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# **Glimpses into the challenges and opportunities of a new training programme: The MA Music Therapy programme at the University of South Wales**

Elizabeth Coombes

interviewed by Ioanna Etmektsoglou

### **ABSTRACT**

It may be said that music therapy training in the UK has come to maturity since most of the current Master's programmes now have a history of more than a decade. The recently founded music therapy training programme in South Wales seems to have benefited from the existing experience of earlier courses in the UK but has had to take into consideration the unique features of the area in which it serves. In this interview Elizabeth Coombes, the Course Leader of the MA Music Therapy at the University of South Wales, shares with the readership of *Approaches* facts, ideas and ethical considerations regarding the planning and implementation of this new programme. The discussion between Elizabeth Coombes and the interviewer Ioanna Etmektsoglou touches on themes such as the adaptation to the unique local features of the area, the applicants' necessary skills and the interview approach, the development of musical skills during the course, the nature and length of the music experiential group and personal psychotherapy as well as the counselling services provided by the university. Clinical placements and work possibilities for UK and international graduates are also discussed. The interviewer concludes with some thoughts regarding the relevance of the interview to music therapists in Greece.

### **KEYWORDS**

music therapy training; interview process; part-time training; applicants' skills; personal psychotherapy; clinical placements; local unique features

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**Ioanna Etmektoglou** studied Music Education at the University of Illinois (Urbana, USA), from where she received a PhD in (1992). In 2000, she trained as a music therapist at Anglia Ruskin University (UK). Since 1995 she has been teaching courses in music psychology, music education as well as introductory courses in music therapy at the Department of Music of the Ionian University in Greece. She is especially interested in pre-training music therapy education, community music and the development of culture and nature-centred music teaching approaches, which emphasise personal development and the understanding and acceptance of differences.

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## INTRODUCTION

I had the pleasure to interview – via Skype – Elizabeth Coombes, the founder and Course Leader of the MA Music Therapy in Wales, a programme which was initiated in 2012 at the University of South Wales. When Giorgos Tsiris asked me to interview Elizabeth about this considerably new music therapy training programme, I was eager to accept the invitation. I could imagine the existence of certain similarities between Wales and Greece as loci for new master's programmes in music therapy, and therefore it was my hope that we – music therapists in Greece – could acquire important knowledge from the way this programme was planned, initiated and established. Additionally, reliable information would be available to prospective students from Greece or other countries who might be interested in music therapy training in the United Kingdom.

As it would probably become apparent to the reader, my initial motives for the interview shaped to a large extent the questions that I asked Elizabeth. The main emphasis was not placed on the programme's content in terms of subjects taught, but rather on its structure and workings at the university and on placements at various community settings or institutions. The discussion also included questions that would probably be of interest to prospective students on issues such as the applicants' prerequisite knowledge and skills, the interview process, academic life at the University of South Wales for UK and international students, as well as information on work possibilities for graduates.

## AN OVERVIEW OF THE PROGRAMME: WHY PART-TIME?

The training programme, with its psychodynamic orientation, appeared to me to be quite similar to the course at Anglia Ruskin University where I trained in 2000. One of the things that seemed

unique to the programme at the University of South Wales was its structure, in terms of the attendance schedule. As I was informed by Elizabeth, it is a part-time, three-year course with one day per week at the university during the first year, one day at the university and one day on clinical placement during the second year, and one day at the university and two days on placement in the third year.

To my question "Why did you choose to start a part-time course?", Elizabeth responded that the decision to offer a three-year part-time course as opposed to a full-time one was driven by market research, which investigated the needs of the prospective students, given the geographical and socio-economic unique features of Wales. She explained:

**Elizabeth:** People here are very economically and socially deprived in comparison to the rest of the UK. Also, large parts of Wales are very rural, so the idea of travelling for more than one day a week to study is not practical for people. No-one surveyed said they would like a full-time course.

