation

Section C: Question 5 : Question 5

Please lists how have you adapted / extended / discarded aspects of your training in your work as MT's (and / or other work)?

	Use	Adapted	Extended	Discarded	
N	I use: Theory of Improvisation, reflective stance, theory of transference and countertransference. I do not use the Nordoff Robbins Rating Scales				U: Theory of improv ◦ IMPROV Reflective stance Theory of transf + Counter T D: NR Scales.
N	Theory of improv. ◦ IMPROV THEORY Reflective stance ◦ REFLECT STANCE Theory of transfern ◦ TRANS + CTRANS and counter trans.			Use of NR scales ◦ NR Scales.	
M	A more balanced approach to MT. Experiencing a greater need to further studies-maybe addressing isolation				
M					
L	I have extended aspects of my training through additional courses, e.g. counselling, drumming. Adaptations had to be made as a result of a great variety of clients and their needs. Discussion groups and reading widely has also been valuable in handling different clients.				A: due to variety of ◦ clients needs E ◦ discussion groups + reading to handle diff clients ◦ additional courses (drumming, counselling
L		◦ CLIENT GNEEDS Had to be made as a result of a great variety of clients and their needs. Discussion groups and reading widely has also been valuable in handling different clients	Through additional courses eg. drumming and counselling ◦ ADD COURSES		
K	I have extended my MT work by reading up on material related specifically to the client populations that I am working with now. I try to stay updated on the latest research happening internationally in music therapy. I further adapted my approach by including a more community focused perspective in my clinical work which was not really a part of my training.				

2

	Use	Adapted	Extended	Discarded	
K		Including a more comm. focused perspective in clinical work which wasn't part of my training. ◦ INC. CoPersp.	◦ READING Reading up on material related spesifically to the client populations I am working with now. Try to stay updated on the latest international research in MT		A: Comm. focused perspective E: reading up on related material + latest international research
J	Use clinical musical knowledge- felt well prepared to think up activities to use with clients. Also value the reflective, analytical and interpretive skills learned in the course when thinking about my client. Felt under-prepared when it came to "working through" especially emotional issues. I felt I could 'elicit' certain things- ie. Facilitate the expression of emotional material but wasn't as prepared when it came to working through and resolving things with my clients. I've adapted a lot of what I learned in my piano teaching - especially with very young students. Improvisation, meeting/matching, play, relationship in music etc.				U: ◦ clinical musical knowledge ◦ value reflective, analytical + interpretive skills learned A: piano teaching using * improv. * meeting + matching * play * relationship in music
J	Clinical musical knowledge Felt well prepared 2 think up activities to use with clients Value the reflective , analytical, interpretive skills learned in course with my clients	improvisation, meeting/ matching, play, relationship in music in piano teaching especially with very young students.			
I	You are bombarded with so many skills, theory and research during the training and everything do not always make sense, you also sometimes wonder why you have to know or even think about certain things in certain ways. When you start working as a music therapist you see that it's not possible for you to just come to the school for example and do your music therapy sessions and then go again. You are part of a system and part of (sometimes) very difficult population groups which force you to think and react in ways that you might not have thought of without the training. You might not always do or think the 'right' things but at least you are aware of certain aspects which will help you to handle, speculate or think about a situation. In terms of writing reports for clients- in training it is very important to write the reports in a very academic and formally manner. It does not always work to write a report in a formal and very academic way. The parents want to know what you do, and how the child is responding to what is done in the sessions. It is sometimes necessary to write in a very informal but professional way to communicate the resul				A: writing of reports to communicate results to parents.

3

I		◦REPORT WRITTING			
	Use	Adapted	Extended	Discarded	
H	The MMus course is the foundation of my career. In music therapy sessions one attempt to adapt and extend according to your client group's needs - for example when working with the oncology patients I had to adapt my msic therapy techniques in using mostly music listening with them.				U: training as foundation of work A: according to client groups needs E: " " "
H	MT course is the foundation of my work. ◦BASIC PRINC.	According to client group's needs. eg. oncology patients, had to adapt techniques in using mostly listening with them. ◦CLIENT GNeeds	According to client group's needs. ◦CLIENT G. Needs		
G	Use basic principles. Haven't done any individual work, so not much chance to expand in that area ✓				U: Basic principles
G	Basic principles ◦BASIC PRINC.		No individual work, not much chance to expand in that area.		
F	I find that MT training gives me a different perspective on teaching. I teach differently nw than before the course. I also teach handicapped children to play certain instruments. In clinical MT I have to adapt to different client groups, and uses a variety of clinical material. I discarded the use of piano, as I found that it is physically too far from the child.				
F	MT training gave different perspect. on teaching music. Teach differently now than before the course. Teach handicappd children to play certain instruments Variety of clinical material. ◦VARIETY CLIN. MAT.	To differet client groups ◦CLIENT G. NEEDS ◦TEACHING STRAT.		The use of piano- found it physically too far from the child ◦PIANO WORK	U: variety of clinical material A: according to client groups E: teach handicapped children to play instruments D: use of piano (physically too far from child)

4

	Use	Adapted	Extended	Discarded	
E	Adapted- I have received input from courses and have contact with other professionals. It broadens my perspective in my own work and helps me to define the goals in my work. Until now, I have been unable to incorporate all aspects of my training in my work. I do feel it necessary to discard anything, but will use these aspects at a later stage of my work and when it is required.				U: unable to incorporate all aspects of training A: input from courses + other profess onals broader perspective + defining goals D: aspects of training unable to incorporate + not necessary - may use later.
E	Until now have been unable to incorporate all aspects of my training in my work	Received imput from courses and have contact with other professionals - it broadens my perspect. in my own work and helps me to define the goals in my work.	◦ADD. COURSES ◦CONTACT OTHER PROF	◦TRAINING NOT UNABLE INC. Until now have been unable to incorporate all aspects of my training in my work Do not feel it necessary, but will use these aspects of my training at a later stage of my work when it required	
D	I experienced my training as a MT very negatively. I went into the professional field very insecure and with no selfconfidence. I had to become again positive and with a feeling that I am OK. I appreciate the time that I had to know myself, but where is the support for 'heeling' of the MT? How can you work with people if you don't believe in yourself and that you believe that you can help others? It was also for me a barrier to realize that 95% of the course was in English. I had difficulty expressing myself in English and that cause extreme anxiety within myself.				
D					
C	I am continually drawing on the clinical resources from the course - adapting exercises and musical examples in clinical work.				U: Continually draws from training A: Exercises + musical examples
C	Continually draws from the course ◦BASIC PRINC.	Exercises and musical examples in clinical work. ◦EXERC. + MUSICAL EG.			
B	Have discarded nothing, rather made use of skills and adapted them to suit a community setting. The course taught therapist to be "flexible" - most valuable when needing to 'improvise' a new approach!				E: Flexibility to improvise new approach. U: skills A: use skills + adapt to community setting
	◦BASIC PRINC+SKILLS	◦SKILLS & COMMS.	◦flex & improv		

