

REPORT | PEER REVIEWED

## Report on the Current State of Practice and Training of Music Therapists Working With Adolescents

Katrina Skewes McFerran<sup>1\*</sup>, Giulia Fedrigo<sup>2</sup>, Andreas Wölfel<sup>3</sup>

1 Faculty of Fine Arts and Music, The University of Melbourne, Australia

2 unaffiliated, Verona, Italy

3 Institut für Musiktherapie am Freien Musikzentrum, Germany

\*[k.mcferran@unimelb.edu.au](mailto:k.mcferran@unimelb.edu.au)

Received: 19 November 2020 Accepted: 18 May 2021 Published: 1 July 2021

Editor: Juanita Eslava-Mejia Reviewers: Michael Zanders, Kirsi Tuomi

### Abstract

The practice of music therapy with adolescents is growing around the globe and there is increased recognition that young people have particular needs. In this report, we share information received from 247 music therapists about training about and practice with adolescents that was collected in 2016–2017. The music therapists were from 25 countries and had the option of answering questions in three languages—English (n = 114), German (n = 97) and Italian (n = 36). The most common workplaces were hospitals and schools with young people who have disabilities and mental health challenges. Answers also suggest that employment patterns in the field are slightly different to other colleagues who work with similar adolescents, and although ongoing work is available, the number of hours are not high overall. The information gathered provides a picture of how university programs around the globe emphasise the importance of emotional and social needs of adolescents, and the value of developmental and humanistic approaches to practice in a range of contexts. There was less reference to contemporary theories or practices and more emphasis on traditional practices that are similar to those used with adults. This suggests that the field may still be evolving in relation to adolescent approaches to practice, and the time for rebellion against dominant traditions of practice and theorising may be still to come. In the meantime, there is remarkable consistency across the countries surveyed and solid foundations have been laid for competent music therapy practice with young people.

**Keywords:** *Adolescents, Music Therapy, Youth, Survey, International*

### International Survey of Music Therapy and Adolescents

Although many music therapists work with adolescents, this work is not always distinguished as being different from work with other age groups. This report describes information gathered about the current practice and training of music therapists who

work with adolescents across the world. It was undertaken by three music therapists who have been working with adolescents in a range of contexts for some years and who were interested to compare what they were aware of with a broader subsection of therapists from around the globe. To explore music therapy practices, we decided to informally question music therapists through our professional networks using an online survey platform called Survey Monkey ([www.surveymonkey.com](http://www.surveymonkey.com)). We also approached a number of music therapy organisations to see if they would be willing to distribute a link to the survey, which the German organisations responded to, along with the British Music Therapy Association. We translated our questions into our three primary languages to facilitate distribution and participation rates therefore reflect our countries of origin and languages, namely Italian (Fedrigo), German (Wölfl) and English (McFerran). This took place between late December 2016 and April 2017.

## Outlining Adolescence

A range of developmental theories have been used historically to articulate the unique features of the time of life labelled as adolescence. The most quoted is Erik Erikson (1968) who emphasised the task of identity formation during this period, and the risk of role confusion if this was not achieved. However, binary understandings such as Erikson's are increasingly critiqued in the literature, and some commentators have highlighted that adolescence is not a universal stage, but rather, a Western construct based on adult expectations of how young people should behave (Epstein, 2007). Young people living in cultures that do not require an extended period of dependence do not seem to report the same characteristics of ' Sturm und Drang' as it was named by Anna Freud (1966). The responses in this report are mostly from Western countries where this construct does still seem to be relevant and where concepts such as ego-development are still of interest to developmental theorists (i.e., Loevinger, as cited in Kroger, 2004).

Even within these limits, the concept of adolescence is rapidly changing from the society that Erikson (1968) was referring to. Intersectional identities (Crenshaw, 1991) is now the most common way to refer to the multiple positions from which individuals are constructed both by society and by themselves. This refers to the unique interactions of race, gender, sexuality, ability, social status, etc., which all combine to inform the ways that young people (and others) see themselves and are also given access to opportunities and resources within their own culture. Feminist scholars with an interest in gender and sexuality have introduced this notion into the adolescent music therapy literature (Scrine & McFerran, 2017) as well as those sensitive to race (Santos, 2018; Viega, 2018) and (dis)ability (Rickson, 2014). A more critical perspective on the stage of adolescence is particularly relevant as society undergoes necessary changes to respond to developments in technology and increased awareness of the disparities in the lived experiences of youth around the globe. Music therapists would be well served to take this perspective into account in describing and attempting to understand adolescents in our practices.

## Historical Context of Adolescents and Music Therapy Literature and Research

### Initial Literature

The literature specifically describing music therapy and adolescence dates back to the 1970s, when Erikson's work was freshly published. This was also the decade where a number of the major music therapy journals were established, which partially explains why the literature trail begins at this time. The first identifiable references to adolescents in the English language described an inpatient mental health group in the UK (Lehrer-Carle, 1973) and a community-based program in the USA (Ragland & Apprey, 1974). In the German literature, a book was published in the same decade on music therapy with children and adolescents with developmental problems (Göllnitz &

Schulz-Wulf, 1973), as well as the application of music therapy methods in social work (Kapteina, 1974) and in the treatment of young people with drug addictions (Frohne, 1976; Frohne & Maack, 1976). In the Italian literature, the first identifiable article specifically addressing adolescents was published in the 1980s, describing the combination of hypnosis and music in psychotherapy with an adolescent with character, although this was not a music therapy author (Malugani, 1980).

