A NEWSLETTER FROM THE NEW ZEALAND SOCIETY FOR MUSIC THERAPY INC.
AUGUST 2006

TABLE OF CONTENTS

From the Chair 1
Music Therapist Wins Goal Setter Award 2
Call for Nominations - Registration Board 3
Obituary - Peter Boag 3
New Director New Zealand School of Music 4
Travellers Return 4
Update - Project Sunflower 5
New Graduate Profile - J Cooper 7
Conference Programme 8
Conference Registration Form 12
Conference Accommodation 12
Reviews
- “Claus Bang-A World Of Sound of Music” 13
- British Journal of Music Therapy 14

FROM THE CHAIR

It has been a busy time over the last few months getting things established with our new executive officer. It is wonderful to know that we now have Morag Wheeler working for the Society and ensuring that the organization is moving forward in several important directions. The recent NZSMT Council and ETPP meeting covered a lot of business and professional matters. Items to note include ideas for progressing our revised website, updating information and procedures for the smooth operation of NZSMT, the upcoming conference in Dunedin and the co-option of Judith Field onto the Council.

Visit our website which has all the details about the Conference and other items of relevance. There have been a number of contact changes and it is worthwhile noting these to maintain accurate records for all communications.

By now you should have registered for Conference to get the early-bird deals. Our Conference promises to be an energising and inspiring one. Unfortunately Dr Leslie Bunt is unable to come to New Zealand this year. We have however, the inimitable Associate Professor Sarah Hoskyns as keynote speaker. We look forward to her sharing her knowledge and wisdom as the Director of the Master of Music Therapy programme at the New Zealand School of Music (the new entity formed by the amalgamation of the Massey and Victoria University’s music departments.) If you haven’t yet registered please do so. It will be worthwhile visiting Dunedin to experience their traditional warm hospitality.

There are two other items relating to Conference to note. First, there is a music making day for music therapists on the Monday after the Conference. Why not consider staying an extra day to take advantage of this golden opportunity? Secondly, included in this magazine is a call for a lay nominee to the Registration Board - an essential part of our professional quality assurance. Please give careful thought to this opportunity.

Council recently co-opted Judith Field to
provide a more representative voice on the governing body. Judith has vast experience in music education and has been interested in music therapy for a number of years. Judith is the music adviser for the central region of the North Island based at Massey University Centre for Educational Development. In this role she has first hand experience with teachers working in diverse classrooms. She is keen to offer her expertise and time to help the Society strengthen and grow.

In August the second full meeting for ETPP was held in Wellington. People had come from as far as Auckland and Invercargill to participate in a productive and rich occasion. Music therapists made some very important decisions about their future, building on the outcomes of a similar meeting in 2005. I visited in time to hear an overview of what had been achieved in the two days and was impressed by the deep level of thinking and detail covered. We would like to see further professional development opportunities for all music therapists next year.

The steady growth of music therapy in Aotearoa New Zealand is very apparent: a training course, new graduates, a strategy for ongoing professional development for music therapists and new appointments around the country, assisted by increasing demands from the community. It is important to continue to strive for a successful future for the organization. We can only achieve this with good governance and effective operational management and dedicated and inspirational members. We need to be prudent in our decision making as we build our professional profile in Aotearoa New Zealand. This requires a deliberate and reflective process that aids in the shaping of music therapy in our communities. I’m looking forward to the conversations we can have at the Conference.

Catherine Gibbs
Chair NZSMT

MUSIC THERAPIST WINS GOAL SETTER-AWARD

From street kid to a Massey master’s music student, Dennis Kahui’s efforts to overcome obstacles and achieve educational excellence have been recognised with a $2000 Goal Setter award from the Port Nicholson Rotary Club.

Mr. Kahui (Ngāti Ruanui, Ngā Ruahinerangi), originally from South Taranaki, left school at 14, worked in construction, picked asparagus and lived on the street before enrolling in a music degree at Otago University. Although he failed every course in his first year, he persevered and completed a BA in 2004 then came to Wellington, where he is in his second year of a master’s degree in music therapy at the New Zealand School of Music, a joint venture between Massey and Victoria Universities.

Tertiary Education Minister Dr Michael Cullen, who today presented the award, said Mr. Kahui, 34, has not had a stereotypical tertiary career; and “one expects that nothing he will do in future will be stereotypical either. We congratulate him for his hard work, imagination, persistence and vision.”

Massey’s Wellington Deputy Vice-Chancellor, Professor Andrea McIlroy, who is also a member of the Port Nicholson Rotary Club, says the award recognises outstanding individuals for their capacity to set goals and overcome barriers to achieve success in tertiary education. Rotary established the awards in 1990 to recognise students who have overcome barriers and approached their studies as a stepping-stone to making a positive contribution to their community.