B		Adapted and used skills to suit a community setting Course taught therapists to be flexible' in a new setting and to 'improvise' a new approach.			
	Use	Adapted	Extended	Discarded	
A	I am working only with children aged 6 months - 5 years. So I don't look at my notes about work with adults or elderly anymore. I found that I new relatively little about my client group. I have done a lot of reading since and I have attended seminars. I also find that a lot of Music Therapy articles are extremely theoretical (e.g. articles I found about MT and sensory integration). I am at a stage where I search more for clinical approaches/interventions, activities to use to address certain issues. I work in an outcome-based environment (it is hard to get around it). Also parents often accompany their children to sessions. I had to learn to talk about what I do and why I do it in a much easier to understand language. On the ohter hand, I also speak to my colleagues from other disciplines and find that I am not familiar with their academic language. (I don't know all the physiological terms - they all seem to have a much better 'medical' background). I also knew relatively little about the other disciplines (OT, physio, speech). (That made it difficult to know where I was supposed to fit in). There are a lot of therapies out there. There is a great deal of overlap (for examp				
A		Learn to talk to parents in less complicated manner ◦ COMM PARENTS	Reading + seminars Search for more clinical approaches/ intervent., activities to address certain issues - found a lot of MT articles in training extremely theoretical. ◦ SEARCH CLIN. INTERV. ◦ READING ◦ SEMINARS	Not using notes on adults and elderly - working with client group 6mnths-5 yrs ◦ NOTES ON ADULTS	
O	The basic principles of clinical improvisation have been of value in a number of contexts. In addition to this I have found other ways of working to be relevant in specific contexts: Performance, involvement with other members of community, drumming circles, guitar skills.				
O	The basic principles of clinical improvisat. have been of value in a number of ◦ BASIC PRINC. of IMPROV	I have found other ways of working to be relevant in spesific contexts: performance, involvement with other ◦ RELEV. IN CONTEXT	I have found other ways of working to be relevant in spesific contexts: performance, involvement with other ◦ RELEV IN CONTEXT.		
	contexts.	members of communt., drumming circles, guitar skills.	members of communt., drumming circles, guitar skills.		

Question 5 – coding

Use

- IMPROV. THERORY – theory of improvisation
- REFLEC. STANCE - reflective stance
- TRANS + C TRANS - transference and counter transference
- VARIETY CLIN. MAT – variety of clinical material
- BASIC PRINC + SKILLS – basic principles and skills
- BASIC PRINC: improv. – clinical improvisation

Adapt

- CLIENT GNEEDS – client group needs
- INC. CoPersp. – including a community focused perspective
- REPORT WRITING
- TEACHING STRAT(egies)
- EXCER + MUSICAL EG. – exercises + musical examples
- SKILLS 2 CommS - skills 2 community settings
- COMM. PARENTS - communication with parents, less complicated
- RELEV. IN CONTEXT - working is relevant to spesivic contexts
- PERF, COMM. Involv., DRUM, GUITAR

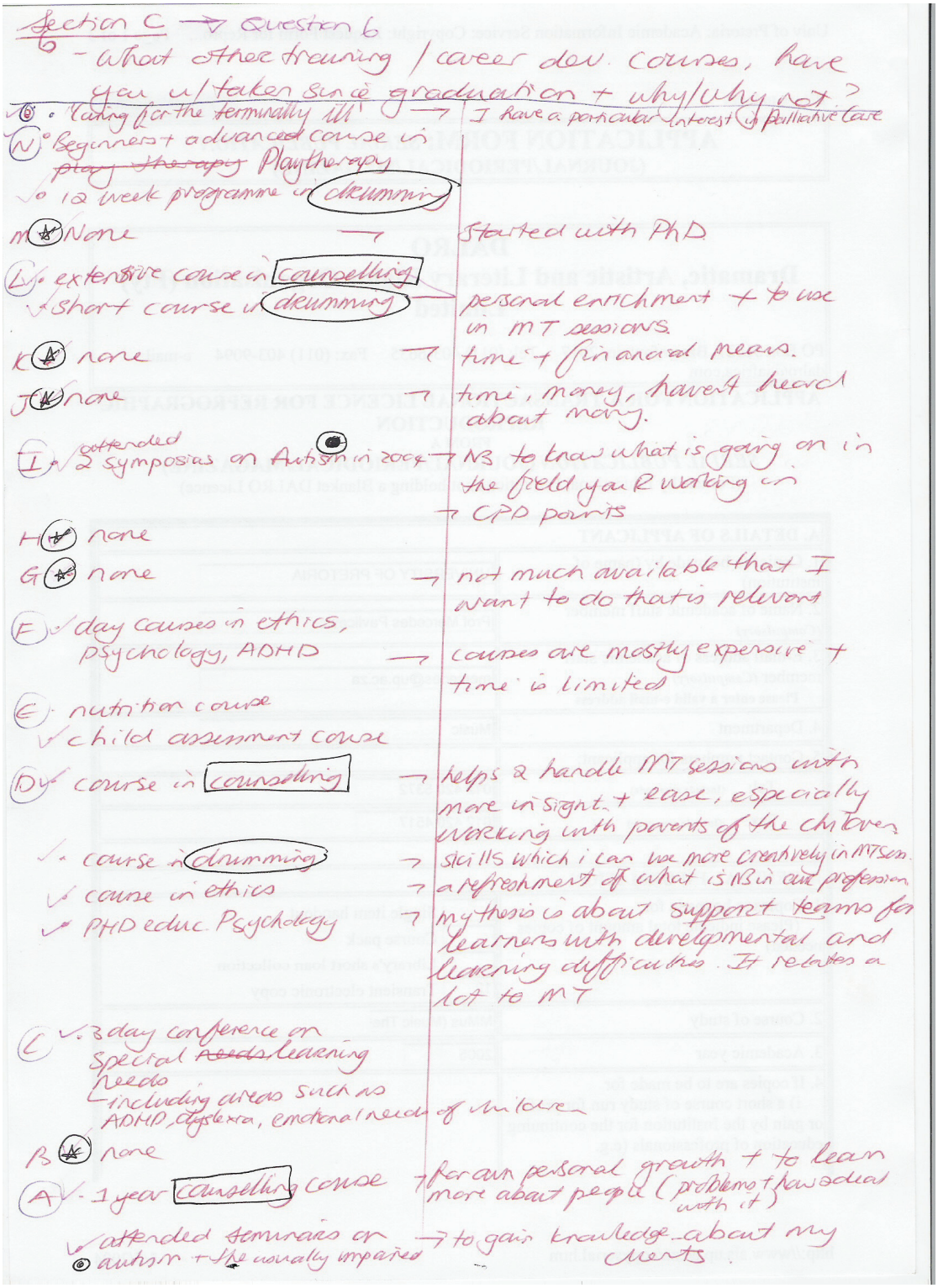
Clients + contexts Practice + interaction