## Literature Between 1981 and 2001

Descriptions of individual cases were the most common focus of subsequent reports on music therapy with adolescents during the 1980s and '90s in the English language. There was a particular emphasis on young people who had adverse childhood experiences which resulted in mental health conditions (Brooks, 1989; Cassity, 1981; Clendon-Wallen, 1991; Flower, 1993; Lindberg, 1995; Robarts, 2000; Robb, 1996; Tervo, 2001; Well & Stevens, 1984) and some descriptions of adolescents who had severe and profound multiple disabilities (Boswell & Vidret, 1993; Holloway, 1980; Nicholls, 2002; Spencer, 1988). In Germany, the trend was similar with authors focusing on cases of music therapy with young people defined by their conditions, such as autism spectrum disorder (Mahns, 1988; Mengedoht, 1988), eating disorders (Lorz, 1989), disorders due to neglect (Allermann, 1989; Niedecken, 1981), and emotional instability (Tischler, 1983). However, there were also publications in German during these decades about specific musical approaches such as working with rock music (Hässner, 1983; Nissen, 1998; Rieger, 1992; Roeske, 1986), or with drums (Meyberg, 1989; Wölfl & Uffermann, 1993), as well as focusing on contexts such as music therapy in psychiatric hospitals for children and adolescents (Evers, 1991; Füg, 1991), and facilities for adolescents with special needs (Goll, 1993; Schmuck, 1985), or in social work (Kapteina, 1989). The first edited volume on music therapy with mentally ill adolescents appeared in 1999 (Haffa-Schmidt et al.). The Italian music therapy community was less prolific, but there were some illustrations of practice with adolescents with disabilities in educational and rehabilitative settings (Cattaneo, 1996; Gamba, 2012; Oberegelsbacher & Rezzadore, 2003) as well as some examples of the use of songwriting (Caneva, 2007; Fedrigo, 2014).

## Doctoral Research

Music therapy research that focused on adolescents began at the beginning of the 21<sup>st</sup> century, in line with a global trend towards higher numbers of graduate research in university systems globally (Halse & Levy, 2014). In the English language, Katrina McFerran's doctoral research (McFerran, 2000, 2005) was the first to focus exclusively on adolescents, followed closely by Susan Gardstrom's research with troubled adolescents in the USA (2004), and Sheri Robb's doctoral research (2003) which distinguished between children and adolescents in hospital contexts. In the next decade, there was a significant increase in adolescent doctoral research, with Phillipa Derrington's PhD in the UK (2012a), Mike Viega in the USA (2013), Carmen Cheong-Clinch in Australia (2013), Lucy Bolger in Australia (2014), Viggo Krüger in Norway (Krüger & Stige, 2015), Cherry Hense in Australia (2015), and most recently Melissa Murphy (2018) in Australia, and Andeline dos Santos (2019) in South Africa. In Germany there has also been a swell in doctoral theses that recognised specific approaches for adolescents, including Sandra Lutz Hochreutener's methodological approaches for clinical music therapy with children and adolescents (2007) and Thomas Stegemann's research on receptive music therapy (2013), as well as Markus Sommerer's investigation of 'voice transformers' in the treatment of anxiety disorders (2019). Monica Smetana (2012) also focused her PhD on music therapy for adolescents with structural disorders, and Andreas Wölfl (2014) on the prevention of violence through music. Christine Schirber (2010) analysed satisfaction and changes in mood in courses of music therapy treatment with children and adolescents, and most recently, doctoral research by Ramona Lamp (2018) with adolescents who were diagnosed with anorexia nervosa.

## Research Methods

Research continues to be conducted with adolescents and includes a fairly even distribution between qualitative and quantitative methods, but there has also been an interesting focus on different musical approaches. The Drum Power approach continues to be researched in Germany (Bayrhof, 2019; Wölfl, 2014, 2017, 2019; Zerbe, 2016), which incorporates role play and group drumming, as does Felicity Baker and Carolyn Jones' work with refugees in Australia (Baker & Jones, 2005). Yadira Alborno (2011) has examined the use of group improvisation with adolescents and adults in substance abuse programs, also incorporating discussion and other artistic modalities for processing and stimulating music making, similarly to Gardstrom (2007) and McFerran (McFerran, 2005; McFerran & Wigram, 2002). Jamming on band instruments with and without song structures has also been an important focus of a number of research projects (Derrington, 2012b; Hense et al., 2014). Songwriting has been the focus of a number of researchers (Dalton & Krout, 2006; Day et al., 2004; Derrington, 2005; McFerran & Tegge love, 2011; Viega, 2017; Viega & MacDonald, 2011) and receptive music therapy methods continue to be relevant in Germany (Stegemann, 2013), as well as global investigations of the contraindications of music therapy in child and adolescent psychiatry (McFerran & Saarikallio, 2014; Stegemann & Schmidt, 2010). Song analysis has also been a focus (McFerran et al., 2006; Viega, 2008), sometimes including young people as part of the method of analysis (Scrine, 2017), as well as the development of methods incorporating playlist construction (Cheong-Clinch & McFerran, 2016; Hense et al., 2018; McFerran et al., 2018). In addition, some researchers have continued to advocate for a mixture of methods, such as Josephine Geipel's ongoing investigation of music-based interventions to reduce internalizing symptoms (Geipel et al., 2018), and adolescents with self-injurious behaviour (Plener et al., 2014) and attention deficit syndrome (Bosse et al., 2003).

A review of the literature in English, German and Italian suggests that there is a strong research basis for music therapy practice with adolescents, and a range of specific situations and approaches have been well articulated. In addition, there is one book specifically describing music therapy practice with adolescents (McFerran, 2010) and most recently an edited handbook on music, adolescents and wellbeing (McFerran et al. 2019). However, the scope of practice internationally is not well understood, and literature does not always provide a full report on current practices. In this project, we were interested to learn about how music therapists answered a series of questions about working with adolescents in their country.

## Questions Asked

We asked music therapists to answer 18 questions about different facets of practice and training (see Appendix 1). There were 11 general questions about music therapists' perceptions of music therapy practices with adolescents in their country. This included questions about university education for music therapists on the topic of adolescents, services for adolescents in general, and the position of music therapy within those services. Following this were seven questions only for those currently working with adolescents that were about participants' understandings of their current practice. This included questions about where they worked, what theoretical perspectives they found relevant, the type of adolescents they worked with, and the methods they used.

We approached people across several continents and acknowledge that surveys are differently understood in each. For example, in Italy and Germany, surveys of professionals do not require ethics review. However, other countries might expect ethical review of a professional survey as it could be considered research. Since we did not aim to answer a research question, no ethical review was applied for and participants were not required to complete ethics documentation when they chose to do the survey.

