
Interview



On Developing Policies and Practices in Music Therapy: Personal Reflections from the Experience of Nordoff Robbins in London

Pauline Etkin

Interviewed by Giorgos Tsiris

Note from the interviewer:

It is my pleasure to initiate the interview section of Approaches: Music Therapy & Special Music Education, by presenting here my interview with Pauline Etkin which was given at the Nordoff Robbins Centre in London, UK on the 5th of January 2009.

Based on Etkin's experience of being the Chief Executive Officer of Nordoff Robbins, in addition to her rich diverse experience in the field of music therapy on a practical and policy level; this interview focuses on the development of policies and practices in music therapy – an issue that will hopefully be of interest especially for countries, such as Greece, where music therapy is in its initial stage.

The interview was recorded, transcribed verbatim and then edited. Some footnotes have also been added to the original text in order to provide some useful additional information and suggest some sources through which the reader can find further information with regards to the issues discussed in the interview.

I would like to warmly thank Professor Helen Odell-Miller who, based on her personal major contribution to the development of music therapy in the UK, offered her support in the editing process of this interview.

This interview will hopefully encourage further constructive dialogue and reflections on related topics, and inspire the conduction of interviews with other significant figures in music therapy both on national and international level.

Pauline Etkin is the Chief Executive Officer of Nordoff Robbins music therapy Charity. Trained as a music therapist in the UK (Nordoff Robbins programme) and has worked for 25 years with children and adults. Previously worked as teacher and Senior Lecturer at a teacher training college in South Africa; Partner for Health Professions Council (HPC); Advisory Council Member of the Association of Professional Music Therapists (APMT); Head of Training at Nordoff Robbins (1993-2003) and expanded the course into a two-year Masters Degree programme.

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Giorgos Tsiris is a music therapist, qualified at Nordoff Robbins, London. He currently works as music therapist at St. Christopher's hospice and research assistant at the Research Department of Nordoff Robbins, London. Giorgos is also a graduate of the Department of Special Education, University of Thessaly (Greece) and he has worked as a special educator in primary schools in Greece. He is the founding Editor-in-Chief of the online peer-reviewed journal *Approaches: Music Therapy & Special Music Education*, <http://approaches.primarymusic.gr> (supported by GAPMET), as well as a joint coordinator (together with Dr. Julie Sutton) of the Research Network of APMT.

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Introduction

Giorgos: Hello Pauline and thank you very much for accepting our invitation to have this interview!

Pauline: Hello... it is my pleasure!

Giorgos: I would like us in this interview to focus on the development of policies and practices in music therapy based on your experience in Nordoff Robbins, but also having in mind how all these would may apply to other countries and in particular in Greece.

Pauline: Ok!

Personal journey into music therapy

Giorgos: Let's start from your own personal background and journey into music therapy...

Pauline: My journey into music therapy was very much about being in the right place at the right time and being passionate about music and also about children, particularly those who struggled in life due to a variety of reasons. I was a teacher of five to six year old children and later a lecturer at a Teachers Training College in South Africa where I lectured in Music and Early Childhood didactics. I constantly explored using music in different ways to help children to communicate with each other and also to use music as an outlet for their feelings. Additionally, I explored ways to get them to listen to music and to this end I used a variety of games and techniques. I was invited to lecture nationwide at schools and other settings within South Africa and parts of South-West Africa about some of my techniques for developing music listening and appreciation in children.

On one particular day, I was invited to visit a Day Centre for handicapped adults and talk about an education topic. However, in the course of my discussions with the Director of the Centre, she asked me to speak about music therapy and I stated that I knew nothing about this topic but would be fascinated to learn more as I had always felt there was a therapeutic power to music. She suggested I telephoned a man who could give me more information and it turned out that it was someone at the South African Rights Organisation and they offered me a scholarship to train on the Nordoff Robbins music therapy training course with Sybil Beresford-Peirse in London! Naturally, I jumped at the offer and the rest is history...

Here I am in London twenty-six years later having tried to establish something in South Africa, but finding that the timing was not right, firstly working for five days with Sybil and now heading the Nordoff Robbins music therapy developments together with an amazing team of therapists, tutors, supporters and staff.

Giorgos: Fantastic! Let's move now from your personal journey to the history of music therapy development in the UK and explore some of its aspects on the basis of your experience.

Pauline: Well, I can talk to you about some aspects of the history of music therapy in the UK. For example, I can talk to you about State Registration. I was involved with that from near the beginning of these negotiations, so, I can give you an idea of some of the history. If you want more details about professional developments in the UK¹ you will probably need to speak to people like Tony Wigram, Helen Odell-Miller and Amelia Oldfield.

Giorgos: Ok.

APMT and BSMT

Pauline: As you know, the Guildhall was the very first training program and it was out of the Guildhall training program that the British Society for Music Therapy² (BSMT) was developed in 1958. It was Juliette Alvin who developed the BSMT which is more of the public relations and the publicity of the profession in this country, and she worked with Denize Christophers who was the administrator and continued to be central to the BSMT for many years only recently retiring. The BSMT was not just for music therapists, but for anybody interested in music therapy. In 1976 the Association for Professional Music Therapists³ (APMT) was developed. That was the professional body that represented music therapists and professional aspects of music therapy and membership was open to only trained music therapists.