It came as a surprise to me the fact that, while there are about 700 music therapists in the UK, there are only 22 in Wales as indicated by the Health and Care Professions Council (HCPC) and the British Association for Music Therapy (BAMT). These few music therapists, according to Elizabeth, are situated in the most populated areas of the South and the North of Wales, while there are very few music therapists in the central area. Most of the prospective students would have to travel a considerable distance to the course or to placements. She explained the situation further, saying:

**Elizabeth:** I have a student who drives 170 km one way for this one day a week at the university and sometimes to get to a placement with a music therapist, they have to drive the same distance.

Given the fact that the students might have to work so that they could support themselves, pay for the course and, if they are mature students, may have further family responsibilities, Elizabeth and her team decided to spread the course over three years, instead of two, so that the prospective students could possibly continue their work with some adjustments and commute to the university for one day per week. Elizabeth pointed to the vast differences between the course she directs in Wales and other music therapy training courses which are full-time. She said:

**Elizabeth:** It's not like London where there are more courses that are full-time. Courses have so many placements there, they can pick and choose! Students can pick up some pieces of work much more easily when they qualify [...]. It's completely, completely different, and I think people really don't appreciate that things like the economy and the geography will drive [...] what provision is going to suit that particular part of the country.

Indeed, from the short time since the beginning of the course, it seems that the three-year part-time programme has been a suitable choice for candidates not only from Wales but also from different parts of the UK. To further assist the commuting students, Elizabeth tries to find placements near the area in which they live.

## THE APPLICANT'S MUSICAL SKILLS

But who might be the students on this course and, more specifically, what should be their musical background? Moving on to the subject of the musical skills of student applicants, I raised the question: "If the international students or even the UK students play a traditional instrument can they use it as their main instrument on the course?" to which Elizabeth replied:

**Elizabeth:** Yes they can. In fact, when the HCPC came to look at our programme before it was approved, one of the big questions for them was, how do you assess musical skills if the candidate is not, for example, classically trained? Say, for example, someone wanted to become a music therapist and their main instrument was Information Technology-based. Maybe he was a DJ, or didn't play the piano. You can't bar that person, because that person might be fantastic as a music therapist. You have to find a way to work out if the candidate has the potential to be a music therapist and if he/she is musical enough with the ability and willingness to develop their musical skills. The question is: How would your

interview process assess that person and how would you word your prospectus so that the people who don't have the traditional music exams understand that they can still apply? What we say is that in your first instrument you need to be at a standard above Grade 8. This does not mean that you have to have done formal exams, but you have to be able, on whatever is your first instrument, to play to a professional standard. We don't specify what the first instrument is, but like people to have also a second instrument, hopefully one of which is an accompanying instrument.

## AGE VERSUS MATURITY OF PERSONALITY

The demands of a music therapy training programme could be quite overwhelming for a young student. Several years ago, as I remember, music therapy training courses in the UK tended to have a minimum age requirement for entry. So I wondered if this is the case today for the programme in the University of South Wales. Elizabeth informed me that this is not the case any longer in any of the training programmes in the UK, because the specification of a minimum age would be in violation of the Equality Act 1990. Therefore, according to her, when a person applies to the programme, the deciding factor would not be his or her age, but the maturity of personality and their life experience.

## THE INTERVIEW PROCESS

The next subject I introduced was the student interview, which is an important part of the evaluation for admission to the programme. On this programme, the interviewers do not ask for recordings, but conduct live interviews with all applicants. Elizabeth said about these interviews:

**Elizabeth:** I am happy to meet people. Even if they are not yet of the right standard, if I think that they've got potential, I'll say to them you've got potential, but you need to go away and work on your music skills, you need to practise, you need to bring yourself up to the necessary standard. And I am happy to do it and that's quite specific I think to the fact that I am serving an area that's always been deprived, so I am perhaps looking at people who haven't had a chance to get those music skills or they haven't been able to receive input. So I can advise them how to move forward in their chosen career path and that's what I do.