**Table 1**  
Percentage of music therapists by country of residence

Country of residence	N°	%
Argentina	1	0,5
Australia	13	5
Austria	14	6
Bahrain	2	1
Brazil	1	0,5
Bulgaria	1	0,5
Canada	4	2
Chile	1	0,5
Colombia	1	0,5
Denmark	9	4
Germany	49	20
Indonesia	1	0,5
Israel	17	7
Italy	36	15
Japan	1	0,5
Monaco	1	0,5
Norway	7	3
Poland	8	3
Portugal	2	1
Singapore	1	0,5
Spain	2	1
Switzerland	34	14
Taiwan	1	0,5
United Kingdom	30	12
United States	10	4
TOTAL	247	

## Summary of Responses

A total of 247 people from 25 different countries answered our questions, and the country with the most music therapists was Germany (20%), followed by Italy (15%), Switzerland (14%), and the United Kingdom (12%; see Table 1). However, the largest proportion of music therapists ( $n = 114$ , 46%) chose to answer in English (German,  $n = 97$ , 39%; Italian,  $n = 36$ , 15%). In total, the music therapists (MTs) were located in 61 different cities/areas where London was the most represented ( $n = 11$ ), followed by Zurich ( $n = 8$ ), Melbourne, Belfast and Edinburgh (all with 6 MTs each).

Further information about the demographics collected in questions 2–5 is not included because it may be too easy to identify music therapists who are experienced practitioners working with adolescents. When reporting on the answers provided, we have chosen to use linguistic groupings as the main comparisons in order to maintain privacy for the music therapists who replied.

**Table 2**

Topics relevant to adolescents covered in music therapy university training

Topic	%/tot	%/tot Ger	%/tot Eng	%/tot Ita
Physical development	36	41	35	19
Cognitive development	64	67	65	47
Emotional/social development	83	86	82	75
Identity formation	57	64	53	44
Sexuality	18	29	11	8
Profiles of development	34	59	23	0
Psychological challenges associated with adolescence	63	61	67	53
Family therapy	21	24	23	6
Adolescent mental illness	65	75	62	42
At risk youth	40	35	44	36
None	3	1	3	8
Other	6	3	10	3

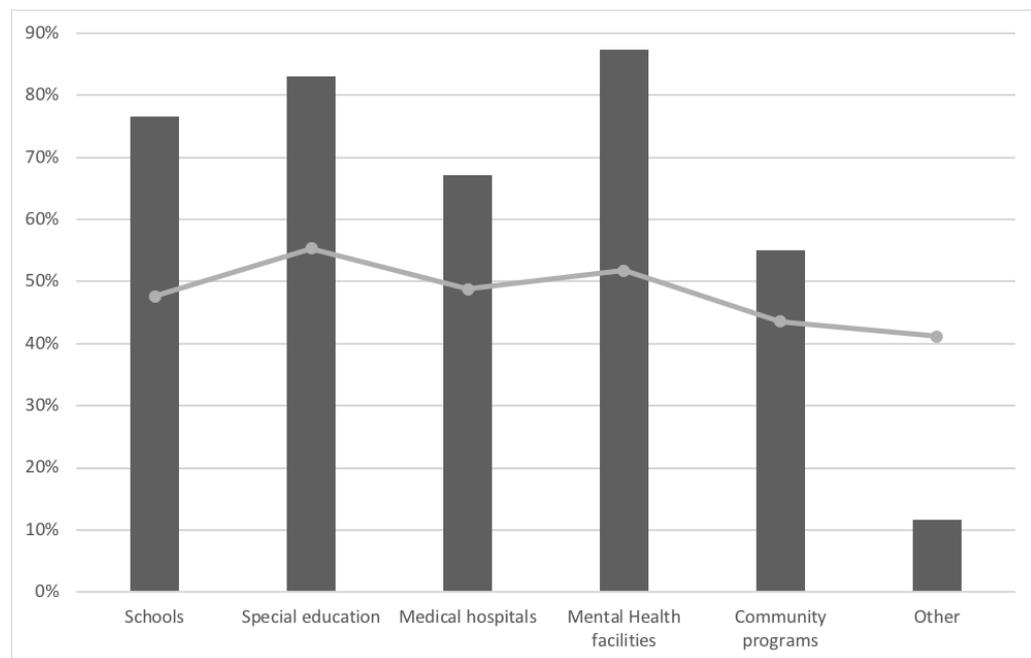
## Education in Music Therapy and Adolescents

One of our primary interests was in music therapy training in the field of adolescence. Music therapists could choose from 11 entries describing topics related to adolescence that may have been covered in their university training. There was also the option to add their own response in a free text area when they marked the “other” label. Table 2 shows the topics relevant to adolescents that music therapists described being covered in their university training. The percentages show the relationship between the topics reported by the music therapists and the number of completed questionnaires in total, and for each different language. The first and most relevant were emotional and social development, reported by 83% of music therapists, followed by adolescent mental illness<sup>1</sup> (65%), cognitive development (64%), identity formation (57%), and at-risk youth (40%). The less represented topics were family therapy (21%) and sexuality (18%). It is noteworthy that the theme of sexuality was the least reported topic among those listed in the survey. This is conspicuous given that sexuality and identity are intimately linked and affirms a more general and long-standing critique of society.

Some differences could be seen among the types of topics reported as more prominent in different languages. 59% of the German speaking music therapists reported being trained in Developmental Profiles, while only 23% of the English-speaking group noted this topic, and it was not reported from Italian speaking music therapists (0%). Family therapy was selected by a little over 20% of those music therapists who responded in English and in German (23% and 24%, respectively), but only 6% of the Italian speakers. Similarly, physical development was represented half as much in the Italian speaking group compared with the German speaking one (19% vs. 41%). Italian speaking participants were also the group that most indicated a lack of specific training on issues related to adolescence (in the *None* category we found 8% in the Italian speaking music therapists compared to 1% of German speakers and 3% of English speakers).