¹ For some other historical perspectives on the development of music therapy in the UK, see Odell-Miller (2001), Bunt (2000) and Wigram (2000).

² The British Society for Music Therapy (BSMT) was founded in 1958 under the name of "Society for Music Therapy and Remedial Music". The BSMT is currently a Registered Charity. For more information: www.bsmt.org

³ For more information: www.apmt.org

The BSMT and the APMT have worked in parallel since 1976 and each of them have had a slightly different remit. The APMT has been about the professionalism of music therapy and providing a service to qualified music therapists about employment, and guidelines for practice and the BSMT has been about the publicising of music therapy. So, the BSMT runs conferences, sometimes jointly with the APMT, they run introductory sessions about music therapy, they have a book store where they sell various music therapy and related books and they send out information about music therapy, particularly for those who are interested in training, or not trained as music therapists.

The APMT disseminates information about music therapy training and is the organisation that works at standardizing salaries for music therapists, advertising music therapy posts, supporting music therapists professionally and giving guidance on various matters such as supervision and continuous professional development. It organizes discussion and support groups or networks and provides professional advice to music therapists by preparing documents on ethics, child protection, setting up private practice and more. So, the APMT is for music therapists and still remains crucial for music therapists to be members of this organisation.

Health Professions Council registration

Giorgos: And what about APMT's role in the process of music therapy becoming a registered profession?

Pauline: In 1997 Parliament passed a bill to State Register Music Therapists, and together with Art and Drama therapy under the umbrella of "Arts Therapies", the first music therapists were registered in 1999 by the Council for Professions Supplementary to Medicine (CPSM). A group of people were involved in that process and those of us from music therapy in addition to me included Tony Wigram, Sarah Hoskyns, Helen Odell-Miller and others.

When State Registration came into place in 1997, it was under the auspices of the CPSM. The role of the CPSM was primarily to protect the public. The CPSM later went through changes becoming the Health Professions Council (HPC) changing the function from "State Registration" to "Registration" of members and approval of training courses. The HPC⁴ protects the title of Arts Therapies (Music, Art and Drama Therapy) as "Registered professions" together with thirteen

other professions therefore registering more than two hundred thousand professionals at present. No one can therefore call themselves a music therapist in the UK unless they have completed an approved training program.

The remit of the HPC, is purely about protecting the public. The HPC does not fight for the rights of music therapists, but ensures that the public get qualified, registered, professional practitioners who are working responsibly and ethically. It has an Investigation and Disciplinary Department so that the public can complain about irresponsible practitioners. The HPC will investigate the complaint and the registered member could be 'struck-off' the register and no longer permitted to practice, or required to do further training and supported work prior to re-joining the register. The organisation which actually supports music therapists is the APMT.

The Agenda for Change

Giorgos: Yes, and the APMT is the organisation that negotiated on the introduction of "Agenda for Change".

Pauline: Yes, this is right.

Giorgos: Would you like to tell me a bit more about the "Agenda for Change" and APMT's contribution?

Pauline: Right, the National Health Service (NHS) – which is the largest employer of music therapists in the UK – undertook an extensive employment review. This included a review of salaries for the health professionals that it employs and it resulted in the "Agenda for Change" document. The salary review included different bandings for salary scales according to the different professional expertise.

The APMT negotiated the salary banding for arts therapists which included music therapists. Judith Nockolds as Chair of the APMT at that time was very instrumental in assisting with the classification of Arts Therapies at a high banding which reflects the nature of the work that we undertake. There are inevitably pros and cons to it, but at long last music therapists gained recognition for the level of professional clinical and research work undertaken and for the amount of training that all of us have gone through. It is now possible to become a consultant music therapist and also to be rewarded not only for managerial expertise, but most importantly for clinical expertise. However, this meant that we were quite expensive to employ and this did create some challenges to employment...

⁴ For more information: www.hpc-uk.org

Giorgos: Hm... because they were expensive to employ?

Pauline: Exactly, because they were expensive. So, you know, we have become quite a costly profession to employ.

The role of Nordoff Robbins

Giorgos: Having talked about some of the aspects of the development of music therapy in the UK, I would like us now to focus on the role of the Nordoff Robbins⁵ in this development.

Pauline: Right. It is an interesting one, isn't it? Because I think that in the early days when it was only the Guildhall and Nordoff Robbins music therapy training, and Nordoff Robbins was housed at Roehampton, there were two very powerful women in charge of these two organisations. They were Juliette Alvin and Sybil Beresford-Peirce. Each of them had very distinct ideas of what they thought music therapy was and in the beginning there was quite a lot of division... Then, when Nordoff Robbins moved the training program away from Roehampton and into its own first Centre, there were three training programs. Elaine Streeter became the Head of training at Roehampton, taking the programme through a transition in the curriculum and the way it trained the students. The 'separateness' between the three programs continued... I suppose this is the best way to put it, although eventually all three Heads of training agreed on standards and content for basic training with the APMT, which led to the first career structure for music therapists in the UK under the Whitley Council in 1982. This was led together with Art Therapists by Di Waller and Tony Wigram primarily, with Leslie Bunt and Helen Odell-Miller.