The school’s Director of Music Therapy, Associate Professor Sarah Hoskyns, says Mr. Kahui is a great advocate for Māori approaches to music therapy. “He integrates te reo Māori, kapahaka and tikanga Māori into his approach to therapy and with his clients.”

Music therapists work with adults with intellectual handicaps, people with mental health problems, children with special needs, and elderly clients. Professor Hoskyns says although music therapy is rapidly becoming accepted as mainstream, there are just 25 registered music therapists in New Zealand, and they are in high demand.
“Mr. Kahui has flexible musical skills in the best aural tradition, which means he can be spontaneous and responsive to the music of his patients in music therapy. He is a natural, warm, playful communicator and he easily relates to the wide range of people he has met on his clinical placements.”

Mr. Kahui’s special interest during his studies has been in learning and communicating cultural aspects of the work.

He says he loves what he does. “As a Maori it feels a natural thing to do. It’s awesome how music releases people to talk and express themselves.”

OBITUARY

PETER BOAG, ONZM
1929-2006

We record with sadness the death on July 18 of one of our founding mentors, and Vice-President for fifteen years, Peter Boag.

Peter’s career began as a teacher of mathematics and Latin, but he was also passionately interested in music and quickly understood the principles of music therapy. As Assistant-Director of Education, he won official support for Joan Stevens to undertake training for the profession at the Guildhall, and both then and in his subsequent positions as Deputy Commissioner of State Services and Secretary of Internal Affairs, he supported the Society’s endeavours to establish a tertiary training course in New Zealand. For some years he chaired the Friends of the Conservatorium of Music at Wellington Polytechnic – later Massey University – so was delighted when that University developed the Master of Music Therapy degree. His work at Internal Affairs also involved him in the Arts Council and NZSO, as well as the Dictionary of New Zealand Biography and the development of Te Papa – a great range of cultural activities. He laid particular emphasis on the responsibility of central government to foster the teaching and use of Maori language and the weaving of Maori arts and heritage into our work, lives and institutions.

In spite of failing health during the past five years, Peter continued to attend Music Therapy events whenever he was able, including welcoming Dr Robert Krout to Wellington and attending the end-of-year student function. He was always eager for news of the students, the course, and the work being done by our music therapists.

Peter Boag’s death reminds us of the debt the Society owes to all those people in education, health, social welfare and the community who have given generously of their knowledge, time and energy to the growth of music therapy in New Zealand.

Barbara Mabbett
NEW DIRECTOR FOR NEW ZEALAND SCHOOL OF MUSIC
DR ELIZABETH HUDSON

The Master of Music Therapy course has a new address. Instead of Conservatorium of Music, Massey University, its letterhead now reads New Zealand School of Music, Mount Cook Campus, P.O. Box 2232, Wellington. However, the music therapy room is in the same spot! The music departments at both Massey University and Victoria University of Wellington have amalgamated to form the New Zealand School of Music.

Music therapy now sits alongside performance music in jazz and classical genres, musicology, anthropology in music, all species of research in music areas and some music education in the range of courses offered by the School. It is hoped that land gifted by the Wellington City Council adjacent to the Civic Square will have a new School built upon it, but in the meantime the staff are scattered around several university sites, including one at Albany in Auckland.

A new entity means a new Director. Dr Elizabeth Hudson became the inaugural Director of the NZSM in June of this year, and in early August was introduced to all the “stakeholders” for the course, including the New Zealand Society for Music Therapy, at a function in the Wellington City Council Chamber by Alick Shaw, the Chair of the new Board of Directors for the School.

Dr Hudson was born in California and has a PhD and MA in Musicology from Cornell University in New York. Her previous position was at the University of Virginia where she played a key role in planning and designing a new performing arts centre. Her interest in music is eclectic, and she says “I am looking forward to getting acquainted with a wide range of New Zealand music.”

Already Dr Hudson has made herself acquainted with the finer detail of the Master of Music Therapy course and also has been informed of hopes and aspirations of the New Zealand Society of Music Therapy for the growth of music therapy in New Zealand in the years ahead. She is intensely interested in what we do, and keen to find out more about our aspirations. Her husband, also an experienced musician and composer, and two children are here too and the family are relishing life in New Zealand so far. When asked what had attracted her to apply for the position Dr Hudson replied that she had been fascinated by New Zealand since childhood. “When I was a child my parents toured New Zealand and said it was one of their favourite places in the world”.

TRAVELLER’S RETURN

Associate Professor Sarah Hoskyns recently returned from a family visit to Britain. While there she found time to explore significant issues in music therapy with her colleagues.