## Workplaces

In gathering information about the settings in which adolescents are usually found, we suggested five categories and included the option to add a different setting by selecting “other.” We first asked generally in which settings other equivalent professionals worked with this population as well as specifically about the presence of music therapists in the same settings. Music therapists reported employment opportunities in



**Figure 1**

Comparison of work settings of music therapists and other professionals (Block = other professionals / Line = music therapists)

mental health facilities (23%), special education (22%), schools and medical hospitals (20% and 18%) as the most common workplaces in which adolescents were seen by other professionals, with some differences in the three linguistic areas. For example, medical hospitals were reported in 84% of the German speaking group, whilst they were reported in half that amount in the Italian speaking group (42%) and 63% in the English speaking one. In contrast, community programs appeared to be chosen more often by the English and Italian speaking music therapists (70% and 53%) than by the German speaking music therapists (39%). In the mental health facilities, we found a similar frequency in the German and English-speaking music therapists (93-94%) but only 53% among the Italian-speaking music therapists.

We then asked the music therapists if music therapists were also employed in these settings and we gave music therapists the opportunity to choose between four frequencies of practice. What emerged was that MTs were sometimes employed in the same settings (77% of the total answers), but more frequently the settings in which music therapy took place with adolescents were different (Figure 1). Music therapists who identified as Italian speaking were most likely to work in settings such as schools and special education (both 64%), whilst medical hospitals and mental health facilities were the most common settings reported by German-speaking music therapists (62% and 52%, respectively). Amongst the responses from English-speaking music therapists there was a fairly even split between schools, mental health facilities and community programs, with less in medical hospitals. It is noteworthy that a reasonably large number of music therapists reported working in 'other' contexts across all languages, which was noticeably different to the areas where other professionals were reported as working with adolescents (only 11%). In "other" settings the music therapists were invited to add the specific setting in which they worked. In the majority of cases, the setting reported was a private practice ( $n = 28$  out of 70; 40%), followed by a constellation of other settings such as patients' homes, hospice, private schools or associations, foster care centres and daily centres.

164 of the music therapists who responded (66% of the total) were working with adolescents at the time they participated in the survey. Most of them worked with adolescents in an ongoing way (65%), some with temporary placements (28%) and a small number (7%) working on short term projects or freelance work (Table 3). There

**Table 3**  
Nature of workplace contracts

Form of work	% tot	% Ger	% Eng	% Ita
Ongoing	65	69	78	29
Temporary	28	25	17	57
Other	7	5	5	14

**Table 4**  
Settings in which music therapists work

Setting	%/tot	%/tot Ger	%/tot Eng	%/tot Ita
School	23	5	30	43
Special Education	29	20	35	33
Medical Hospital	26	37	20	14
Mental Health Facility	14	19	12	10
Community Program	15	3	26	5
Other	30	36	27	24

were some similarities between the English and German-speaking music therapists being mostly in ongoing work (78 and 69%), whilst Italian-speaking music therapists were mostly employed in temporary jobs rather than in continuing positions (57% vs. 29% of the music therapists). In the “other” category music therapists reported both freelance work and volunteering. When they answered the survey, most music therapists were working less than 3 hours a week with adolescents (37%), with 26% working between 3 and 6 hours a week, 18% between 6 and 12 hours a week, and 19% employed for more than 12 hours a week working with adolescents. Again, we found some similarities between English and German-speaking responses and a different pattern in Italian speakers who mostly worked for less than 3 hours a week with this age group ( $n = 12$  out of 21; 57% of the cases).

When we asked about the settings in which the music therapists were working, the results were similar to what was reported generally in the question that gathered the most common music therapy settings for adolescents. Special education, medical hospitals and schools were the most popular settings as well as a large number of music therapists ( $n = 49$  out of 164 questionnaires; 30%) described working in “other” settings (Table 4). There were some differences between the three linguistic areas: schools were one of the most frequent settings reported by the Italian speaking music therapists (43%) whilst it was an uncommon response from the German speakers (5%); medical hospitals were reported by 37% of the German-speaking music therapists whilst it was less frequently checked by English and Italian-speaking music therapists (20% and 14%, respectively). Community programs were common between the English-speaking music therapists (26%) whilst just a small percentage of German (3%) and Italian-speaking music therapists (5%) worked in this setting. These differences could be explained by the varying backgrounds in the three groups considered. In Italy, for example, the MT profession has not received a recognition yet, and this could have influenced the presence of music therapists in certain settings or the employment situation of Italian-speaking music therapists.

### Adolescent Clients

We highlighted five categories for music therapists to choose from describing the types of adolescents they worked with, plus an open-ended text box when the music therapist selected “other.” The conditions and lived experiences of adolescents described by

**Table 5**  
Conditions of adolescent clients

Condition	%/tot	%/tot Ger	%/tot Eng	%/tot Ita
Physical Illness	30	32	31	24
Mental Illness	57	68	51	48
Disability	57	46	62	71
Emotional/behavioral problems	78	88	76	57
Considered "At-risk"	49	47	54	33
Other	10	3	15	5