Giorgos: What was the role of Nordoff Robbins in this situation?

Pauline: Nordoff Robbins kept to itself initially with Sybil Beresford-Peirce keeping Nordoff Robbins quite separate from the rest of the music therapy profession because she wanted to develop the identity of Nordoff Robbins. This had advantages and disadvantages.

It is something that I have thought a lot about over the years and something which I suppose I would always want to urge people to think very carefully about when developing something in another country. I feel that it is advantageous to try to develop more collaboratively, than separately. I

think in a small profession which is just starting out, together we have much more 'teeth' than if you have little fragments all over the place. This was proven when we did start to come together more as a profession within the UK. Additionally we joined hands with art therapy for the first negotiations on pay and career structure with the National Health Service, in the UK, in 1982 which I have already mentioned, and later with drama therapy. By doing this, we had much more authority and were then able to get the State to recognise the professions and to register arts therapists, while still retaining our separate identity. The challenge is: to find ways of collaborating whilst maintaining an identity which is your own rich identity. It is something that we have managed to achieve and we continue to do this by communicating with each other on many different levels and via different forums.

So, I suppose in the early stages, there was quite a lot of division and Nordoff Robbins didn't contribute enormously to those early stages of the development. Sybil developed the *International Association of Nordoff-Robbins Music Therapists* (IAN-RMT) and it became much more focused upon looking at Nordoff Robbins in this country and internationally whilst also gaining more interest for the work of Paul Nordoff and Clive Robbins.

When we moved into this centre in London, I was determined that we would of course keep the richness of our own identity, but that we would be part of the broader music therapy profession. So, I opened up the Centre to the APMT and the BSMT for their meetings and conferences here. I opened up our library as a Reference Library to people wishing to use it and I encouraged Nordoff Robbins music therapists to become more involved in the profession.

More Nordoff Robbins graduates became involved in committees with Nigel Hartley and Helen Patey both being Chairs of the BSMT and then later on Nigel for a short while becoming Chair of both the BSMT and the APMT simultaneously. Subsequently, Judith Nockolds became Chair of the APMT. All of them contributed to the associations in different ways and Nordoff Robbins therapists and employees became an integral part of the profession with Nordoff Robbins as an employer giving them the time needed to contribute. Helen Patey later became Chair of the APMT Courses Liaison Committee and later I took over from her becoming Chair for three years. I was on the APMT Executive Committee for quite a long time and I was also Chair of the APMT Supervision Committee. I know that not everybody enjoys being part of a committee, but if you don't have people who are prepared to contribute to associations and committees, eventually you have an organisation

⁵ For a detailed historical account of the development of Nordoff Robbins, see Simpson (2007, 2009).

which is not fully representing the people that it is meant to represent...

The APMT additionally has an Advisory Council comprising members who have been in key positions within the APMT and profession and these members have various skills or experience and members are referred to them for specific advice and support. I am a member of this Advisory body and occasionally I am asked to look at issues or documents. For example, the APMT and BSMT are going through an amalgamation process and last year I looked at some of the documents concerning this which was very exciting and interesting for me.

Recent developments and current function of Nordoff Robbins

Giorgos: Would you like to tell me briefly what is the current function of the Nordoff Robbins Centre in London? What are the aspects of its function and what are also some of its recent developments?

Pauline: Well, the Charity has always had three strands to it which are: i) the provision of music therapy services, ii) the training of future generations of music therapists and iii) research into music therapy and related disciplines.

Initially, Nordoff Robbins was primarily London based. We had our Centre in London, which housed the music therapy clinical work and the training program. There was very little research in the beginning, but there were embryonic types of research in the use of the Rating Scales, the Nordoff Robbins Scales of Assessment⁶, which Paul Nordoff and Clive Robbins developed out of their initial research into the approach.

At that time we had one outreach project that we supported which was at Queen Mary's in Carshalton on the outskirts of London and we employed only Nordoff Robbins graduates. We then developed a further outreach project at Great Ormond Street Hospital. Over the past eighteen years however we have expanded enormously. The first area of expansion was when I became Head of training...

Giorgos: That was in 1993, right?

Pauline: Yes, in 1993... I had always felt that the course needed to be two years as I felt that one year was insufficient for the training process of music therapists and also, Nordoff Robbins focused only on work with children and I felt that this needed expanding.

Together with an enthusiastic committee and very much supported by City University, the validating university, I developed the one year program into a two year Master's Degree. I employed Gary Ansdell and Rachel Verney to assist with the development of the adult-work curriculum as both of them had extensive experience working and teaching in Germany at our sister Nordoff Robbins course at Herdecke and Gary had excellent research experience.

The program remained a Diploma course with an exit route, but we expected most people to go on to complete the Masters and most people did. The Master's was a taught one lasting two years full-time and it included a variety of modules, including research methodology.

In 1995 we had the first intake of students undertaking the two-year masters program and we later gave other graduates an opportunity to upgrade their Diplomas to Master's Degrees.

Giorgos: So, were the students practicing with children in their first year of training and with adults in the second year?