In formal interviews with Leslie Bunt and Helen Odell Miller, and an informal meeting with Julie Sutton (colleagues who are all involved with the professional education of music therapists), Sarah discussed the inter-relationships of research and clinical practice. How can the programmes for training music therapists best integrate research methodology and findings into the practical approaches that are taught? How can music therapists learn to become ‘reflective practitioners’, able to tease out their own work, explore the nature of interactions and think about their analysis in the light of research? Are they able to contribute to research programmes, or undertake action research to refine their own observations? Are there opportunities for sharing ideas and insights – and problems?

Sarah also gave lectures in the music therapy programmes at the Guildhall School of Music and Drama, and at the University of the West of England in Bristol. These lectures focused on issues for music therapists working in bicultural communities, and drawing on the musical and cultural understanding to enrich their practice.

Music therapy students at the New Zealand School of Music will certainly be hearing more about these issues and will gain from Sarah’s discussions.

by BARBARA MABBETT
UPDATE FROM BOSNIA-HERZOGOVINA: PROJECT SUNFLOWER

Last week I was out on a field trip that consisted of driving over the Bosnian mountains to a remote village to deliver medicines to a young girl with profound and multiple disabilities. It is a trip I have done many times. However I was amused when the local passenger in my car said, “Ellie, you can tell you have been here too long because you now know where all the hidden police stops and speed cameras are!” Indeed the time is flying past and I am almost completing my fifth year here in Bosnia-Herzegovina (BiH). Next year in February our charity, Project Sunflower, will be turning five years old which almost doesn’t seem possible given that it feels just like yesterday we were setting up the field operation here. We are at an exciting stage of our development as a project as we are now into handling all of the day-to-day running of the project over to our local team and preparing for management transition. Though Hara, my lovely husband, and I will continue to maintain overall direction of Project Sunflower it will be largely from a distance as we plan to return to New Zealand in February 2007. The move is something that we are both looking forward to though it is difficult to hand ‘our baby’ over. We are reassured of continued great work by Project Sunflower by the excellent local team that has been developed here since our early days so we are definitely leaving things in good hands. Though it certainly will be hard to leave we are really celebrating this phase of the project as it shows the sustainability and development that we have worked hard for.

Our project initially started with the desire to deliver music therapy services to those in need with a greater team focus on achieving other areas of need for the client or family concerned. What I had found when I had worked within another music therapy team here was that often clients would turn up to sessions but have no shoes or perhaps be hungry or have no medicines to control conditions like epilepsy and therefore the ultimate development within sessions and over time was limited by the challenges and constraints that the clients would face outside of the therapy room. It certainly is not the role of the music therapist to intervene in suchlike obstacles except perhaps to refer noticeable needs to other agencies.

The problem that I realised in BiH is that there were, and still are, no other agencies to which to refer. There are neither social workers here nor a social system of welfare that would normally pick up on such needs and most aid agencies have long ago left and therefore there really is no one to help out, so families and children struggle on in the most appalling of conditions. It was this situation that motivated my desire to try and make a change in this situation.

The primary vision of Project Sunflower was therefore to be able to offer music therapy treatment programmes alongside providing overall services for any area of recognisable material, medical or psychosocial need of the client or immediate family. What this has meant has been the building up of a team of partners, both local and international workers, with expertise in areas such as social work, nursing, counselling, speech therapy, physiotherapy and other such related disciplines and introducing the concept of case conferences to the team whereby clients and their needs are effectively addressed. Financing for the provision of such needs is also therefore another critical part of the project for it is one thing to be able identify what needs to change and happen and another to see it through to fruition!

Currently we operate two music therapy units in BiH – one in West Mostar and one in Medjugorje situated in a children’s orphanage. The units are busy places and see a range of clients over each week such as children with developmental delays or specific disorders / disabilities or those presenting with emotional or behavioural issues that often may be trauma related. We have had a range of international therapists working in the units and now as music therapy training becomes more recognised within nearby Croatia we have local therapists and assistants.

A part of the project that we hadn’t initially envisaged was the development and training of local therapists or those interested in applying music therapy concepts within their own discipline. This however was a natural extension of the work that seemed to take root early on. While there is no music therapy training course in BiH there are many ‘music therapists’ employed in state institutions! What this means is that the level of training of such people is minimal if at all. Here a job within a state
institution is a job that is desired by all because this means relative security, a good salary and a good pension upon retirement. Therefore what this in turn means is that those working within the state system are generally in those positions for life.

As I travelled throughout BiH and visited other ‘music therapists’ in such institutions during my early days here I was frequently gripped by fear at what was being carried out as ‘music therapy’. The problem was so huge and to be honest it wasn’t one that I really wanted to tackle but I couldn’t get the situation out of my mind. The more that I thought about these ‘music therapists’ working in the same way for another 30 or 40 years of their working lives the more I realised that our project had to do something to impact upon this situation. And so we developed a training programme that was presented as up-skilling to those who already assumed that they ‘could do music therapy!’ Little by little over the years I am pleased to say that the standard, delivery and understanding of music therapy or therapeutic music as I try to encourage workers to call their work has improved. We have now made contact training-wise with over 130 institutions here in BiH and in nearby Croatia!