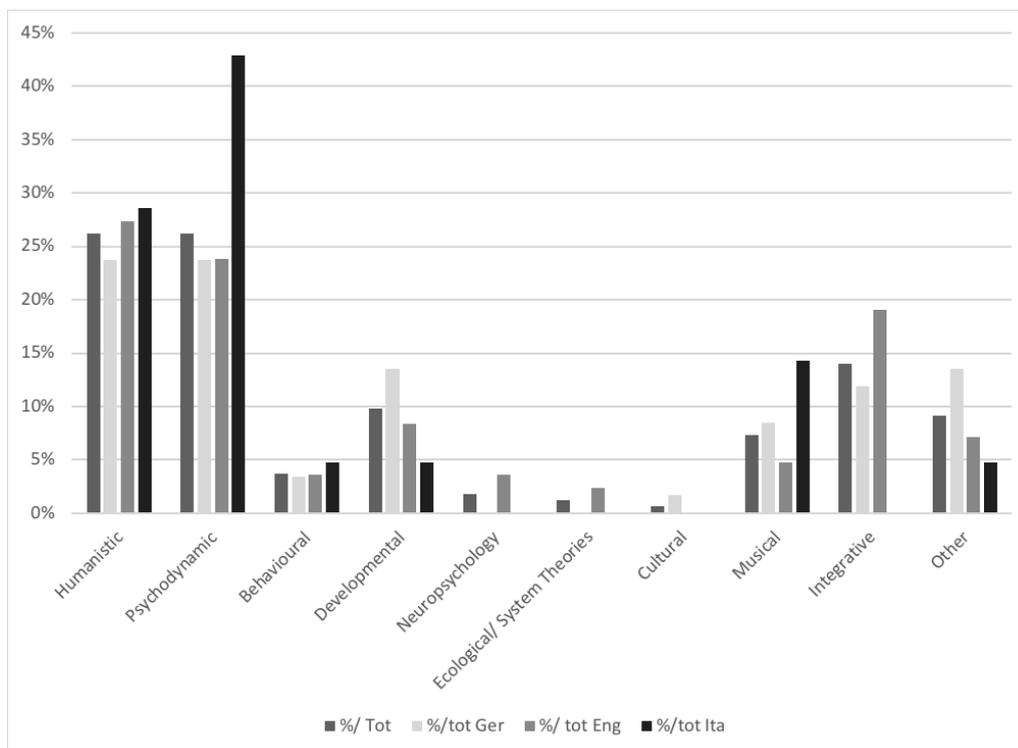
music therapists were varied (Table 5): emotional and behavioural problems were the most reported (78%), followed by mental illness and disability (both at 57%), being "at-risk" (49%), and having a physical illness (30%). The answers to this question were similar across the three linguistic areas. The area that differed most between the three linguistic areas was Italian-speaking music therapists who reported working with adolescents who had disabilities far more frequently (71% of the Italian-speaking music therapists).

### Practical and Theoretical Approaches

Improvisation was the most common method selected by music therapists across all language groups (90% of music therapists). However, receptive methods were also frequently selected particularly music listening (75%) and lyric discussion (58%). Song based methods were also popular, including singing (77% in total, but conspicuously lower in Italian speakers at 57%), songwriting (74% in English speaking and 67% in Italian-speaking music therapists, but only 46% in German-speaking music therapists) and band-workshops (21% in total with little variation). Other common methods were less frequently reported, such as musical reconstruction, music and imagination and Guided Imagery and Music (GIM). Even less so were Neurological Music Therapy (NMT), therapeutic instrumental teaching, musical games, composition, performance, music-assisted relaxation, music and body work, and rhythm therapy. These were all individual suggestions from the "other" option where an open-ended text space was available.

The questions about theoretical frameworks included a list of nine theoretical orientations from which music therapists could choose the one that best suited their work in the field. As can be seen in Figure 2, English and German-speaking music therapists had a similar distribution in the listed categories; Italian speakers, in contrast, showed a different pattern of preference. A psychodynamic approach was the most common selection by Italian speaking music therapists (43%) whilst neuropsychology, cultural and ecological/system theories were not reported by the Italian-speaking music therapists.

Music therapists were also asked to indicate their therapeutic goals by selecting from nine different topics or selecting "other" and responding in the free text space. The most commonly reported were in the domains of emotional (89%), relationships (76%), social (73%), creative (70%) and identity formation (66%; see Table 6). The results were similar across the three linguistic areas although there were some differences in two of the domains. German speakers were much more likely to identify goals related to identity formation as compared with the English speakers (57%) and the Italian speakers (29%), whilst the work on relational goals appeared to be the most prevalent among the Italian-speaking music therapists.



**Figure 2**  
Distribution of relevant theoretical approaches across linguistic groups

**Table 6**  
Most common goals for therapeutic process

Goal area	%/tot	%/tot Ger	%/tot Eng	%/tot Ita
Emotional	89	88	96	62
Relationship	76	78	70	90
Social	73	59	86	57
Creative	70	76	64	71
Identity formation	66	92	57	29
Behavioural	49	54	46	43
Resilience	46	47	51	24
Cognitive	35	22	44	33
Physical	29	34	29	19
Other	12	8	14	10

## Reflections and Recommendations

There appeared to be some congruence between the types of knowledge that were emphasised by music therapists as being taught in university training and the ways music therapists described working with adolescents. For example, emotional and social development was the most commonly taught topic in coursework programs around the globe, and emotional and relational goals were chosen as the most frequently addressed in practice. Similarly, psychological models were reported as a major topic area in training, and music therapists reported working in contexts where developmental models are prominent, such as education and medical settings. There is enough consistency across the three linguistic groups to suggest that this is the most common approach of music therapists who work with adolescents—they are educated about

adolescents' needs in areas of emotions and relationships, and they focus on these areas in practice, whether in mental health or educational domains.

However, another way to interpret these answers would be to question if we have a limited view about the ways music therapists feel competent to work, due to our focus on the traditional medical and educational models. Minimal reporting of any emphasis on issues of real-world importance to adolescents such as sexuality, marginalisation, homelessness, grief and loss is noteworthy. The current foci are all internal and subjective and emerge from psychological understandings that people's problems exist within themselves. Sociological models suggest that contextual understandings are particularly pertinent for youth, who have little control over their lives and a reduced range of choices, compared to adults facing the same challenges. More emphasis on models that are common in social work and youth work approaches may benefit music therapy students. For example, music can be used to advocate for social change, share the often-unheard voices of youth, or express their hopes and aspirations for a new and different world through videos and performances.

In addition, new social models are sweeping through youth culture, and teaching theories that explain thinking from more contemporary social perspectives that might be extremely relevant. For example, intersectional identity theories (Crenshaw, 1991; Vaillancourt, 2009) may usefully expand beyond the white culture binaries assumed within normative psychological models of identity development such as Erikson (1968) and Piaget (Piaget & Inhelder, 1958). Another possibility could be to accompany the teaching of diagnostic thinking with critical debate about the validity of such constructions and ensure that music therapy training includes both dominant views, perspectives from those with lived experiences, and a consideration of who constructs societal hierarchies (Fansler et al., 2019). By teaching emerging theories and social movements, we might find that music therapists also feel competent to move into new work domains beyond traditional institutions and be able to secure ongoing positions because they have knowledge that suits more diverse contexts and approaches.