Extend

- ADD. COURSES – additional courses
- READING - related material + updated
- CLIENT GNEEDS
- CONTACT OTHER PROF – contact with other professionals
- FLEX 2 IMPROV. – flexibility to improvise new approaches
- SEMINARS - attending
- SEARCH CLIN. INTER - search for clinical interventions' new approaches
- RELEV. IN CONTEXT - working is relevant to specific contexts
- PERF, COMM. Involv., DRUM, GUITAR

Clients + contexts
self enrichment?

- NR SCALES
- PIANO WORK
- TRAINING ASP. – training aspects, unable to incorporate
- NOTES ON ADT+ EL - notes on adults and elderly



Section C → Question 6

- What other training / career dev. courses, have you u/taken since graduation + why/why not?

O • Caring for the terminally ill' → I have a particular interest in palliative care

N • Beginners + advanced course in ~~play therapy~~ Playtherapy
✓ 12 week programme in drumming

M ★ None → Started with PhD

L ✓ extensive course in counselling
✓ short course in drumming → personal enrichment + to use in MT sessions.

K ★ none → time + financial means.

J ★ none → time, money, haven't heard about many.

I ✓ attended 2 symposias on Autism in 2004 → NB to know what is going on in the field you're working in
→ CPD points

H ★ none

G ★ none → not much available that I want to do that is relevant

F ✓ day courses in ethics, psychology, ADHD → courses are mostly expensive + time is limited

E • nutrition course
✓ child assessment course

D ✓ course in counselling → helps a handle MT sessions with more insight + ease, especially working with parents of the children

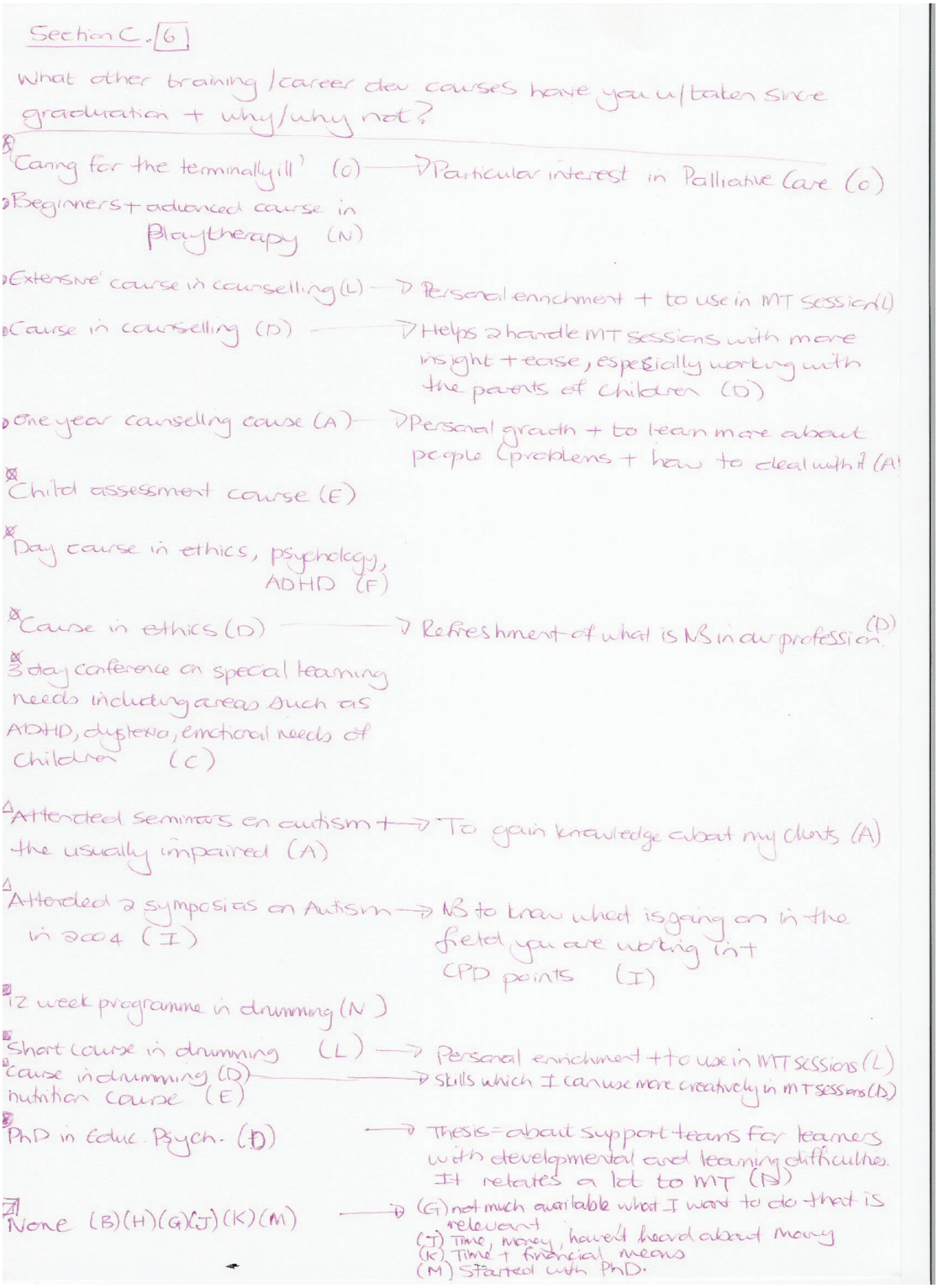
✓ course in drumming → skills which i can use more creatively in MT sess.
✓ course in ethics → a refreshment of what is NB in our profession
✓ PHD educ. Psychology → my thesis is about support teams for learners with developmental and learning difficulties. It relates a lot to MT

C ✓ 3 day conference on special ~~needs~~ learning needs including areas such as ADHD, dyslexia, emotional needs of children

B ★ none

A ✓ 1 year counselling course → for own personal growth + to learn more about people (problems I have/social with it)

✓ attended seminars on autism + the visually impaired → to gain knowledge about my clients.