An exciting offshoot of the professional development input has been the development of a music therapy inter-vision group. This group formed in July 2005 and has been meeting every few months with the group purpose being to share work with others and discuss areas in need of input. It is an exciting development because the concept of networking or sharing ideas or asking for advice is one that is foreign here due to the long Communist regime – in fact meetings of more than four people were forbidden under Communist rule without special permission. People are therefore so conditioned not to discuss work and not to share ideas etc that this has been a major turning point for many people. It also has often been a way for different ethnicities to come together for the first time post-war so that there have been many secondary benefits aside from actually developing professional approaches.

The inter-vision groups are overseen by myself and always one other international music therapist (usually from the States or the UK). Our inter-vision group comprises people from all over BiH and Croatia and therefore the meetings take place in different locations with a different group member hosting each time. Inter-vision has taken place for example in Zagreb in 47 degrees Celsius in the height of summer and then again in –23 degrees in Sarajevo in the grip of winter. Just as the weather and location varies so too does each meeting, but the ending of each meeting always sees the group keen to meet again and with more issues left to discuss. It has been great to see local workers empowered to know more and reflect professionally on their work. Currently we are getting ready for our next inter-vision meeting which will be in the first week of October in Pula which is on the Istrian coast of Croatia just a mere 20 hours’ drive from here!

Just as it has been a joy to see our project develop it also has been likewise a joy to see Bosnia-Herzegovina develop………….though sometimes I feel as though it is one step forward and then five backwards! This country remains devastated by the recent war with infrastructure and systems still largely non-functional. Because of the bitter ethnic divides within the country so little agreement can be made on re-building and therefore little happens or things remain at a standstill which can be incredibly frustrating. The effects of war are everywhere and in every person. Landmines continue to litter the country with BiH remaining the most densely mined country in the world. Refugees number in the thousands with 18,500 people still not knowing the whereabouts of their loved ones. Weekly news contains the discovery of yet another mass grave or the possible whereabouts of wanted war criminals and each week at every orphanage in the country yet more families wanted war criminals and each week at every orphanage in the country yet more families can no longer cope within a system of no support, abandon more children or little babies. However change can be seen in small gradual ways and the hope is for such progress to continue – as the locals say ‘malo po malo’ – little by little.

I wish you all well with your endeavours in New Zealand and I am greatly looking forward to catching up face to face in 2007. I must finish with an amusing story from last week that is not music therapy related! Earlier this year my husband and I got a little kitten (actually it was rather more like she found us!) and now that she has grown older we want to get her spayed as we don’t want to add to the already huge number of kittens that are everywhere. So I finally located a vet and went to see him.
I explained the situation to him but he continued to look at me most oddly which led me to perhaps think I hadn’t used the right local words or something. Finally he said, ‘Cat? Cat?! Hmmmmm…..I have never done that to a cat but I guess I can try?’ . . . I guess local people don’t take their cats to the vet……in fact I get the feeling that they don’t have cats as pets! Anyway our little cat is booked into the vet’s clinic for next week so here’s hoping!

Ellie Salcin-Watts

NEW GRADUATE PROFILE

My name is Judy Cooper and I am 56 years of age. I am a pianist and flute player and studied first at Adelaide University, where I obtained an Honours degree in chamber music on those two instruments. This was followed in later years by a post-graduate diploma in counselling.

I was attracted to music therapy as my mother-in-law had dementia and we found she responded to music more than anything else. As a music teacher, too, I had also noticed how music provided a wonderful and natural means of expression for my students who were diagnosed along the Autistic spectrum. The Master of Music Therapy Programme at Massey University was starting up just as I was looking for a new challenge.

In 2005 I had three placements. One was spent at Newlands College where there was a Learning Support Unit for about fifty students aged between 13 to 22 years. The Unit included a classroom for people who are deaf, two senior level classrooms (Years 11-13) and one for juniors (Years 9 - 10). The second placement was with the elderly at Kemp Home and Hospital in Titahi Bay. The third was as a co-worker with Anna Hill in forensic mental health at Porirua in two units: one unit, Purehurehu, was for men, and the other, Haumietiketike, for residents with an intellectual disability. This is the only unit of its kind in the country.

The title of my research was - ‘From random and fragmented beating to more organised, meaningful forms: an inquiry into rhythm’s unique qualities in facilitating such changes in music therapy and their therapeutic significance for clients with complex needs.’