Pauline: Yes, and it remains like that. However, eventually we dropped the Diploma completely and the program became a Master's Degree only and a Master's Degree became the point of entry into the HPC for all the Arts Therapies.

Giorgos: Would you like to mention anything else that was included in your input of expanding the Nordoff Robbins training program into a two years Master's?

Pauline: One of the things that I introduced and I am particularly enthusiastic about was personal music therapy for the students. I felt so strongly that if you are trained to be a therapist you need to have therapy in the medium that you are training in. Additionally it was and remains important for people undertaking a therapy training to have personal psychotherapy, so that they can undertake the most responsible work with clients.

However, I felt that psychotherapists have psychotherapy, which is the medium and approach that they are going to practice in and my thinking was: "why aren't music therapists having music therapy?" So, I set that up, and Nigel Hartley and Sarah Caird, were the two music therapists who pioneered personal music therapy for the students. Feedback over the years from students confirms that they found this incredibly valuable.

The other thing that I was very pleased to include in the curriculum was presentation skills. I thought that it was crucial. In what remains a pioneering profession, (and you will find this in

⁶ For more information, see Nordoff and Robbins (1977, 2007).

Greece), the therapists' presentation skills are very important as you try to inform and convince others such as health professionals, managers, employers and the public in general about what music therapy is and its importance to people who we all know benefit greatly from music therapy. In addition, it assisted students with developing integrated presentations combining theoretical thinking with practice. In this module we assisted students in developing a range of presentation skills accessible to different audiences.

Giorgos: What about the development of the clinical services of Nordoff Robbins?

Pauline: Our strategic plan of ten years ago was to expand our music therapy services nationwide, and also expand the range of clinical work. Nordoff and Robbins used to work primarily with children with learning disabilities and autism and then with adults with learning disabilities⁷. However, during the past years we have expanded enormously including working with people within neuro-rehabilitation, psychiatry, and with people with dementia. Additionally, we are now working UK wide with services being developed by Rachel Verney and her team in many Regions across the UK. Partnerships are being developed and this continues to grow.

Giorgos: And do you still employ only Nordoff Robbins trained music therapists?

Pauline: Here at the Centre we still employ only Nordoff Robbins trained therapists. In our regional developments we employ music therapists who have been qualified from other training courses working in a variety of setting such as schools, hospitals, hospices, residential care services and day centres. We also have another two Units which we have funded or partly funded; one at the BRIT School for Performing Arts and Technology in Croydon and one at the Mary Hare School for the Deaf in Newbury.

Partnerships and teamwork

Giorgos: Do you identify any key element that underlines this expansion of services?

Pauline: I feel that partnerships have been key to these developments. We have developed numerous partnerships and I think this is a very important direction. We have developed partnerships with shared funding, our partners hosting our services or

providing the venues and partnerships in terms of service provision.

As an example we have a collaboration with a big private health provider, which provides homes for people initially with Alzheimer's or with other forms of dementia and now including people who have Parkinson's or other neurological difficulties. They have commissioned us to help them acquire, but also to manage music therapists within their residential homes. There are other partnerships such as the aforementioned with the Mary Hare School where we half funded the building of a music therapy unit. We continue to have a very positive relationship with them and also with the BRIT School which hosts our Unit on their premises.

So, I think the work towards partnerships is an important development within Nordoff Robbins now.

Giorgos: But I guess partnerships have also their 'tricky' areas, especially when you are a Charity and you need funding in order to develop your services. Am I right?

Pauline: Absolutely [*laughs*]... there is always the chance that both you and your 'partner' (if they too are charities) apply to the same charitable funding streams but, as with everything, communication, openness and trust are core to developing these partnerships.

Giorgos: Earlier in our discussion, you talked about the significance of team-working and respecting both individuality and collectivity. Now you mention partnerships, while I also remember Helen Patey⁸ talking in her emotive farewell speech, about how important is team-working for the development of policies and practices in music therapy. This seems to be something very important...

Pauline: It is crucial. No man is an island. You know, we really need to work with our colleagues, but what I have learnt through running the Charity, is that it is important to put agreements in place. You know, we start with good will, but good will can sometimes go 'skew' [*laughs*]...

I learnt this very early on when we formed a partnership with an organisation in another part of the country and the person in charge there was the most wonderful man - absolutely wonderful. And we had what we call a 'gentlemen's agreement'.

⁸ Helen Patey (1946-2008) was Assistant (later Deputy) Director of Nordoff Robbins Centre, London. She also served as Chair of the BSMT, Chair of the APMT's Courses Liaison Committee, and as a representative of the UK on the Education Commission of the World Federation of Music Therapy (WFMT) (see Pavlicevic 2008).

⁷ For more information, see Nordoff and Robbins (1971, 1992).

We put couple of things down on paper, but it was very much a ‘gentlemen’s agreement’. For three years it worked wonderfully. Then, that person retired and a new Head came in who wasn’t very interested about the partnership and things began to deteriorate within the relationship with the responsible person constantly focusing on the ‘letter of the law’ within the agreement enquiring “Tell me where this is written?” In the end we severed relationships with that organisation and when we moved to another we put a very clear agreement in place right from the start.