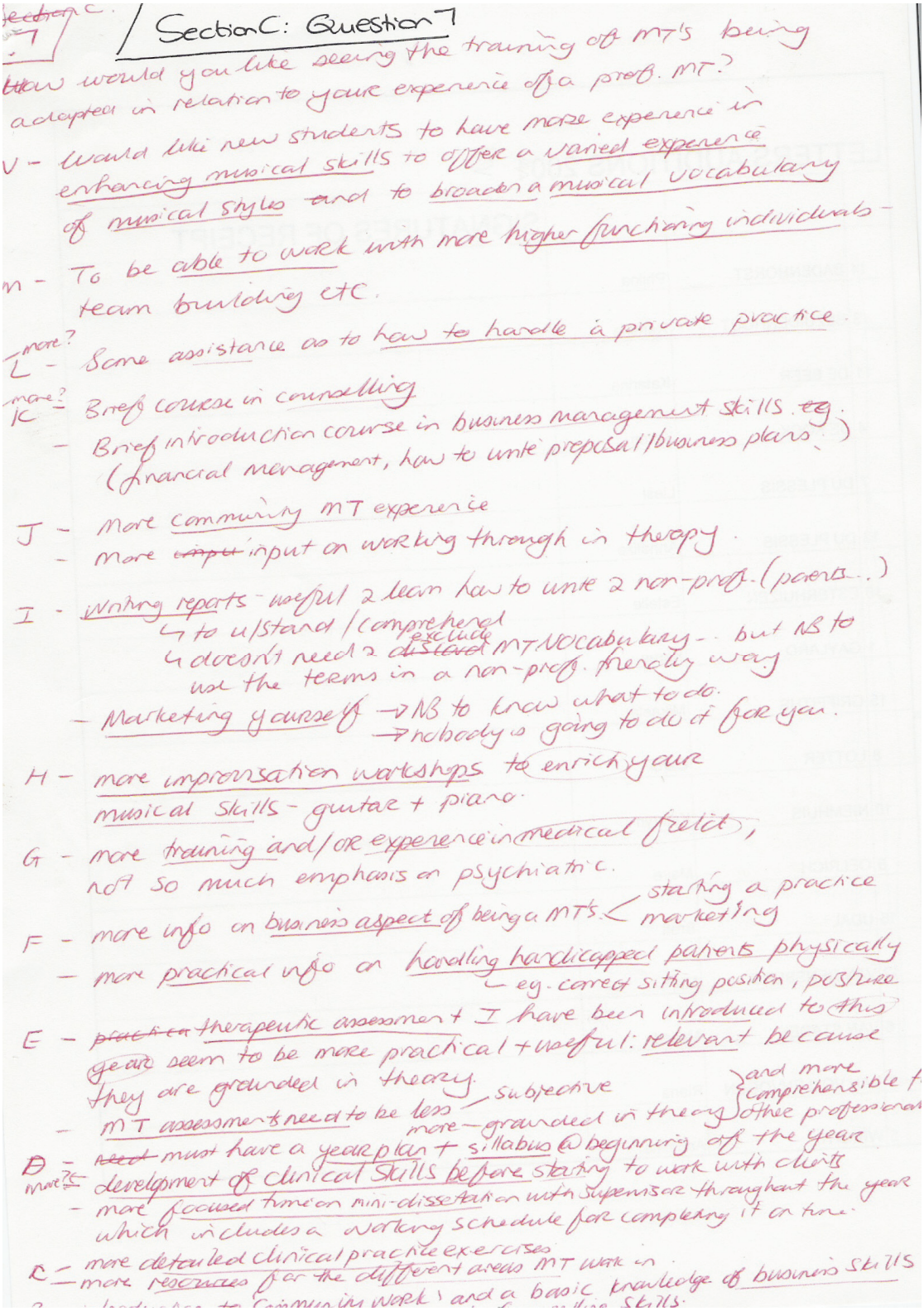
Section C. [6]

What other training / career dev courses have you u/taken since graduation + why/why not?

- 'Caring for the terminally ill' (O) → Particular interest in Palliative Care (O)
- Beginners + advanced course in Playtherapy (N)
- Extensive course in counselling (L) → Personal enrichment + to use in MT session (L)
- Course in counselling (D) → Helps 2 handle MT sessions with more insight + ease, especially working with the parents of children (D)
- One year counselling course (A) → Personal growth + to learn more about people (problems + how to deal with it (A)
- Child assessment course (E)
- Day course in ethics, psychology, ADHD (F)
- Course in ethics (D) → Refreshment of what is NS in our profession (D)
- 3 day conference on special learning needs including areas such as ADHD, dyslexia, emotional needs of children (C)
- Attended seminars on autism + the usually impaired (A) → To gain knowledge about my clients (A)
- Attended 2 symposias on Autism in 2004 (I) → NS to know what is going on in the field you are working in + CPD points (I)
- 12 week programme in drumming (N)
- Short course in drumming (L) → Personal enrichment + to use in MT sessions (L)
- Course in drumming (D) → skills which I can use more creatively in MT sessions (D)
- nutrition course (E)
- PhD in Educ. Psych. (D) → Thesis = about support teams for learners with developmental and learning difficulties. It relates a lot to MT (D)
- None (B)(H)(G)(J)(K)(M) → (G) not much available what I want to do that is relevant
  (J) Time, money, haven't heard about many
  (K) Time + financial means
  (M) Started with PhD.

Course	Reason
'Caring for the terminally ill'	Particular interest in Palliative Care
Beginners and advanced course in Playtherapy	
Extensive course in counselling	Personal enrichment and to use in MT sessions
Course in counselling	Helps to handle MT sessions with more insight and ease, especially working with the parents of children
One year course in counselling	Personal growth and to learn more about people's problems and how to deal with it
Child assessment course	
Cay cours in ethics, psychology and ADHD	
Course in ethics	Refreshment of what is important in our profession
3day conference on special learning needs including areas such as ADHD, dyslexia, emotional needs of children	
Seminars on autism and the usually impaired	To gain knowledge about my clients
2 Symposias on Autism in 2004	Important to know what is going on in the field you are working in and CPD points
12 week programme in drumming	
Short course in drumming	Personal enrichment and to use in MT sessions
Course in drumming	Skills which I can use more creatively in MT sessions
Nutritional course	
PhD in Educational Psychology	Thesis about support teams for learners with developmental and learning difficulties, relates a lot to MT
None (6)	Not much available what I want to do that is relevant
	Time, money, haven't heard about many
	Time and financial means

	Started with PhD



Section C: Question 7

How would you like seeing the training of MT's being adapted in relation to your experience of a prof. MT?