I now have work that has continued at Kemp Home and Hospital and Newlands College, as well as at Paremata Primary School and in private homes in the community. These positions were found through the Music Therapy department, word of mouth and Occupational Therapy referrals. The clients have particular challenges including autism, verbal dyspraxia, dementia, strokes, global delays, Parkinson’s Disease, cerebral palsy, poor mental health and brain injury. Their ages are from 2 to 95 years.

I am finding the work rewarding and challenging, and have just one music therapy aspiration: to do it as well as possible. My only advice to future music therapy applicants would be to keep their own music making going and to keep life in balance as much as is possible throughout what I consider a very worthwhile course and career.

Music Therapists enjoy a session of music making at this year’s ETPP “Forum 2006”.

A newsletter from NZSMT
P O Box 22 364, Khandallah, Wellington 6035, New Zealand
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Executive Officer: M.Wheeler
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 Including Research in the Education of Music Therapy Practitioners: Can we use the process of research to enhance practice?

This paper will underline the importance of - and potential for - research in the growing music therapy community of New Zealand. Music practitioners may find the idea of research unappealing and cumbersome and see it as something that gets in the way of work with clients. This paper will explore the possibilities for research as a form of enhanced ‘reflective practice’, developing our thinking and questioning in ways that are helpful for the clinician. Is it possible to keep our research and practice closely allied? Examples will be drawn from the developing Master of Music Therapy programme at the New Zealand School of Music, Mount Cook Campus, Wellington and from other international education programmes.

Developing An Early Intervention Music Therapy Programme: Building Relationships In Communities

CCS Otago invited the authors to establish an early intervention music therapy programme in Dunedin. The Music Connections Programme was a 6 month pilot project aiming to:
1. Develop/extend each child’s functioning through identified individualised goals
2. Promote opportunities to strengthen bonds between children and their parents/caregivers
3. Empower parents/caregivers and other professionals with skills to effectively transfer goals worked on in music therapy to other settings, such as home and/or Early Childhood.

The pilot project, involving 12 children and their families, accessed an initial term of 30-minute weekly individual music therapy sessions with at least one caregiver and sometimes siblings present. The programme involved assessing and developing identified areas and engaging the child and caregivers in interactive musical experiences. This paper will report on the outcomes of the pilot project and whether the aims of the programme were achieved. A description of how the programme evolved will be presented. Using qualitative descriptive research techniques common themes will be highlighted, and case vignettes presented to illustrate key themes. Concepts such as working within the context of the communities around each child will also be explored.

Natalie Nugent and Penny Warren are both Dunedin based music therapists. Penny Warren trained at the Guildhall School of Music and Drama, London and moved to Dunedin in 1995. Natalie Nugent obtained both a Bachelor of Music Therapy and a Master of Music Therapy at the University of Melbourne and moved to Dunedin in 2003. They have worked with a variety of populations, both adults and children with disabilities.
Music therapists who diversify within their practice will inevitably face both professional and personal challenges within their work. Confirmation that the methods music therapists employ are not only effective but also accepted is essential. As an Australian trained music therapist working in the United Kingdom, the author placed great importance on working collaboratively with other professionals both within and beyond the therapeutic space. Collaborative working was not widely documented within the UK literature and the author was motivated to investigate the concept further. Masters research was undertaken using both quantitative and qualitative methods. This exploration of the process of collaborative working validated the use of music therapy within this method of approach. The conclusions were important for the author, other music therapists working collaboratively and also for the profession of music therapy as a whole.

Karen Twyford trained as a music therapist at the University of Melbourne. She has been working in the United Kingdom for the last 10 years in special education with children with severe to profound and multiple learning difficulties and children with autism. She completed Masters Research in music therapy in 2004 at the University of Surrey, Roehampton, UK.
SUNDAY 1 OCTOBER

9.00am ANNUAL GENERAL MEETING

NOTICE is hereby given that the Annual General Meeting of the New Zealand Society for MusicTherapy Incorporated will be held on Sunday, 1 October 2006 at St David Seminar Rooms, University of Otago, Dunedin commencing at 9.00 a.m.

10.00 am Morning tea

10.30am NATALIE NUGENT M. Mus (Melb), RMT

“The validity of randomised controlled trials in music therapy research”

Evidence-based practice principles rank randomised controlled trials as the most ideal research design for level of evidence in health fields, particularly when the aim is to investigate the efficacy of a particular treatment modality. This paper will present some of the issues that are involved when attempting to design a randomised controlled trial in music therapy research. The author's present research, investigating whether music therapy interventions decrease the frequency and/or intensity of intractable distress for people with a terminal illness at the end of life, will be used as a case example. Issues such as the importance of conducting a pilot project, questions regarding internal and external validity, controlling variables during randomised controlled trial music therapy studies, dealing with population variability and attempting music therapy research as a sole-researcher, will be discussed.