So, I suppose partnerships and team-working is a little bit like a marriage; you have to know what are you entering into for... each of you I mean... and you have to know what the terms of agreement are. If you do that when you are still friends and things are still fresh, when things sometimes become a little rough, (you know, for example if funding is limited or there are complaints), then with a thorough agreement already in place, you have really got the basis of something to refer to and to work from. So, I think the parameters or boundaries of the team-work or the partnership should be very clearly defined.

Giorgos: Yes, and I think the key is also to respect the individuality of each person, organisation or colleague...

Pauline: Absolutely. In terms of team-work I don’t think that it is important to always agree. As a matter of fact I think tension and not agreeing can sometimes be a good, creative thing. You know, through this tension something can bounce off into new areas, but I think you need always to respect each other... no matter what... and always listen and be honest.

The art and central tenant of Nordoff Robbins music therapy is listening in a creative and open way. And I think that is the art of a good partnership and of a good team-work; it is to listen, to give the person the respect of listening to them and really listening and hearing what they say. And then maybe saying, “I really hear you but in this respect I think differently or my way of doing things is different”.

Developing training programs and policies in music therapy

Giorgos: As you said before, you were the Head of training for a decade (from 1993 to 2003) and during this decade many significant developments took place within Nordoff Robbins. I would like you to tell me more specifically what were some of the steps that you took in order to develop further the training program, as I think that this would be

of a great interest for Greece, as well as for other countries where there is no official music training recognised by the European Music Therapy Confederation yet (EMTC 2010).

Pauline: Sure. I think partnership is again a key element – and we come back to our discussion about partnership and team-work.

Drawing from my experience at Nordoff Robbins training program, I would like first of all to give the credit to Sybil Beresford-Peirce. I think that due to her unrelenting high standards and tenacity she could be a very difficult woman to work with. She was very aristocratic and autocratic, but at the same time she was a very determined, visionary and extremely wise person. The reason that she wanted to be at The Roehampton Institute was for the training to be within an educational institution. When she left and we moved the Charity into our own building, she realised that she still needed the training program to be authenticated and to be accredited by an institution. So, she approached City University.

Giorgos: So that was an important step...

Pauline: That was a very crucial step, because she gave the Charity an academic partner. City University (which validates the training at Nordoff Robbins) used to organise and deliver its own programs and degrees at the University and it had no system of validating or accrediting external organisations’ programs. Therefore, validating the Nordoff Robbins program was a first step for them and a very crucial step both for them and for us. Validating the Nordoff Robbins training program was an innovative and pioneering thing for them to undertake and opened the door for them to thereafter validate many other institutions and organisations’ courses such as the Guildhall School of Music and Drama, and the Laban Dance / Movement Therapy training course and many more. Back to Nordoff Robbins, in 1981 the Nordoff Robbins Music therapy Diploma course was the start of City University’s validation processes and they have continued to validate our courses since then and to be extremely supportive particularly Steve Stanton who is now Dean of Validation at City University and has supported us since 1981.

Therefore, when I took over the training first of all and then developed it into the two year course we already had an academic and most supportive partner.

Giorgos: How would you relate this to the Greek reality?

Pauline: I think in Greece it is important to find an academic partner to validate or accredit a training course, either a music conservatoire, or a university, or within any higher educational institution.

Additionally, you need to think where you feel you would be a more comfortable fit and form a partnership there: whether the needs of music therapy are best served within music, within education, within humanities, within a university, within a conservatoire, etc. You have also to think also about the government...

Giorgos: Actually, music therapy was recognised officially by the Greek State only recently with the ratification of the latest Special Education Law⁹ in October 2008.

Pauline: Ah, that is a very significant step! Well, let me tell you a story, which is a slight side-step, but still relevant to this topic...

When I went back to South Africa, after I had trained as music therapist, I went back to my Teacher Training College which was amalgamating with another college and as it was therefore closing, they suggested that I should go and work at a school for children with physical difficulties as a music therapist.

So, I applied for registration as a music therapist to an organisation which is a little bit like the CPSM was here. This organisation was called the "Medical and Dental Association". They agreed to register me, but they agreed only to register me as a subsection of occupational therapy, i.e. as an occupational therapy aid which was similar to foot care technicians who make foot aids for occupational therapists. I thought about this and I actually said no to this as it would have affected ALL future arts therapists who wished to register and would have been a 'low grading' and not as a profession in our own rights.

So, I suppose that would be something that I would strongly advise. If the government recognises music therapy you should fight for it to be recognised on its own right, and not as a subsection of occupational therapy or of some other profession.

Later, when Professor Mercédès Pavlicevic went to South Africa to start a training program in Pretoria University she could negotiate with the Medical and Dental Association and music therapy became recognised as a profession in its own right; whereas if I had accepted it as a sub-section we would have never been able to change it - we would have been stuck in that little box.

But coming back to talk about training programs, I mentioned earlier that a committee assisted in developing the two-year Masters Degree program and I felt that it was crucial to have academic and University representation on that committee.

Giorgos: Had the APMT formed the Courses Liaison Committee at that time?