V – Would like new students to have more experience in enhancing musical skills to offer a varied experience of musical styles and to broaden a musical vocabulary

M – To be able to work with more higher functioning individuals – team building etc.

L – more? Some assistance as to how to handle a private practice.

IC – more? Brief course in counselling
– Brief introduction course in business management skills. eg. (financial management, how to write proposal / business plans.)

J – More communing MT experience
– More ~~input~~ input on working through in therapy.

I – Writing reports – useful 2 learn how to write 2 non-prof. (parents..)
↳ to u/stand / comprehend
↳ doesn't need 2 ~~distract~~ exclude MT vocabulary – but NB to use the terms in a non-prof. friendly way
– Marketing yourself → NB to know what to do.
→ nobody is going to do it for you.

H – more improvisation workshops to enrich your musical skills – guitar + piano.

G – more training and/or experience in medical field, not so much emphasis on psychiatric.

F – more info on business aspect of being a MT's / starting a practice / marketing
– more practical info on handling handicapped patients physically – eg. correct sitting position, posture

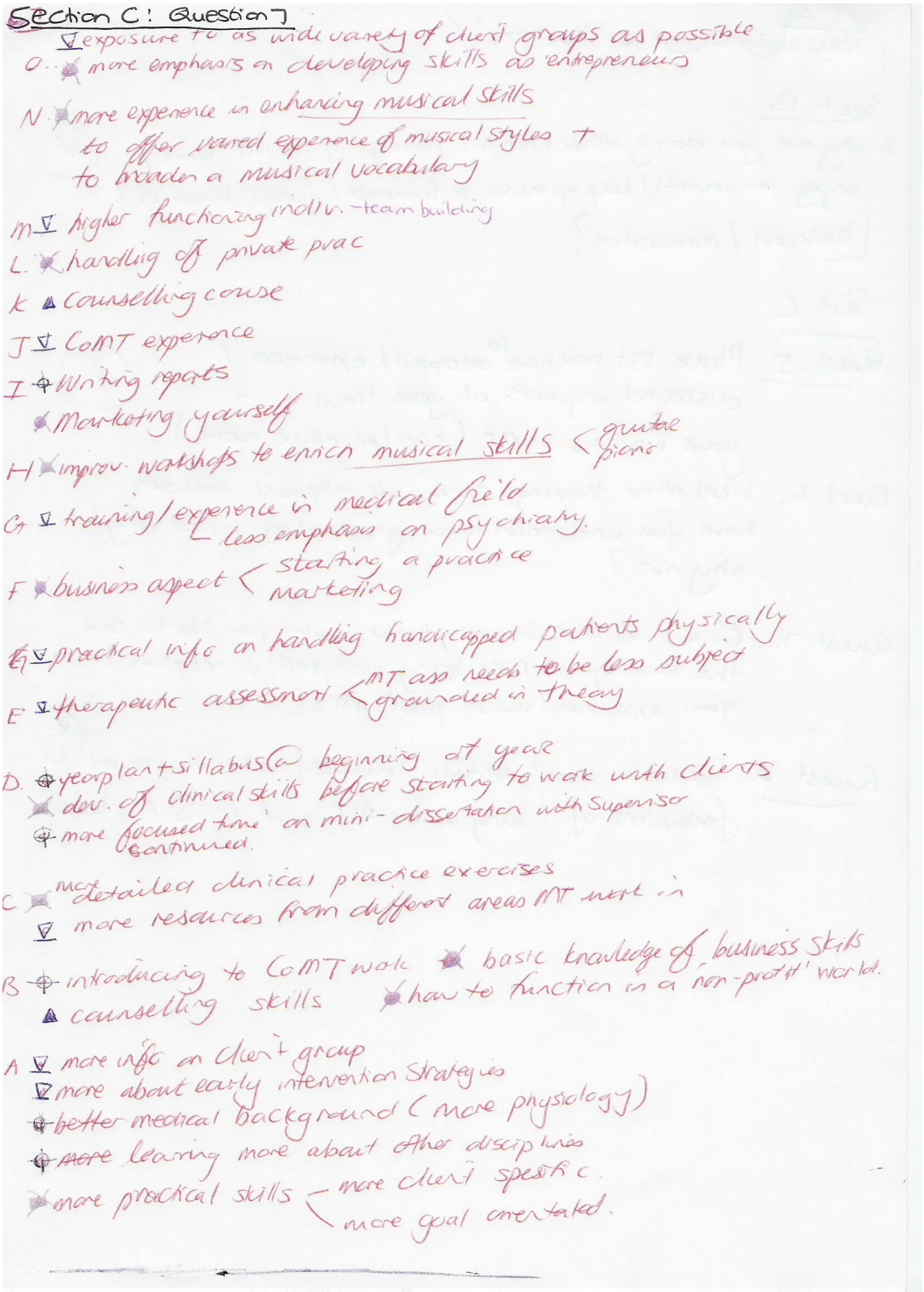
E – ~~practical~~ therapeutic assessment + I have been introduced to this ge are seem to be more practical + useful: relevant because they are grounded in theory
– MT assessments need to be less subjective / more grounded in theory } and more comprehensible to other professionals

D – ~~need~~ must have a year plan + syllabus @ beginning of the year
more? development of clinical skills before starting to work with clients
– more focused time on mini-dissertation with supervisor throughout the year which includes a working schedule for completing it on time.

C – more detailed clinical practice exercises
– more resources for the different areas MT work in / and a basic knowledge of business skills

Section C: Question 7

A - More information on client group
- more about early intervention strategies
  ↳ children with downsyndrome, autism, CP, regulatory disorders, visual impairments
- Better medical background (more physiology)
- Would also have wanted to learn more about the other disciplines
- More practical skills - more client spesific
  - more goal orientated


Section C: Question 7
exposure to as wide variety of client groups as possible
O more emphasis on developing skills as entrepreneurs
N more experience in enhancing musical skills
to offer varied experience of musical styles +
to broaden a musical vocabulary
M higher functioning indiv.-team building
L handling of private prac
K counselling course
J CoMT experience
I Writing reports
Marketing yourself
H improv. workshops to enrich musical skills < guitar piano
G training/experience in medical field
less emphasis on psychiatry.
F business aspect < starting a practice
marketing
E practical info on handling handicapped patients physically
E therapeutic assessment < MT ass needs to be less subject
grounded in theory
D. yearplan+syllabus@beginning of year
dev. of clinical skills before starting to work with clients
more focused time on mini-dissertation with Supervisor
continued.
C more detailed clinical practice exercises
more resources from different areas MT work in
B introducing to CoMT work basic knowledge of business skills
counselling skills how to function in a 'non-profit' world.
A more info on client group
more about early intervention strategies
better medical background (more physiology)
more learning more about other disciplines
more practical skills – more client specific.
more goal orientated.