Natalie is an Australian music therapist, who moved to Dunedin in 2003. She completed a Bachelor of Music in 1996 and a Master of Music (Therapy) in 2000 from the University of Melbourne. She commenced a PhD in music therapy research in September 2004 at Otago University with co-supervision from Associate Professor Denise Grocke from the University of Melbourne. She has worked with a variety of client-populations, including older adults with dementia, CVA rehabilitation and in palliative care, as well as children with disabilities. She is currently working with school-age children with special needs and in early intervention. Currently on leave from the PhD study for this year, Natalie has concentrated her energies into being a first-time Mum this year.

11:30am DAPHNE RICKSON, MMusTher (MU, Wellington), MHealSc(MenH) (OU, Dunedin), LTCL, RMTh. Music Therapy Lecturer and Clinical Placement Coordinator, New Zealand School of Music, Massey University.

"Like Serenity Washing Over Us": the use of music to improve the acoustic environment in pre-school education settings

Following a long history of research on the effects of background music, many claims are made regarding the possibilities for music to impact positively on classroom environs and thus on academic achievement and the learning process. Music intended to be heard but not listened to actively has individual as well as group uses (Radocy & Boyle, 2003). The presenters will introduce a study in which planned background music was introduced into an early childhood setting with the aim of reducing high levels of activity-generated noise.

Children who are over-aroused are not optimally engaged for learning and at the extreme can become distressed. Recorded music was selected and introduced with considerable care to create a calm environment and to support children and teachers to diminish the levels of noise they created. Data from fixed sound level meters and personal sound dose Badges, naturalistic observations by two trained observers and interviews with staff suggest that the music had a positive impact on the noise levels in the centre.
In this presentation, following a brief outline of the overall study, examples of the music used and excerpts from interviews with staff will be presented and discussed.

Daphne Rickson, a Registered Music Therapist and lecturer in the Master of Music Therapy Programme at the New Zealand School of Music, planned, implemented and monitored the music intervention for this study. Stuart McLaren, a Senior Lecturer in Health Science, who has extensive experience measuring noise levels in early childhood settings, introduced and monitored the audiological equipment. Dr Linda Jones, a Senior Lecturer in Psychology, used her particular interest in behavioural observation techniques to support the design of the study and the ongoing naturalistic observations of children in the centre.

12:30pm Lunch

12:30pm Council Meeting

1:30pm LOUISE DOCHERTY, Victorian and Tasmanian Director, Sing & Grow Project, Australia and DR JAN NICHOLSON, Associate Professor, Griffith Psychological Health Research Centre, School of Applied Psychology, Griffith University.

Sing & Grow: the coexistence of evaluation research and practice in an early intervention program

Early childhood is a key time for establishing parent-child relationships that influence children's subsequent mental health. While client reports suggest that music therapy intervention programs are effective and foster parenting skills, there is little rigorous evidence of the effectiveness of these approaches. Sing & Grow is an early intervention music therapy project funded by the Australian Commonwealth Government in partnership with Playgroup Associations in each state and territory of Australia. The aim is to provide a music therapy program to families in communities where access to such services may be limited as a result of social and or economic circumstances including disadvantage, isolation, disability, and/or cultural minority or Indigenous status. Sing & Grow sessions provide a short term early intervention service for families, using music to strengthen parent-child relationships through increasing interactions and assisting parents to bond with their children; and to extend the repertory of parenting skills in relating to their child through interactive play.

As a government funded program, independent evaluation is a requirement of the delivery of the service. The evaluation, currently in the early stages, is looking at the following outcomes: Completion rates; Use of resources and activities at home; Parent satisfaction; Parenting skills; Parenting self-efficacy; Children’s communication, social, behavioural skills; Parent mental health symptoms; Social support and links with service providers.

This paper examines the benefits both to the profession of music therapy and to the wider community of a robust evaluation of a group music therapy intervention. It will also address the challenges to clinical practice of maintaining family engagement when formal evaluation tools are used at the initial rapport building stage of therapy intervention, as well as family engagement with such data collection processes as the end of the intervention program. Strategies for addressing these challenges will be discussed.

Louise Docherty, Victorian and Tasmanian Director, Sing & Grow Project, Australia

Louise Docherty has worked with the Sing & Grow project since its national expansion in 2005, and works with at risk families. Prior to this Louise specialised in special education and early intervention and maintains a passion for this area. Louise is the Chair of the Victorian Branch of the AMTA.

2.30pm PLAYBACK THEATRE: Closure and Farewell
31st September and 1st October 2006

Name_____________________________________

Tel No (_____) __________________________________

Email ______________________________________

Address_____________________________________

__________________________________________

__________________________________________

ANNUAL SUBSCRIPTION

Registered Music therapist $75
Individual NZSMT member $55
Student $25

Conference Registration
- after 1 September $250
(Includes lunch and morning and afternoon teas)

Half day Registration
(Includes tea but not Lunch)

$50

Dinner: Yes / No $40

Sorry no late dinner bookings
Cash Bar available at dinner venue

Total Cheque enclosed $__________

Sorry: No e-mail registrations or electronic payments

Accommodation:
Please make your own bookings.