Pauline: Yes, at that time the APMT had the Courses Liaison Committee and part of the purpose of the committee was to support people in starting new training programs - that was before State Registration.

Giorgos: What was exactly the purpose of this committee at that time?

Pauline: Well, I think that Tony Wigram, Chair of the APMT at that time, (I think it was mainly him), worked very hard to bring together the training programs. So, he developed a subcommittee of the APMT, which was called the "Courses Liaison Committee". This included the course Heads; the Heads of the initial three training programs: The Guildhall, Roehampton and Nordoff Robbins, as well as representatives of the APMT. So, I think it was Juliette Alvin and then later on Maggie Pickett who was the Head of training of the Guildhall, Elaine Streeter Head of Roehampton and Sybil Beresford-Peirce from Nordoff Robbins.

I think it was quite a challenge for Tony, but he started to try and bring the training programs together in order to facilitate collective thinking about training in this country and looking at the similarities and the differences between music therapy and other fields of practice closely related to music therapy, such as special music education.

Giorgos: So, did Nordoff Robbins also have the support of the APMT in developing its training program?

Pauline: Yes, the APMT developed a Basic Module of Training and they were helpful in assisting the development of new training programs in general.

Giorgos: What are the things that would be required to take a Greek music therapy program forward?

Pauline: Firstly, the consideration of whether you want it to have a particular emphasis or, to be a generic training?

⁹ For details, see Official Journal of the Hellenic Republic (2008).

Giorgos: So, do you mean with no emphasis on a specific approach?

Pauline: Yes, without any emphasis on a specific approach. You would need to decide whether you wish it to be improvisatory-based or is it going to have more behavioural roots, or Guided Imagery roots, etc... In this country all training courses are improvisatory-based and all music therapists have to be trained musicians.

Giorgos: Most music therapists in Greece have been qualified in the UK, in improvisatory-based training programs. From this perspective, it would make sense to develop a training program which is based on people's own training and experience.

Pauline: Yes, absolutely. In the UK, all the training programs are improvisatory-based, but of course the focus of their thinking or their belief is subtly different and this too is important. So, choosing whether to have a particular emphasis or be more generic is the first issue to consider.

The second is to liaise with a university or college, as we discussed earlier.

The third is to think whether you have got efficient, qualified and experienced therapists to teach on a potential course, but also to supervise. I think you are getting to the point in Greece that you have now enough qualified and experienced therapists to undertake such a venture.

Giorgos: What about the role of placements in a training program?

Pauline: Placements are very important for the training programs, at least of those that I have seen in this country.

I am saying this based on my experience. I am an education and assessor partner for the HPC now. This means that if somebody wants to set up a training program, I might be one of the people to evaluate the curriculum of the training program. As an assessor partner, I am involved in a similar process that takes place when someone from another country wants to be registered.

So, on the basis of my experience I know that the thing that makes training programs difficult to deliver is usually not the curriculum, but the clinical placements; if there are not enough placements, then there is not sufficient possibility for clinical practice and supervision which is core to the learning of a music therapist.

Giorgos: But what about also the role of supervision in placements?

Pauline: Oh yes... this is crucial as well. The placement supervisors have a significant role. In many of the training programs the placement supervisor doesn't have to be a music therapist. It can be somebody who is prepared to take responsibility to support the student music therapists on site and what the students do is then to go back to the training course for their clinical supervision.

In Nordoff Robbins we have some placements with music therapists responsible for overseeing the placement as well as some with other professionals undertaking placement supervision, and clinical supervision happening back on site in the London Centre and at the Royal Northern College of Music (RCNM) which hosts our course in Manchester. This is a new masters training program which started in 2009 and is also validated by City University but hosted at the RNCM.

So, it is crucial to have people who will have practical responsibility for placements, and then have enough clinical supervisors as well as a variety of placements.

So, I suppose the issue of placements and supervision is a basic one for the establishment of any music therapy training course. It would be helpful for the Greek music therapy community to have some advisors and perhaps get a committee together to assist with drawing up a curriculum for a training program, perhaps including some experienced advisors and trainers maybe from England or Germany or the USA.

The APMT Supervision Committee

Giorgos: Earlier on in our discussion you mentioned also the APMT Supervision Committee. How did this start and what is exactly its role?

Pauline: When the APMT Supervision Committee started, all of the training programs in the UK were one year post-graduate diploma training programs. There was a real feeling of needing more support when people went out to start work. So, the profession developed a supervision scheme where a register of experienced supervisors would be developed and the APMT made it a requirement for newly qualified therapists to undertake thirty-two hours of supervision, in their first year of work with an APMT approved supervisor. The rationale behind it was actually to help people to be supported in their first year of work, but also help them to offer more of a safe practice.

Giorgos: I think that this issue of supervision would be of great interest for the Greek music therapy community and the Hellenic Association of

Certified Professional Music Therapists as some therapists are newly qualified and the profession is still developing in initial stages. I also know that some music therapists do peer-supervision or have supervision with other professionals, like child psychologists.

Pauline: Right... What we insisted in this country was that music therapists had to have supervision with music therapists at first. They could have it with other professionals too, but they had to have someone who was a qualified music therapist in the early stages of their working profession. So, this is why we started this register. I think it was a very good idea to have the register, but inevitably good ideas also have big problems, don't they?