In the interview process, we have a group improvisation session with which we start the interview process. Maybe five or six candidates are asked to participate in an improvisation. Part

of that is to see really whether they have the right skillset and how they think about improvising, connecting musically. It doesn't mean that they have to be fantastic improvisers. This is also for people to think: "O God, this is nothing I want to do. I made a mistake. It isn't what I thought it was". It can give them a taste of what music therapy is, because maybe they don't really know. They see this term 'music therapy' and it sounds lovely but they don't really know what it is. After the improvisation they have an individual interview and we ask them to perform individually to a panel of interviewers.

We want them to have a good experience at interview as far as possible and, even if they were not good enough to get a place, they hopefully learn something. They had a musical experience, they met some other people and, if they are not the right people for the course, it might give them something else to think about, something to go away with. I think that's a responsible way to operate our admissions procedure at the moment. Maybe if I had 70 or 80 people applying for the course there is no way I could interview such a high proportion of candidates. I would then be asking for the recordings to select those to be interviewed. But at the moment it works really well like that. I hope to fill the course by late spring 2015, but during the summer I might get a few people applying so I keep a couple of places. These I will interview individually. The better way is having them in groups, but in practice it never works that perfectly, I'm afraid.

It's actually quite a fun process. You see what they can come up with really. I am quite flexible about it. People get pretty anxious. [...] They would ask me "what do you want me to play?" and I would say: "Something that will show you at your best as a musician. Don't play what you think I want to hear, play what you really like. It doesn't really matter if it is something really simple, because the important thing is the musicality".

## MUSICAL DEVELOPMENT DURING THE COURSE

Once accepted to the training course, I wondered how the students are facilitated in furthering their musical skills and sensitivity throughout the three-year programme. Elizabeth explained:

**Elizabeth:** During the first year they have two hours a week of what we call clinical improvisation. There is a clinical tutor for that. And that's looking at all kinds of aspects of working therapeutically, from choosing instruments, to role playing, to improvising. Sometimes people obviously have never improvised before. There are different levels of

musical competency or there is a lot of fear about not being as good as other people. So we work through that in the seminars. At the end of the first year they have a clinical improvisation assessment. Each one of the students facilitates a 20-minute improvisation with three other students, and then they facilitate the discussion. This is working really well. It's not role play, pretending to be people with disabilities. The idea is to support each other. The facilitator sets the instruments out, sets the room up and then just sees what happens. I hope it is a really useful learning experience for them; it's not just an exam they have to do. And in the second year, they get a similar input again for another two hours a week. This second year music-based seminar can also be a chance to work with musical techniques they are using in their clinical placements. Role playing and peer support is helpful for them here, as well as continuing work on clinical improvisation skills.

We also have the art psychotherapy course and some of the theory seminars are joint. At the end of the first and second year the art psychotherapy students put on a show, an exhibition, for which they choose the venue, and the music therapy students go along at the opening and they improvise around the artworks that are on show. It's very useful to have both modalities because it makes the students, and us, really think about what the specialisms of their particular chosen field are.

## THE MUSIC EXPERIENTIAL GROUP

The experiential group, whether verbal or music-based, plays quite a central role in music therapy training. Elizabeth talks about the experiential group within the training programme at the University of South Wales.

**Elizabeth:** In the third year, the students do not have a taught seminar but they have a facilitated music experiential group. So we have a music therapist facilitator on the site and it's a purely experiential group. In the first and second year they have experiential groups but they are verbal. Most of the music therapy trainings in the UK have an experiential verbal group. But ours have two years of verbal experiential groups and a third year of music experiential group

**Ioanna:** Is the verbal experiential group for both music therapy and art psychotherapy students?

**Elizabeth:** No, the verbal experiential group consists of only music therapy students. It's facilitated by a group analyst. The facilitator for the last two years has been an art psychotherapist, but that's purely by chance, because the art psychotherapy students have



their own experiential groups in which they do art. They have an art-based experiential group every year but ours is different. And that's partly because I think there is a level of teaching that needs to take place in the music, for the clinical improvisation is a quite specific skill. But also, the verbal experiential group is to help the students really think about how they work in a group, what and how relationships form and how group dynamics change. Much of music therapy work, more so than art psychotherapy, is group-based certainly in the UK.