In contrast to learning about contemporary theories, the survey revealed a consistent focus on humanistic and psychodynamic frameworks—a trend which reaches back several decades. Psychodynamic thinking has now been expanded to include integrative and developmental approaches, which were also more prominently selected by music therapists than other theories. However, these ideas remain rooted in the long-standing traditions that emphasise unconscious influences and recovery through increased insight—albeit expanded to include new ideas from infant research, attachment theory, trauma-informed approaches and neuroscience. Humanism, or person-centred approaches, also continue to be described as central to the creative profession of music therapy, with minimal reference to newer models of aesthetic, ecological, culture-centred, resource-oriented approaches. The stark lack of emphasis on other approaches is, once again, comforting in terms of global agreement, but concerning with regard to youth in particular, for whom contemporary thinking is perhaps most relevant. This is reflected also in improvisation being the most popular method named by music therapists in this survey. This de-emphasises the everyday music preferences of young people at a time when music is of great importance. The integration of preferred music may have enormous potential that is being avoided in order to focus on more familiar (to music therapists) ways of working, as has been suggested by Randi Rolvsjord in adult mental health discourse (2010). Improvisation also affords many potentials for therapeutic processes; however, it would be heartening to see more balance in emphasis between the methods that are most viable for the professional and those that utilise musical approaches which are more familiar for the young person. For youth in particular, it is important to reflexively consider what musical opportunities matter most to them.

This was the first attempt to gather information about music therapy with adolescents globally and it was an achievement to move beyond a single language. This represents an extension on previous surveys in music therapy that have been only in one language. We are aware of five published surveys that are relevant to adolescent music

therapy, three of which are in German, including two on music therapy in child and adolescent psychiatry (Evers, 1991; Stegemann et al., 2008) and one on music therapy in schools (Bundesweiter Arbeitskreis, 2004). Another two were in English and based on participants in the United States, including one on ADHD (Jackson, 2003) and another on music therapy and music medicine for children and adolescents (Yinger & Gooding, 2014).

This report makes it possible to better understand the current state of practice and training of music therapists working with adolescents globally. It provides a broad picture on how 247 music therapists speaking English, German and Italian describe their practice with adolescents from 25 different countries across the globe. The report provides a foundation to further explore this increasingly prominent area of practice, which is perhaps on the verge of going through its own adolescence, having conquered the most traditional and normative behaviours during its childhood. Adolescent music therapy may be ready to lead the way forward into more recent approaches to understanding both music and identity.

## About the Authors

Professor Katrina McFerran is a music therapy researcher, practitioner and educator at The University of Melbourne in Australia. She has focused her career on working with young people using music across a wide range of settings. This has included developing research and theory to explain how and why music therapy may be relevant in the lives of young people, particularly during difficult times.

Giulia Fedrigo is a music therapist and speech pathologist who lives and works in Verona, Italy. She completed her Master's Research at Aalborg University, and has published a book with Erickson Publishers, 'La Casa Dei Suoni e Delle Parole' in 2020.

Andreas Wölfl, Dr. phil. (Music Therapist, Psychotherapist for Children and Adolescents, Supervisor) works in the Institute of Music Therapy at Freies Musikzentrum München e.V. Germany and in a hospital for child and adolescent psychiatry and in his practice for supervision, coaching and music therapy. Wölfl is head of the music therapy training BWM and the workgroup "prevention" at the Institute of Music Therapy.

## Notes

1. The term mental illness was selected for clarity across language groups although it is no longer common terminology in recovery-oriented frameworks that are sensitive to the consequences of labelling

## References

- Albornoz, Y. (2011). The effects of group improvisational music therapy on depression in adolescents and adults with substance abuse: A randomized controlled trial. *Nordic Journal of Music Therapy*, 20(3), 208–224. <https://doi.org/10.1080/08098131.2010.522717>
- Allermann, E. (1989). Musiktherapeutische arbeit mit verwahrlosten jugendlichen; Ideen für ein konzept. [Music therapy with juvenile delinquents. Contributions to a concept.] *Musiktherapeutische Umschau*, 10, 267–274.
- Baker, F., & Jones, C. (2005). Holding a steady beat: The effects of a music therapy program on stabilising behaviours of newly arrived refugee students. *British Journal of Music Therapy*, 19(2), 67–74.
- Bayrhopf, B. (2019). *Evaluation der Projekte TrommelPower und ein lied für jede klasse* [Evaluation of the DrumPower-project and the project a song for every class] [Doctoral thesis, Freies Musikzentrum München, Germany].
- Bolger, L. (2014). *Understanding and articulating the process and meaning of collaboration in participatory music projects with marginalised young people and their supporting communities* [Doctoral dissertation, The University of Melbourne, Australia].