Giorgos: hm...

Pauline: It was difficult because people were interviewed by their colleagues in order to become members of the register of supervisors and this inevitably created some difficulties as interviews inevitably were subjective to the interviewers approach.

Giorgos: So, what is the situation with the Supervision Committee right now?

Pauline: The APMT still has the Supervision Register, but it has changed with one of the changes being that there will be no interviews necessary anymore for inclusion on the register. Inclusion is based on other experiential criteria with people having to have a certain number of years experience and having to submit something in writing. They then can become included in the list of supervisors. So, if you have a list of supervisors all around the country who are able to offer different types of supervision, then newly qualified therapists know immediately what availability there is in their region.

Giorgos: And what is currently the situation with the music therapists in the UK who have supervision with other professionals who are not music therapists?

Pauline: There are lots of therapists that have supervision with other professionals as well, such as psychiatrists, psychologists, neurologists or psychotherapists. I personally think however, that when people first qualify they want to go to an experienced music therapist. When they are more experienced and they are working within particular settings (like psychiatric settings or neuro-rehabilitation settings, etc.) they may then want to go to psychiatrists or psychotherapists.

Funding and the demand for evidence

Giorgos: Focusing now our discussion on funding, I remember Tony Wigram (2000) said in one of his interviews that music therapy is at a critical point because it has to provide evidence of its effectiveness in order to get financial aid. I would like your opinion about the current situation in the UK concerning funding and financial aids.

Pauline: Maybe I am not the most appropriate person to speak to about this issue as the funding that I am most involved in is that obtained via charitable events and Trusts... However, I would perhaps make one point and that is that I feel that in the UK we are in a very exciting, but also worrying transition.

There has been a lot of focus on the arts and health over the last couple of years within the UK and there is a very big Arts and Health movement which government has invested quite a lot of money into. There are many people who are providing music services now with the same client groups that we do in music therapy, such as community musicians and orchestras to name just two. To date we have always been able to define ourselves as different in that: (a) we have professional training which leads to a professional qualification, and (b) we have got a body of research and we undertake evidence gathering in the form mostly of qualitative, rather than quantitative research.

However, increasingly community musicians are looking at forming training programs; increasingly they are beginning to look to research as are other musicians as well and they are working in the same areas that we are and therefore they very often offer a similar product but often cheaper...

Giorgos: I see...

Pauline: So, I think music therapy is in a vulnerable position at the moment. However, Nordoff Robbins is finding that people still want music therapists and they still want to have a music therapist working within their organisation, but it is not always very easy from a funding perspective. Especially now with the economy as it is, I think it is tough throughout the profession, certainly as a Charity, not only as Nordoff Robbins, but all Charities are finding it very difficult and they are becoming extraordinarily proactive.

Giorgos: Do you believe that the current financial climate increases the need for music therapy to prove its effectiveness?

Pauline: Not yet, but I think this will be the case. Even if I have never worked within the NHS, I think the demand within the NHS and increasingly elsewhere is to prove clinical effectiveness and to be reflexive practitioners.

Giorgos: Also the presentation skills that you referred to previously seem to interweave with what you are saying now...

Pauline: Absolutely, yes... and there is something about being able to draw from the theory and the research available to qualify substantially what you are saying.

Approaches and partnerships

Giorgos: Pauline, as we are approaching gradually the end of our interview, I would like us to focus on the Greek reality. As you know, *Approaches* is the first journal in Greece which is dedicated both to music therapy and special music education, and it is actively supported by the Greek Association of Primary Music Education Teachers (GAPMET).

When we were developing the philosophy of *Approaches*, we defined some basic principles that penetrate our vision. Two main principles were:

i) to have a clear definition of music therapy and special music education as two distinct fields, but also acknowledge and explore their potential overlaps, and ii) to respect the different approaches and perspectives within these two fields. However, many times people ask “why didn’t you develop a ‘clearly’ defined music therapy journal and you rather preferred to dedicate in both fields?” So, I would like your perspective on this issue.

Pauline: I think it is a lovely idea to start with a partnership. It comes back to our idea of team-work and partnership. I think it is a lovely idea because you are starting in a cohesive and collaborative way which is: you are working together to define what it is that each of you, or each strand, can offer and some of that I would imagine - and that is not my expertise - would be quite similar and some vastly different.

I would imagine that with Special Music Education (and I can only tell you from my experiences in South Africa which is over twenty years ago) that things were much more skill-based and also there was an end purpose, whereas with music therapy, of course skills do emerge, but it is much more of a process. Now I am not saying that special music education is not a process, but it is a process to reach the end or I found this when I was teaching. With music therapy on the other hand, it

is a process sometimes without a real idea of what the end is going to be.

So, I think it is very good that you come together and develop a partnership. In this framework, I think that the mutual respect is crucial because in my experience there have been occasions in this country where there has been tension between musicians working in a school and music therapists. I think that defining what the different thoughts or the different remits are, but also offer an opportunity for learning from each other can be very empowering and very clarifying for both - I think this is great!