PLEASE RETURN, NO LATER THAN FRIDAY 18th SEPTEMBER TO:
NZSMT CONFERENCE,
PO Box 22364,
Khandallah 6035
WELLINGTON
REVIEWS

“Claus Bang – A World of Sound & Music”
Cost - 65 British Pounds = approx NZ $127.00
To order contact Claus Bang at claus.bang-musik@mail.dk

“Claus Bang – A World of Sound & Music” is an ambitious project and product. It represents almost 40 years of work by Danish music therapist Claus Bang with children and adolescents with a wide variety of special needs. These needs areas include deafness and hearing impairments, intellectual and developmental disabilities, emotional and behavior disorders, speech and language impairments, learning disabilities, physical challenges, and contact disturbances. The product, produced in cooperation with Aalborg University and supported by a number of Danish government and several non profit organizations, is a set of three DVD-ROM’s for PC. As the DVD-ROM’s are “dual layer”, they contain the equivalent of 38 CD-R’s-worth of material, including videos, still photos, and text documents. The product provides the viewer with extensive material related to music therapy treatment, education, training, and research. This collection is an apt tribute to Bang’s work over the course of four decades at the Aalborg School and other clinical settings. Bang has been working on this collection since after his “official” retirement in 1998, and the final 3-DVD-ROM set was completed in 2005.

Disc 1 begins with Claus playing a beautiful rendition of “When You Wish Upon a Star”, whose words are being signed by an interpreter. The narration to this introduction to the project is in Danish, as is about 95% of the narration found across all 3 DVD-ROM’s. The main menu of each disc can be navigated by scrolling the computer mouse or laptop touch pad. There are three “layers” to each disc. Layers A, B, and C of disc 1 contain various video case examples, videos from TV shows and other documentaries of Claus’s work, photos, and a number of related PDF documents. Again, almost all are in Danish, with some in German and a few in English. One document in English is Claus’s C.V., which highlights some of his many activities over the years, including his co-founding of the Danish Society of Music Therapy in 1969. On track A.7.2 of Disc 1 is a TV video feature with English narration. This segment, which runs 8 min. 23 secs., was a BBC feature on the Beethoven Fund for Deaf Children, with whom Claus has served as Vice-President and Instructor since 1981. This segment is narrated by a hearing impaired gentleman with whom Claus works using Orff tone bars to demonstrate how he encourages vocalizations, vocal pitch matching, and melodic speech with clients who are deaf. The video also features rehearsal footage of Scots percussionist Evelyn Glennie, who has acquired deafness, preparing for a benefit concert for the Fund.

Disc 2 contains layers D, E and F. In addition to a number of cases presented with Danish narration are a number of PDF documents, some in English. One is a research and education paper titled “Musical Voice-Treatment & Speech Therapy with Hearing Impaired and Multiply Handicapped Children and Youngsters”. In it, Bang describes how he has used Sonor Tone Bars to improve a number of elements of the speech of deaf and hearing impaired children. Bang describes these elements as:

1. Pitch and frequency span, its regulation in the spontaneous voice.
2. Intonation, compression, intensity of the spontaneous voice.
3. Sonority of vowels, motivation for structured articulation.
4. Voice malfunctions caused by stress, changes at puberty, etc.
5. Accentuation in intensity, duration and pitch. Elements of Prosody.” (p. 5).

In another PDF document, he describes his use of The Spectral Converter, with which the client can observe their own articulation skills by visually observing colour patterns created by the therapist’s voice and compare them with their own. The many video case examples on Disc 2 are visually referenced on the main screen menu for each layer by the musical instruments used. Along the bottom of the screen are photos of children and adolescents with various needs playing a variety of instruments, as well as some photos of the just the instruments themselves. These include piano, drums, tone bars, additional pitched and un-pitched percussion, and the Spectral Converter. When a case example is highlighted by name (in Danish) on the menu which on the left side of the screen, the
instruments and clients included in that example are highlight along the bottom of the screen. This is a clever way to code the many case examples.

Disc 3 contains an additional 3 layers, with a number of examples of movement, dance, and musical drama work with a variety of deaf and special needs children and adolescents. Layers G, H, and I are again visually referenced using photos at the bottom of the computer screen. As with the other discs, the viewer can select an example by scrolling and clicking on one of the representative photos.