## PERSONAL PSYCHOTHERAPY

**Ioanna:** Personal psychotherapy is of utmost importance in the training of professional music therapists. I was quite impressed by the fact that the programme at the University of South Wales requires that the students have personal psychotherapy during the three years of the course.

**Elizabeth:** In practice, it's from when the course starts in September to when it finishes in May, three years later. It's thirty weeks per year and it's probably the most of any course in the UK.

**Ioanna:** That's great!

**Elizabeth:** I think so. The problem with that is that it's a bit expensive, obviously. But a lot of past students on other courses and our students on the course find that it's so worthwhile, so supportive.

Regarding the choice of a psychotherapist and the process followed by him/her and the student, Elizabeth said:

**Elizabeth:** We don't keep a list of therapists (art therapists, music therapists, psychoanalysts or psychotherapists) that we approve, they are all so geographically spread everywhere, but we do have some requirements that they have some form of registration. We do ask that the therapist has been practising for at least five years and we do keep registration forms for each student. The therapists have to send us a form every year to say that the student has completed the thirty sessions as required.

## CLINICAL PLACEMENTS FOR MUSIC THERAPY STUDENTS

Finding an adequate number of clinical placements in an area where music therapy is a considerably new profession could be a challenge for the training course organisers and students. With regard to this Elizabeth said:

**Elizabeth:** I don't have many placements in Wales with music therapists, because we've not got many music therapists; plus, if the point is for people to qualify and then get a job as a music therapist, it's very helpful for them to be doing placements near where they are going to be living and then they can network and make contacts.

Elizabeth gave an example of one of her second year students who had been working at a placement providing sessions until he would qualify, at which time he could be employed as a professional music therapist. She commented:

**Elizabeth:** It's brilliant! Obviously one of the first questions people ask when they are deciding to take the training is: "Am I going to be able to find work? Would this investment of time and money and - let's be honest - stress, in putting yourself through it, mean that I'll get a job?" It's all very well saying "don't worry about that, that's three years away..." or "I don't have a crystal ball to look into the future...". But if people are spending money, they want to know if they can get a job. I'm sure that would be pretty much the same in Greece.

**Ioanna:** Oh yes, especially now with the economy being so bad...

We continued the discussion about clinical placements. When I asked "how long is a placement?" Elizabeth said:

**Elizabeth:** Well, all universities have quite different lengths of placements. We have an overall minimum number of 528 hours. What we say is that they have to do a full day contact time at the placement. Obviously they are not doing sessions all that time, but the point is to work there, in some places for a 9am to 5pm day or 9am to 3pm day in the school, to understand the rhythm of the school, to experience things like the dinner time and playtimes so they can understand how it works for the children. On top of that time, they need to review their sessions and write their own notes in their spare time on placement. Obviously there would be quite a lot of reflecting and thinking about their work to be done in their own time as well.

The HCPC is very strict on how you have your mechanisms set up in terms of quality controlling the student's work, quality controlling the placement and what you do if a problem arises. There is a separate handbook for the placements, which states clearly the responsibilities for the course, student and placement. So the clinical placement supervisor – that's the one on-site – has clinical responsibility. We also have weekly group clinical supervision at

the university. So there is supervision done at the placement and there are some places that are able to offer that on a weekly basis, but if they can't, if there is no time in the therapist's workload, what we say is that as long as there is someone on hand to deal with any problems, that is OK. We like to think that the student is getting an hour's supervision – one every two weeks. So far, we have not had a problem. Obviously the placement therapist/supervisor is responsible for the client so they want to make sure that everything is OK.