- Bosse, J., Stegemann, T., Schmidt H.-U., Timmermann, T. (2003). Dem aufmerksamkeitsdefizit mit aufmerksamkeitsbegegnen – Was die musiktherapie kindern und jugendlichen mit einer ADHS-Diagnose bieten kann [Tackling attention deficit by means of attention - What music therapy can offer children and adolescents diagnosed with ADHD]. *Musiktherapeutische Umschau* 34, 7–22.
- Boswell, B., & Vidret, M. (1993). Rhythmic movement and music for adolescents with severe and profound disabilities. *Music Therapy Perspectives*, 11, 37–41.
- Brooks, D. (1989). Music therapy enhances treatment with adolescents. *Music Therapy Perspectives*, 6, 37–39.
- Bundesweiter Arbeitskreis Musiktherapie an Musikschulen (2004). Liste öffentlicher musikschulen mit musiktherapieangeboten unterschiedlicher konzeption. Unveröffentlichtes Manuskript. [List of public music schools with music therapy offers of different conceptions. Unpublished manuscript.]
- Caneva, P. A. (2007). *Songwriting. La composizione di canzoni come strategia di intervento musicoterapico* [Songwriting. Songs composition as a strategy of intervention in music therapy]. Armando Editore.
- Cassidy, M. D. (1981). The influence of a socially valued skill on peer acceptance in a music therapy group. *Journal of Music Therapy*, 18(3), 148–154.
- Cattaneo, P. (1996). *Musicoterapia nella fascia scolare preadolescenziale* [Music therapy with pre-adolescents in the school setting]. Edizioni FrancoAngeli.
- Cheong-Clinch, C. (2013). *Musical diaries: An investigation of the everyday music engagement of young people with mental illness* [Doctoral dissertation, University of Melbourne, Australia].
- Cheong-Clinch, C., & McFerran, K. S. (2016). Musical diaries: Examining the daily preferred music listening of Australian young people with mental illness. *Journal of Applied Youth Studies*, 1(2), 77–94.
- Clendenon-Wallen, J. (1991). The use of music therapy to influence the self-confidence and self-esteem of adolescents who are sexually abused. *Music Therapy Perspectives*, 9, 73–81.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241–1299.
- Dalton, T. A., & Krout, R. E. (2006). The grief song-writing process with bereaved adolescents: An integrated grief model and music therapy protocol. *Music Therapy Perspectives*, 24, 94–107.
- Day, T., Jones, C., & Baker, F. (2004). From healing rituals to music therapy: Bridging the cultural divide between therapist and young Sudanese refugees. *The Arts in Psychotherapy*, 31(2), 89–100.
- Derrington, P. (2005). Teenagers and songwriting: Supporting students in a mainstream secondary school. In F. Baker & T. Wigram (Eds.), *Songwriting: Methods, techniques and clinical applications for music therapy clinicians, educators and students* (pp. 66–81). Jessica Kingsley Publishers.
- Derrington, P. (2012a). *Music therapy for youth at risk: An exploration of clinical practice through research* [Doctoral dissertation, Anglia Ruskin University, Cambridge, UK].
- Derrington, P. (2012b). “Yeah, I’ll do music!” Working with secondary-aged students who have complex emotional and behavioural difficulties. In J. Tomlinson, P. Derrington, & A. Oldfield (Eds.), *Music therapy in schools: Working with children of all ages in mainstream and special education* (pp. 195–211). Jessica Kingsley Publishers.
- Epstein, R. (2007). *The case against adolescence: Rediscovering the adult in every teen*. Quill Driver Books / Word Dancer Press.
- Erikson, E. H. (1968). *Identity, youth and crisis*. W. W. Norton Company.
- Evers, S. (1991). *Musiktherapie und kinderheilkunde. Eine analyse zur geschichte, situation, indikation und akzeptanz* [Music therapy and pediatrics. An analysis of the history, situation, indication and acceptance.]. G. Fischer.

- Fansler, V., Reed, R., bautisa, e., Arnett, A. T., Perkins, F., & Hadley, S. (2019). Playing in the borderlands: The transformative possibilities of queering music therapy pedagogy. *Voices: A World Forum for Music Therapy*, 19(3). <https://doi.org/10.15845/voices.v19i3.2679>.
- Fedrigò, G. (2014). Canto le mie emozioni: Un'esperienza di musicoterapia con ragazze esposte a vissuti di violenza e abuso sessuale [I sing my emotions: An experience of music therapy with girls exposed to experiences of violence and sexual abuse]. *Arti e terapie [Arts and therapies]*, 23–24, 204–210.
- Flower, C. (1993). Control and creativity: Music therapy with adolescents in secure care. In M. Heal & T. Wigram (Eds.), *Music therapy in health and education* (pp. 40–45). Jessica Kingsley Publishers.
- Freud, A. (1966). *The ego and mechanisms of defence* (Revised ed.). International University Press.
- Frohne, I. (1976). Musiktherapie bei drogenabhängigen und drogengefährdeten [Music therapy in drug addicts and drug vulnerable.] In *Musik und Medizin [Music and Medicine]*, 7 (part 1) und 9 (part 2). Neu-Isenburg.
- Frohne I., & Maack, M. (1976). *Musiktherapie in der drogenberatung*. [Music therapy in drug counseling.] Lilienthal, Eres.
- Füg, R. (1991). Indikation zur musiktherapie in einer kinder- und jugendpsychiatrie [Indication for music therapy in a child and adolescent psychiatry]. *Musiktherapeutische Umschau* 12, 198–205.
- Gamba, L. (2012). *Musicoterapia per crescere: percorsi riabilitativi dall'infanzia all'adolescenza* [Music therapy to grow: rehabilitation programs from childhood to adolescence]. Carocci Faber Editore.
- Gardstrom, S. (2004). An investigation of meaning in clinical music improvisation with troubled adolescents. In B. Abrams (Ed.), *Qualitative Inquiries in Music Therapy: A Monograph Series* (Vol. 1, pp. 77–105). Barcelona Publishers.
- Gardstrom, S. C. (2007). *Music therapy improvisation for groups: Essential leadership competencies*. Barcelona Publishers.
- Geipel, J., Koenig, J., Hillecke, T., Resch, F., & Kaess, M. (2018). Music-based interventions to reduce internalizing symptoms in children and adolescents: A meta-analysis. *Journal of Affective Disorders*, 225C, 647–656.
- Goll, L. (1993). *Heilpädagogische musiktherapie: Grundlegende entwicklung eines ganzheitlich angelegten ökologisch-dialogischen theorie-entwurfs, ausgehend von jugendlichen und erwachsenen mit schwerer geistiger behinderung* [Therapeutic music therapy: Fundamental development of a holistic ecological-dialogical theory-design, starting from adolescents and adults with severe mental disabilities]. Peter Lang.
- Göllnitz, G., & Schulz-Wulf, G. (1973). *Rhythmisch-psychomotorische musiktherapie: eine gezielte behandlung entwicklungsgeschädigter kinder und jugendlicher* [Rhythmic-psychomotoric music therapy: A targeted treatment of developmentally impaired children and adolescents]. VEB Gustav Fischer.
- Haffa-Schmidt, U., von Moreau, D., & Wölfl, A. (1999). *Musiktherapie mit psychisch kranken jugendlichen* [Music therapy with mentally ill adolescents]. Vandenhoeck & Rupprecht.
- Halse, C., & Levy, G. (2014). The future of the doctorate in the 21st Century. *ADAPT Bulletin*, February, 1–4.
- Hässner, M. (1983). Therapie durch rockmusik? [Therapy through rock music?]. *Musiktherapeutische Umschau* 4, 217–222.
- Hense, C. (2015). *Musical identities of young people recovering from mental illness* [Doctoral dissertation, The University of Melbourne, Australia].
- Hense, C., McFerran, K. S., & McGorry, P. (2014). Constructing a grounded theory of young people's recovery of musical identity in mental illness. *The Arts in Psychotherapy*, 41, 594–603. <http://doi.org/10.1016/j.aip.2014.10.010>