Section C [7]

Given all the above,
How would you like to see the training of music therapists being adapted, in relation to your experience as a professional Music Therapist?

- exposure to as wide variety of client groups as possible (C)
- higher function individual work, team building etc. (M)
- CoMT experience (J)
- Training/experience in medical field, less emphasis on psychiatry (G)
- Practical info on handling handicapped patients physically (F)
- Therapeutic assessment – MT ass. needs to be less subjective and grounded in theory (E)
- More resources from different areas MT work in (C)
- More info on client group (A)
- More about early intervention strategies (A)

- More emphasis on developing skills as entrepeneurs (O)
- Handling of private practice (L) Basic knowledge of business skills (B)
- Marketting yourself (I) How to function in a 'non-profit' world (B)
- Business aspect, starting a practice + marketting (F)

- More experience in enhancing musical skills to offer varied experience of musical styles + to broaden a musical vocabulary (N)
- Improvisation workshops to enrich musical skills – guitar + piano (H)
- Development of clinical skills before starting to work with clients (D)
- More detailed clinical practice exercises (C)
- More practical skills – more client specific, more goal orientated (A)

- Counselling course (K)
- Counselling skills (B)

- Writing reports (I)
- Yearplan + syllabus @ beginning of year (D)
- More focused + continued time ~~with~~ on mini dissertations with supervisor (D)
- Introducing to CoMT work (B)
- Better medical background (more physiology) (A)
- Learning more about other disciplines (A).

Section C. Question 7

Given all the above, how would you like to see the training of music therapists being adapted, in relation to your experience as a professional music therapist?

- Exposure to as wide variety of client groups as possible
- Higher function individual work, team building etc.
- Community Music Therapy experience
- Training/experience in medical field, less emphasis on psychiatry
- Practical information on handling handicapped patients physically
- Therapeutic assessment – Music therapy assessment needs to be less subjective and grounded in theory
- More resources from different areas music therapists work in
- More information on client group
- More about early intervention strategies
  - More emphasis on developing skills as entrepreneurs
  - Handling of private practice
  - Basic knowledge of business skills
  - Marketing yourself
  - Business aspect, starting a practice and marketing
  - How to function in a ‘non-profit’ world
- More experience in enhancing musical skills to offer varied experience of musical styles and to broaden a musical vocabulary
- Improvisation workshops to enrich musical skills – guitar and piano
- Development of clinical skills before starting to work with clients
- More detailed clinical practice exercises
- More practical skills – more client specific and goal orientated
  - Counselling course
  - Counselling skills
- Writing reports
- Year plan and syllabus at the beginning of training
- More focused and continued time on mini dissertations with supervisor
- Introduction to Community music therapy work
- Better medical background (more physiology
- Learning more about other disciplines

1

Questionnaires : Mini Dissertation

Section C :Question 8

Describe your attitude towards/ satisfaction at/ frustrations of/ being in the MT profession in SA

		Attitude towards	Satisfaction at	Frustrations of
N	1 2 3 4 5 6	Most of my frustration from the lack of knowledge by the general public of what Music Therapy is. Most people are under the impression that it is a glorified "music class" where the aim is to make music which is pleasing to the ear. I also find it frustrating when people want the same results in a short period as for instance with an OT. People want to see an improvement in a short period and do not always realize that in most cases the "results" or effects could manifest in other areas of a clients' life. Having said this, I must add that there are also moments of great satisfaction when people withness a response to music from clients that otherwise show no response to outside stimuli.		
N			⑤Acknowledge response to + effects of MT ◦ WITNESS EFFECTS THER.	①uninformed general public ③Want improvement + results in short period ④Not aware that results manifest in other areas
M	7 8	Great satisfaction in what I do-frustration in being isolated- the only one in MP. The profession still has a long way to go being regarding as a necessity and not a luxury.		
M		⑥Dev. of profession "necessity not a luxury ◦ MT PROF. necess.	⑦Practising MT ◦ MT PROF.	⑤Isolated as practitioner
L	9	Music Therapy is an immensely rewarding profession - as a very late starter I would not have missed it for anything!		
L			⑧Practising MT = rewarding ◦ MT PROF : reward.	

◦ UNINFORMED GP
◦ ~~OTHER FIN~~
◦ EFFECTS THER.
◦ ISOLATION

2

		Attitude towards	Satisfaction at	Frustrations of
K	10 11 12 13 14	For me being a Music Therapist is an exciting, vibrant and challenging profession, especially in South Africa. There are so many possibilities and opportunities for Music Therapists in this country and the cultural richness and diversity of the South African population and the various contexts that we work in enhance and stimulate our profession in exciting new ways. The fact that there are very little goverment funding and support available to music therapy is quite frustrating. I hope that this situation will change as the profession grows.		
K		⑩MT profession in SA = exciting vibrant challenging ◦ MT PROF : EVC	⑪MT prof < possibilities opportunities ① cultural richness diverse population ② various contexts > enhance + stimulate profession. ◦ MT PROF : PO ◦ CLIENTS + CONTEXT	⑬Little goverment funding + support Goverment ◦ FUND + SUPP
J	15 16 17 18 19 20	Exciting about being part of MT's development in SA. We are pioneers which is an awesome opportunity and responsibility. Clearly it's also frustrating sometimes. I would love to answer someone who asks me what I do and not be faced with the question, "Oh, so what is music therapy?" Sometimes I feel grateful and excited to be able to enlighten them and sometimes I want to scream. The type of clients I prefer to work with and the type of institutions where those clients are are not able to pay for MT services which is also sometimes frustrating. I'm learning that it's about balance (and finding funding). After all's been said and done I'd rather be a music therapist here than any where else in the world!		
J		⑭MT profession in SA = exciting ◦ MT PROF : E	⑮Pioneer work : opportunity + responsibility ⑯Discipline' information : grateful + excited to enlighten others ◦ MT PROF : OR ◦ DISCIP. INFO	⑰Uninformed public : ⑱funding : client groups + context not always able to pay MT services ◦ UNINFORM. GP ◦ FUNDING : CLIENT + CONTEXT
I	21 22 23 24 25	I think I it is really a privelge to be a music therapist in SA. It is not a well-known profession in our country but it is our work to introduce it to as many people as possible. There is such a great need in so many different areas and I really think there is a lot of work to be done. I also see that the music therapists who are already working, work in so many different places and each person work with another population which means that each one have a choice in the end with which target group he/she wants to work. It is not really a problem but all the people who finish the program mainly stay in the Johannesburg/Pretoria area. So there is a lot of work for music therapists in		