The way our placement works is that in the first year students don't do a clinical placement because we have the infant observation and they do a six-week observation of a placement. In the second year, they do 20 weeks of one day a week and in the third year it's two days a week for 20 weeks. What's happening in practice is that some placements are saying that's too difficult for them and so we would change it. The student might go 40 weeks for one day a week in that placement, and they can start doing that in the summer. They can spread it out a bit if that's better for the placement. But in either case, at the mid-point of the two clinical placements there are forms to complete which allude to the relevant areas of the standards of educational training and practice. These ask for comments about areas such as theoretical knowledge, relationships on the placement, the musical skills, being able to explain the nature and purpose of therapy to clients, the service-users and their families, and so on. The student completes one assessment form themselves, the placement supervisor also completes one too, and then they both share these forms in a supervision session. The student is then given targets indicating strengths, what things need improvement and so on.

It actually is very difficult assessing placements, because every placement supervisor is different. I think it's an ongoing issue for all courses. How do you get a student the same experience in each placement? Obviously it's not possible. Our forms are not perfect but they help us do the best we can. And, of course, because we have small group supervision at the university in which they bring film of their clinical work, you have the chance to watch clinical work, so this does enable you to see what is happening on placement.

The university supervision takes place every week in years 1 and 2. Because there are only eight students, they meet in two groups of four. I supervise one group, my colleague supervises the other. Each student gets a chance to present every other week, getting 40 to 45 minutes. That's proved to be really successful and letting people see other people's work with different client groups, and to all think about that together plays a really vital role in the course. And, of course, it's great fun supervising students.

## WORK POSSIBILITIES AND NETWORKING

We had already discussed work possibilities in the context of the clinical placements, but now Elizabeth focused more specifically on the subject, emphasising the importance of making network connections and building possibilities. She said:

**Elizabeth:** [...] the students are all adults. They've got to be responsible for their own learning, and I suppose that gives them a head start in what it might be like to be a music therapist. There are not that many jobs, in the sense that you get your holiday pay, your sick pay, you work nine to five. It might be freelance work, it might be doing one day a week, two days a week. It gives them a sense of what the possibilities are, because in some ways having a variety of clinical work like that can be a good thing. It also gives them a chance to see where they feel their natural therapeutic strengths lie.

## INTERNATIONAL STUDENTS ON THE PROGRAMME

Having discussed in depth about clinical placements, I introduced the subject of international students who might consider enrolling on the programme. For an international student studying abroad, I wondered whether the three-year part-time scheme would bring an additional financial burden in comparison with a two-year full-time course. Elizabeth responded by saying that based on her experience with the international students who have been taking the course so far, including a Greek student, she believed that they are quite resourceful in looking for work. Actually, the Greek student she mentioned was able to receive a research grant from the university to do some work and she also goes home in the summer and might be doing some work there as well.

**Elizabeth:** We are very lucky at USW that our Centre of Excellence in Learning and Teaching (CELT) regularly offers lecturers small grants to further research. There is always an element of student input in these grants and the budget contains money for student work. This is not only valuable experience for students to begin research work, but also a help financially. The MA Music Therapy has so far received 2 CELT awards.

Another issue we discussed later on, which would be of interest to prospective international students is the rather low cost of living in Wales in

comparison to cities in other areas of the UK.

Concerning the level of English proficiency required for the course, according to Elizabeth, most universities in the UK ask for an IELTS (International English Language Testing System) 6 or 6.50.<sup>1</sup> However, the HCPC sets the minimum level of English proficiency for music therapy students at level 7 of IELTS.