While this is a substantial contribution to the field of music therapy is challenging to use and navigate (as most of the examples are titled and narrated in Danish), this monumental project has given us insight into a remarkable career. This product could be very valuable in the training of students and clinicians though the many video examples. Although most narration is in Danish, the videos and therapy work represented in them speak for themselves. For the viewer who has some time to really explore this product, there are many rewards. It is especially rewarding to note that Claus has had an affinity for New Zealand and the NZSMT since his 10-day visit in June 1977. He enclosed a lovely letter with the DVD-ROM set that he donated to the Society, along with several photos of himself working with special needs children at workshops in Auckland, Christchurch, Palmerston North, Rotorua, and Wellington. He also included a colour photocopy of the flyer for the workshop in Palmerston North, which was organized by Morva Croxson.

Specific computer requirements for running these DVD-ROM’s are not printed on the product cover or accompanying flyer, although the product does require a recent version of Windows to run. Adobe Acrobat Reader 7.0 and Mediaplayer 6.4 are included on each DVD, and can be installed on the user’s computer as necessary.

In summary, his product is truly inspiring, and I look forward to exploring it further in the future. The purchase price seems well worth the many hours of videos, still photos, and related documentation from a remarkable career. Thank you Claus for making this important and lasting contribution to our field through your decades of clinical work and this lasting project.

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REVIEW by Morva Croxson

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Contents: The Editorial by new Editor Simon Proctor introduces the theme in this issue, “Powers and pleasures” giving an overview of the approach taken in the five main articles from Norwegians Randi Rolvsjord and Brynjulf Stige, Canadian Carolyn Arnason and three Australian contributors, Shannon O’Gorman then joint writers Vicky Abad and Kate Williams.

Main Articles:

1. Whose power of music? A discussion on music and power-relations in music therapy.
   Randi Rolvsjord uses theoretical perspectives from contemporary musicology and psychotherapy to discuss power-relations in music therapy. Whereas much literature puts focus on the music therapist role and interventions, she uses the terms “musical affordance” and “musical appropriation” to emphasize the client perspective when music therapy is in action as a health resource. The term affordance relates to the “taking” of music (music selected) and appropriation is how the affordances are “used”, the words in italics being promulgated by Gary Andsell.
   Music therapy must be looked at in a balanced way within the context of its interactions, and one can endorse that statement for New Zealand practice.
2. "Woman to woman: A music therapist’s experience of working with a physically challenged and non-verbal person."

Canadian Carolyn Arnason presents a fascinating case study based on four years of improvisational music therapy with an intelligent, non-verbal woman who has severe cerebral palsy. She gives an in-depth look at the nature of the very positive therapeutic process informed by feminist and psychology of women perspectives relating to the power to empower. Video analysis over a period of 103 hours’ work enabled full and sensitive description of musical content, which was refreshing in a journal article, underscoring the importance of the right intervals, melody, lyrics and so on offered as a dialogue based on presented cues.

3. The infant’s mother: facilitating an experience of infant-directed singing with the mother in mind.

Infants in a Neonatal and Paediatric Intensive Care Unit need care, and so does the mother. In this article the mother was supported in providing a meaningful interaction with her baby by improvised singing in response to sounds and movements from the baby. Author Shannon O’Gorman, an Australian, uses Bowlby and Winnicott constructs, but does more briefly cite more recent research in this developing field. There could have been more emphasis on the latter.


New Zealand is familiar with Vicky Abad and Kate Williams’ Australian Sing and Grow programme from conference presentations and published papers. This article relates the programme to the particular circumstances and challenges experienced by young mothers and their children.

5. The problems of pleasure in music therapy.

Brynjulf Stige has a scholarly style that demands concentrated focus. As in his books, this article provides a rewarding and enjoyable discourse well worth the time spent on absorbing and digesting its content.

He first explores Western-based music therapy literature for pleasure references, finds that they are limited and postulates that pleasure is not a well-established notion in the discipline. He acknowledges that, with music, pleasure is often implicit, and statements on pleasure are brief and scattered. Then Stige looks at European cultural history where there is a multiplicity of perspectives on pleasure, especially from psychologists. What is pleasure within music therapy? He suggests studying theories of emotion and evolutionary theory on mood; also we should look at dialogue among all relevant theories and experiences of pleasure to do with relationships and achievements.

“Pleasure is a significant and sometimes transformative aspect of music therapy process” and “Music has a more existential mode, where music making is related to the physical, social and cultural world, including bodily experience.”

Once again Brynjulf Stige provides us with a framework that has relevance to our music therapy history and practice.

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Book Reviews:


Song-writing: methods, techniques and clinical applications for music therapy clinicians, educators and students. Edited by Tony Wigram and Felicity Baker. Reviewed by Harriet Powell.

Improvisation – Methods and Techniques for Music Therapy Clinicians, Educators and Students. Edited by Tony Wigram. Reviewed by John Strange.