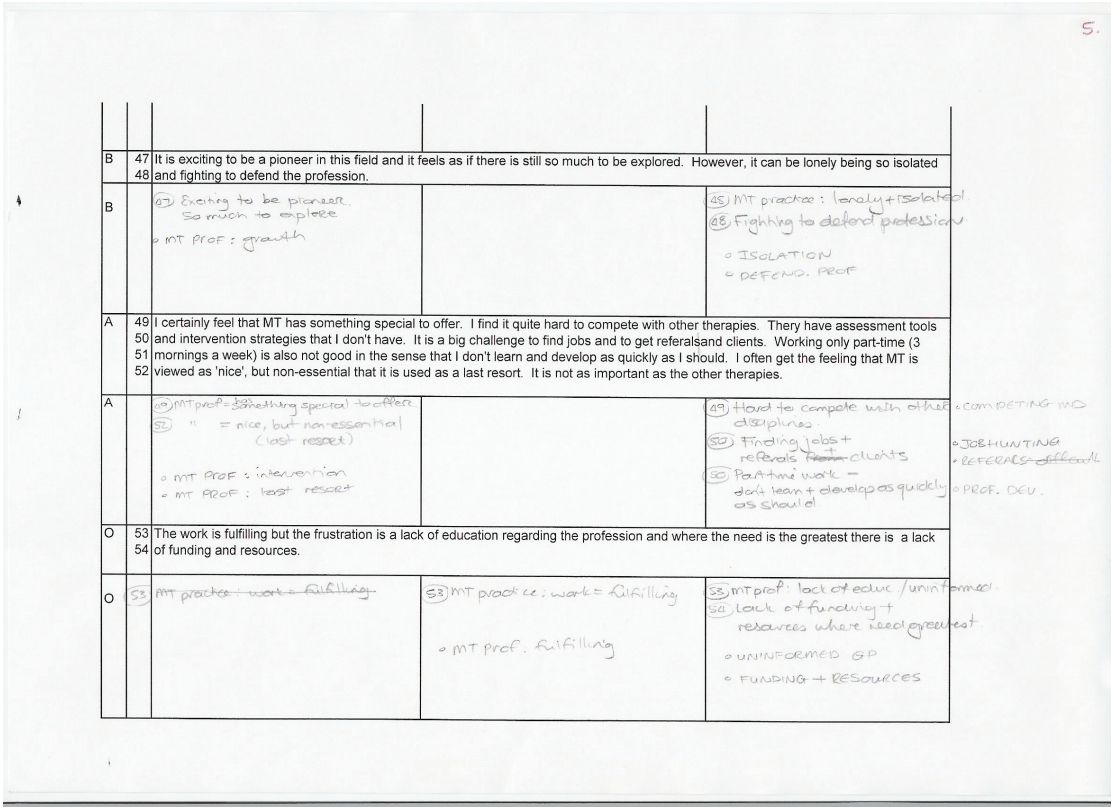
3

	26 27 28 29	the rest of the country - important to also share our services with the rest of the country in some way. One frustration is - when you want to apply for a post of talk to someone about a possible service, you always first need to explain to people what music therapy is. Many people have a very wrong idea of what music therapy is.. So it is not always so easy to get a job because of misconceptions. Marketing is so important in the field of MT. Luckily more people come to know about music therapy(due to the many different areas and groups that w		
		Attitude towards	Satisfaction at	Frustrations of
	(20) (21) (22) (24) (28)	MT practice = privelige to be MT = our work to inform. Needs in different areas Lots of work in rest of country. Marketting = US ◦ MT PROF : priv. ◦ MARKET ◦ DISCIP. INFO ◦ NEEDS ◦ WORK EFFORT	(29) More people informed about MT ◦ DISCIP. INFO : more people informed	(25) uninformed public (29) Job hunting = difficult due to misconceptions ◦ UNINFORM. GP ◦ JOB HUNTING - diff.
H	30 31	Initially it was difficult to 'validate' and promote this new profession, but now it has become second nature. Now one uses any opportunity at hand to inform the community of music therapy.		
H			(30) use any opportunity to inform (31) 2nd nature to promote profession. ◦ DISC INFO : apply ◦ MT PROF : promote	
G	32 33	Glad to be doing what I've wanted, feel it's our responsibility as new profession to let people know about us, quite difficult, especially against doctors.		
G		(32a) responsibility to inform ◦ DISC. INFO : responsibility	(32) Glad to practice MT ◦ MT PROF :	(33) difficulty to inform → espesially doctors ◦ DISC. INFO : difficult
F	34 35 36 37	I am positive about the growth of the profession, however many people (and professionals still are not convinced of its purpose. I often feel that I have to promote mt and convince people of its usefulness. It is satisfying to know that people can be helped and that they realise the power of mt after they had some experience of it. Working long term with clients are frustrating because at some time or another I get stuck, but the satisfaction lies in the tiny breakthroughs after the struggle. It is frustrating that funding for mt is limited, and		

4

	38	medical aids are very difficult about it. It is impossible to keep a household going by only doing mt work.		
F		(35) Have to promote MT + convince about MT ◦ DISC INFO : responsibility	(34) + ve growth of profession (35) people can be helped; realize after experiencing MT (37) tiny breakthroughs in long term work ◦ MT PROF: growth ◦ MT INTERVENTION ◦ BREAKT : LT work	(35) Many not convinced of MT purpose (36) Long term work - get stuck (37) Limited funding, medical aids difficult (38) Not enough to keep household going
E	39 40 41 42	I have found that many other professionals and non-professionals are interested in the field and it has been encouraging to work with these people. I feel that the music therapy profession needs to be in constant contact with other professionals to enrich our own work and the work of others. I feel that as music therapists, we need to have a more positive attitude towards other disciplines and not consider ourselves as an "elitist" group. We need to embrace those working in other disciplines.		
E		(39) interested prof + non-prof in MT profession (40) contact with other prof to enrich each other (41) need + attitudes towards other disciplines (42) MT = we are X elite	→ MT PROF : interest → MDT : enrich → MDT : + attt. → MT PROF : x elite	
D	43 44	MT is a relative "new" field. Therefore I had difficulties working with Medical Schemes for they didn't pay for MT sessions. Some of them didn't know about MT. It gives me a lot of satisfaction to talk to people about MT and promote it as a profession.		
D			(44) talking about MT → profession promoting ◦ DISC. INFO	(43) MT prof = new field - uninformed - difficult to get payed by medical schemes ◦ UNINFORM GP ◦ FUNDING + SUPPORT
C	45 46	It is quite lonely and I have to make a real effort myself to stay in contact with other music therapists. The general public show a lot of interest in what music therapy is all about.		
C		(46) general public show interest in MT prof. ◦ MT PROF : interest		(45) Lonely + isolated practice ◦ ISOLATION

◦ UNINFORM. GP X contin
◦ LT work
◦ FUNDING + SUPPORT
◦ X OM



5.