## THE STUDENTS' SUPPORT SYSTEM AT THE UNIVERSITY OF SOUTH WALES

Even students with mature personalities can be susceptible to some challenges brought by experiences from the training course or from their personal lives. The University of South Wales according to Elizabeth has a very strong system to support its students. In her words:

**Elizabeth:** We do have quite a robust student support system at our university. This has been an award winning sector of the university and that's simply because where we are located used to be the very deprived parts of what was called the South Wales Valleys, which used to be the coalmining areas. Since the coalmines are virtually all closed, there is a lot of unemployment, and in order to get people back into education training – there are families where nobody had a job, let alone going to the university – in any educational establishment it's very important to have strong academic support and strong counselling support, this more so when students are undertaking a complex area of study where they are asked to work reflectively and reflexively. In reflective practice, the student learns from their experiences on the course through a process of reliving and re-rendering learning and practice. Reflexivity involves finding ways to question their own attitudes, assumptions and prejudices, trying to understand their roles in relation to others. The University of South Wales also has an emergency counselling service for students with a certain number of free sessions. Our MA Music Therapy students are not allowed to count that towards the personal therapy hours they have to undertake, but if you were in a crisis or there was a problem, there is a lot of support there. We also have free English classes for

foreign students.

As Elizabeth explained, the support for the students is not available only at university level, but it is also provided at the level of the music therapy training programme.

**Elizabeth:** All students have a personal tutor, which is either me or another music therapy staff member. I always say, if there is a problem they must bring it to their tutor rather than letting it fester, come and talk to one of us. We use Skype or tutorials to try to be available to support them really, and that's as much as any to try to model a good professional practice.

## CONCLUDING THOUGHTS

Having addressed the last theme of student support we arrived at the close of the interview. It was very interesting for me to be guided through the setting up and implementation phases of this music therapy training programme. Elizabeth, as the founder and Course Leader of the MA Music Therapy Training Programme at the University of South Wales, was very kind to share with me and the readers of *Approaches*, not only detailed factual information but also some important thoughts and ethical considerations that characterise the programme.

It became apparent to me that this three-year part-time music therapy training was designed and is being implemented with a particular sensitivity to the needs of the students from the area it serves but also for those from other parts of the UK and abroad. In listening to Elizabeth talk about the programme, I also recognised important similarities between the students' needs in South Wales and in Greece which could be traced back to contextual similarities. Before the establishment of this training programme, the two areas, South Wales and Greece, despite their cultural and historical differences shared at least three important features: a) a degree of economic deprivation, b) the lack of an existing accredited MA music therapy training (although there had previously been an accredited music therapy training in Wales that ceased in 2010), and c) an uneven geographical distribution of appropriate placements. The three-year part-time training programme was designed according to Coombes as a response to the students' need to continue working in order to support themselves financially while pursuing the training. This need is probably even more pronounced in Greece during recent years. If this is true, should a music therapy training programme in Greece be likewise part-time or not? Learning from the programme of the

<sup>1</sup> This should be understood in the context of the banding system being from 1-9, with 1 meaning "no ability to use the language beyond a few isolated words" to 9 being "expert user". Level 7 is described as a "good user" [...] "Handling complex language well and understanding detailed reasoning".

University of South Wales, finding out the opinions of the possible trainees might provide the answer.

The new training programme in South Wales seems to have incorporated in many respects elements of existing music therapy programmes in other parts of the UK with which it is much closer geographically, culturally and historically, than is Greece to the UK. Much of the experience gained from the establishment and development of music therapy programmes in the UK and in other countries around the world could be especially useful when considering the establishment of a Greek music therapy training programme. However, important consideration should be given also to the differences in geography, history, culture, and especially in music and the ways in which local people express themselves through it and assign meanings in various contexts. Music therapy training, therefore, could be informed but not copied from existing programmes in other countries.

In the South Wales training programme, extra effort seems to be applied both by the staff of the training programme and the students with the aim to locate and create new possibilities for placements even in remote places. A similar and greater effort would be expected in a Greek context of music therapy training, given the fact that some students might have to travel for the course or for placements to the mainland or to other islands.

Beyond practical matters the provision of psychological support and means for self-awareness and development throughout the programme alongside the musical development, seemed to be an important priority in the training programme in South Wales, as I had experienced it when I trained at Anglia Ruskin University. Personal psychotherapy, supervision both at the university and on placement, and a more general provision of counselling services by the university seem to be essential for the realisation of the music therapy training objectives and would be of utmost importance for a music therapy training programme in Greece.

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