I think exploring what the similarities and the differences are, is really important. In the UK, there has been a government initiative within education during the past years which has been called the “Music Manifesto”. And the idea of that was not for the government to put lots of money into music, but to actually promote music in all schools - so every child would have a right to access music.

The problem with the Music Manifesto was that it excluded music therapy at first. They came and asked Nordoff Robbins to sign up to it (and this links to our discussion earlier regarding Nordoff Robbins contribution), but we refused to sign up to it until they put music therapy on the agenda as well. Mark Jeffrey who was what they called “the Manifesto Champion”, was very passionate about music therapy because he had seen some music therapy work and he was very moved by it. However, it hadn’t been explicit in the Manifesto that music therapy and the most profoundly disabled children have an equal right to music, as well as the most able children. So, they did say children with special needs, but were not explicit about music therapy having input with children who were struggling to access music within the classroom.

A small committee, including music therapists was formed to address this omission and this is where it is relevant with *Approaches*’ vision of collaboration. The UK Manifesto committee is one which is actually looking at what the different groups of music providers are offering and what the differences and the similarities are. So, this now includes community musicians, orchestras who are providing community services in schools, music therapists and special music educators. So, *Approaches* is actually starting with this collaboration which I feel is extremely positive.

As musicians, we need to clarify what it is that we are all doing which is defining us as something separate, yet all using and talking about the power of music. I think it is important. It is actually essential, that right in this formative stage - because in Greece you are still in a quite formative, but also in a pioneering stage - to start with collaborative

clarifying of where you are working together, where you go separate ways, and so on.

Some reflections on developing music therapy in Greece

Giorgos: In 2004 the Hellenic Association of Certified Professional Music Therapists¹⁰ was established. I would like your thoughts regarding the potential role of the Association in Greece, generally for the development of music therapy in the country, but particularly for the development of a training course as we discussed earlier on.

Pauline: Well, I think in the UK we started the other way around than it happens now in Greece¹¹. The training programs in the UK started first and then leading music therapists from these trainings formulated the APMT. My understanding is that The Guildhall School of Music and Drama started the first music therapy training program in the UK, and then therapists who graduated from there started developing music therapy organisations. As I said, Juliette Alvin started the BSMT and I think it was three of her graduates who then started the APMT with Angela Fenwick as the first Chair. What you are thinking about in Greece, is the other way around and actually I think that can be very positive!

I think that the Hellenic Association of Certified Professional Music Therapists can develop maybe a small course or education committee within the association which actually begins to work to draw together ideas for what universities to approach, what curricula, what modules of the curriculum you want to include as being core to the training program.

I think if you have already got the Hellenic Association in place, it is a perfect platform from which to come together. I think it is crucial for all music therapists living and working in Greece to join it. Of course, there will be some disagreements - this is inevitable, but I think it is a shame if this becomes a barrier... because you only can effect change if you are in the body of an organisation. You know, if you are sitting on the outside of an organisation throwing stones at it because you don't

like what they are doing, it is not having an impact. But if you go in to the organisation and you begin to talk about the things you are not happy about, there is the possibility that you can begin to make changes.

Giorgos: And I think also we come back to what you said earlier that the most important skill for music therapists is listening. This skill can be used both in our therapeutic practice, but also on a professional level; listening and respecting each other, even if we may disagree.

Pauline: Absolutely, and I think also to have an organisation which then has sub-committees, so the APMT at the moment has got quite a lot of sub-committees. It has got for example, the Courses Liaison Committee, it has the Supervision Committee and a Continuous Professional Development Committee and it also has various special interest groups or networks. Also, I think as a professional organisation the Hellenic Association needs to draw up a Code of Ethics, a Code of Practice, a Code of Professional Competences, etc. I think these are the things that a professional organisation can do which then they can feed into the development of a training program, because if you have a code of professional competences that you need to have in order to be a music therapist, you are then able to address how the training courses teach these competences.

That is what Tony Wigram developed initially with the "Basic Model of Music Therapy Training" which I mentioned earlier and to which all the training programs contributed. This document included the basic core criteria of what the requirements for a music therapy training program should include.

Now because we already had this, when it came to apply for State Registration music therapy was already in a very positive place to provide what was needed for this process. So, the Hellenic Association could perhaps begin this process and think about what the basic core competences that a music therapist must have as the minimum criteria in order to be a responsible, safe practitioner because that is what it is all about: being able to practice safely for the benefit of our clients.

Closing

Giorgos: Thank you very much, Pauline. In closing this interview, would you like to mention any overall thoughts?

Pauline: Well, just to say that my overall final thoughts are that in order to develop things in

¹⁰ For further information about the Hellenic Association of Certified Professional Music Therapists, visit: www.musictherapy.gr.

¹¹ For a study regarding the development of music therapy in both countries (Greece and UK) and its connection to the development of their two peer-reviewed journals correspondingly (*Approaches* and *British Journal of Music Therapy*), see Tsiris and Procter (2009).

Greece, everyone needs to think broadly, collaboratively and creatively. But also to say very, very good wishes and good luck to what you all are trying to do. I think that is a big venture and if I can help in any way I will do so!

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