B	47 48	It is exciting to be a pioneer in this field and it feels as if there is still so much to be explored. However, it can be lonely being so isolated and fighting to defend the profession.		
B		(47) Exciting to be pioneer. So much to explore ◦ MT PROF : growth		(45) MT practice : lonely + isolated (48) Fighting to defend profession ◦ ISOLATION ◦ DEFEND. PROF
A	49 50 51 52	I certainly feel that MT has something special to offer. I find it quite hard to compete with other therapies. Thery have assessment tools and intervention strategies that I don't have. It is a big challenge to find jobs and to get referalsand clients. Working only part-time (3 mornings a week) is also not good in the sense that I don't learn and develop as quickly as I should. I often get the feeling that MT is viewed as 'nice', but non-essential that it is used as a last resort. It is not as important as the other therapies.		
A		(49) MT prof = ~~has~~ something special to offer (52) " = nice, but non-essential (last respect) ◦ MT PROF : intervention ◦ MT PROF : last respect		(49) Hard to compete with other disciplines. (50) Finding jobs + referals ~~from~~ clients (50) Part time work – don't learn + develop as quickly as should ◦ COMPETING W/ OTHER ◦ JOBHUNTING ◦ REFERALS ~~difficult~~ ◦ PROF. DEV.
O	53 54	The work is fulfilling but the frustration is a lack of education regarding the profession and where the need is the greatest there is a lack of funding and resources.		
O		(53) ~~MT practice : work = fulfilling~~	(53) MT practice : work = fulfilling ◦ MT prof. fulfilling	(53) MT prof : lack of educ / uninformed (54) lack of funding + resources where need greatest ◦ UNINFORMED GP ◦ FUNDING + RESOURCES

Question 8 – Coding

Frustrations of

- UNINFORM GP – uninformed general public
- ~~QUICK FIX~~ Results- want improvement + results in short periods
- EFFECTS THER – effects of therapy
- ISOLATION - Isolation and loneliness
- FUND + SUPP. – funding and support
- FUND + RESOURCES
- CLIENT + CONTEXT - client group and context – not always able to pay
- JOB HUNTING - difficult
- REFERRALS - difficult
- LT WORK - long term work
- XOH - not enough to keep household going
- DEFEND. PROF. - difficult to defend profession
- COMPETING MD - competing multi disciplines
- PROF. DEV. - professional development

Financial implications profession + clinical work.

Satisfaction at

- MT PROF: privilege
  Rewarding
  Promote
  Growth
  Fulfilling
  PO: possibilities + opportunities
  OR: opportunities + responsibility
- MT INTERVENTION
- WITNESS EFFECTS THER. – witness effects of therapy
- CLIENTS + CONTEXT – various contexts, cultural richness + diverse population → enhance + stimulate profession
- DISC(ipline) INFO: apply (use any opportunity to inform GP)
  Responsibility
  Difficult
  Grateful + excited to enlighten others
- BREAK LT WORK : break through in long term work

MT Practice
clients + public.

Question 8 – Coding

Attitude towards

- MT PROF: necessity
  - EVC (exciting, vibrant, challenging)
  - Interest (from professionals and non-professionals)
  - X elite (not elite profession)
  - Last resort (non-essential, GP see as last resort)
- MARKETTING
- NEEDS – in diff. Areas
- WORK OPPORT(unities)
- MDT: enrich –contact with other disciplines to enrich one another
  - + attitude – positive attitude towards other disciplines

Question 8 : Section C

ANY other comments ?

(N) - After being in the 'field' for 18 months I actually feel that I am now ready to do the course again.

(L) - Studying to be a MT is a life-changing experience. One has a different view of the world of suffering people out there, and it is indeed a privilege to be part of making a difference to some.

(K) - I think that this research project has the potential to give better insight into the profession of music therapy in SA.

(C) - It is a hard profession to be in but I am enjoying being part of it and would like to increase my music therapy work.

BIBLIOGRAPHY

Ansdell, G. and Pavlicevic, M. (2001). *Beginning Research in the Arts Therapies: A practical guide.* London: Jessica Kingsley Publishers.

Bonny, H.L. (1997). The state of the art of Music Therapy.*The Arts in Psychotherapy, 42 (1),* 65-73.

Bruscia, K.E. (1995). The Boundaries of Music Therapy Research. In B.L. Wheeler (Ed.), *Music Therapy Qualitative and Quantitative perspectives* (p. 10-27). Phoenixville: Barcelona Publishers.

Bruscia, K. (1987). Professional Identity Issues in Music Therapy Education. In C.Maranto and K. Bruscia (Eds.), *Perspectives on Music Therapy Education and Training* (p. 17-28). Philadelphia, PA: Temple University Press.

Cohen, L., Manion, L. & Morrison, K. (2000). Questionnaires. *Research Methods in Education*. New York: RoutledgeFalmer.

Lincoln, Y. and Guba, E. (1985). Establishing trustworthiness. *Naturalistic Inquiry.* London: Sape.

Petrie, G.E. (1993) An Evaluation of the National Association for Music Therapy Undergraduate Academic Curriculum: Part II. *Journal of Music Therapy, 30 (3), 158-173.*

Robson, C. (1993). Interviews and Questionnaires. *Real World Research.* Oxford: Blackwell.

Stewart, D. (2000). The State of the UK Music Therapy Profession: Personal qualities, working models, support networks and job satisfaction. *British Journal of Music Therapy, 14 (1), 13-27.*

Summer, L. (1997). Considering the future of Music Therapy. *The Arts in Psychotherapy, 24 (1),* 75-80.

Toppozada, M.R. (1995). Multicultural Training for Music Therapists: An Examination of Current Issues Based on a National Survey of Professional Music Therapists. *Journal of Music Therapy, 32(2),* 65-90.

Wheeler, B.L. (Ed.). (1995). Music therapy research: *Quantitative and qualitative perspectives*. Phoenixville, PA: Barcelona Publishers.