- Hense, C., McFerran, K. S., & Silverman, M. (2018). Using the healthy-unhealthy uses of music scale as a single session music therapy intervention on an acute youth mental health inpatient unit. *Music Therapy Perspectives*, 36 (2), 267-276. <https://doi.org/10.1093/mtp/miy013>
- Holloway, M. S. (1980). A comparison of passive and active music reinforcement to increase preacademic and motor skills in severely retarded children and adolescents. *Journal of Music Therapy*, 17(2), 58-69.
- Jackson, N. A. (2003). A survey of music therapy methods and their role in the treatment of early elementary school children with ADHD. *Journal of Music Therapy*, 40 (4), 302-323. <http://doi.org/10.1093/jmt/40.4.302>
- Kapteina, H. (1974). *Gruppenimprovisation - Eine musikpädagogische methode*. [Group improvisation-A music educational method.] *Archiv für angew. Sozialpädagogik*, 6, 247-268.
- Kapteina, H. (1989). Musiktherapie in der sozialarbeit. Gegenwärtiger stand und konsequenzen für die aus-und weiterbildung [Music therapy in social work. Current status and consequences for education and training]. In Marchal, P. (Hrsg.), *Einführung in das Fach Ästhetik und Kommunikation* [Introduction to the subject of aesthetics and communication]. Siegen, 100-118.
- Kierspel, D. (2014). Entwicklung eines ambulanten musiktherapiemanuals für depressive jugendliche. [Development of a music therapy manual for depressed adolescents.] *Musiktherapeutische Umschau* 35, 28-39.
- Kroger, J. (2004). *Identity in adolescence*. Routledge.
- Krüger, V., & Stige, B. (2015). Between rights and realities-music as a structuring resource in child welfare everyday life: a qualitative study. *Nordic Journal of Music Therapy*, 24(2), 99-122. <http://doi.org/10.1080/08098131.2014.890242>
- Lamp, R. (2018). *Aktive musiktherapie bei anorektischen jugendlichen patientinnen mit depressiver und ängstlicher begleitsymptomatik* [Active music therapy with anorectic adolescent patients with depressive and anxious concomitant symptoms] [Doctoral thesis, Ulm University, Germany].
- Lehrer-Carle, I. (1973). Group dynamics as applied to the use of music with schizophrenic adolescents. *British Journal of Music Therapy*, 4(2), 2-10.
- Lindberg, K. A. (1995). Songs of healing: Songwriting with an abused adolescent. *Music Therapy*, 13(1), 93-108.
- Lorz, A. (1989). Extreme Polaritäten—integrierende Mitte. Musiktherapie mit Barbara, einer eßgestörten patientin. [Extreme polarities—Integrating center. Music therapy with Barbara, a patient with eating disorder]. *Musiktherapeutische Umschau* 10, 223-233.
- Lutz Hochreutener, S. (2007). *Spiel Musik Therapie. Methodologie der musiktherapie mit kindern und jugendlichen* [Game - Music - Therapy. Methodology of music therapy with children and adolescents] [Doctoral thesis, Institut für Musiktherapie. Hochschule für Musik und Theater, Hamburg, Germany].
- Mahns, B. (1988). Musiktherapeutische ansätze in der praxis mit autistischen kindern und jugendlichen [Music therapy approaches to the treatment of autistic children and adolescents]. *Musiktherapeutische Umschau* 9, 66-78.
- Malugani, M. (1980). Combination of hypnosis and music in psychotherapy of adolescents with character disorders. *Minerva Medica*, 71(17), 1259-1264.
- McFerran, K. S. (2000). From the mouths of babes: The response of six younger bereaved teenagers to the experience of psychodynamic group music therapy. *Australian Journal of Music Therapy*, 11, 3-22.
- McFerran, K. S. (2005). Articulating the dynamics of music therapy group improvisations. *Nordic Journal of Music Therapy*, 14(1), 33-46.
- McFerran, K. S. (2010). *Adolescents, music and music therapy: Methods and techniques for clinicians, educators and students*. Jessica Kingsley Publishers.

- McFerran, K. S., Baker, F., & Sawyer, S. (2006). A retrospective lyrical analysis of songs written by adolescent girls with disordered eating. *European Eating Disorders Review*, 14(6), 397–403.
- McFerran, K. S., Derrington, P., & Saarikallio, S. (Eds.). (2019). *Handbook of music, adolescents, and wellbeing* (1st ed.). Oxford University Press.
- McFerran, K. S., Hense, C., Koike, A., & Rickwood, D. (2018). Intentional music use to reduce psychological distress in adolescents accessing primary mental health care. *Clinical Child Psychology and Psychiatry*, 23 (4), 567–581. <https://doi.org/10.1177/1359104518767231>
- McFerran, K.S., & Saarikallio, S. (2014). Depending on music to feel better: Being conscious of responsibility when appropriating the power of music. *The Arts in Psychotherapy*, 41(1), 89–97. <https://doi-org.pva.uib.no/10.1016/j.aip.2013.11.007>
- McFerran, K. S., & Teggelove, K. (2011). Music therapy with young people in schools: After the Black Saturday Fires. *Voices: A World Forum for Music Therapy*, 11(1). <https://normt.uib.no/index.php/voices/article/view/2285/2442>.
- McFerran, K. S., & Wigram, T. (2002). A review of current practice in group music therapy improvisations. *British Journal of Music Therapy*, 16(1), 46–55.
- Mengedoht, T. (1988). Begegnung mit Karin. Musiktherapie mit einem 17jährigen autistischen mädchen [Meeting with Karin. Music therapy with a 17-year-old autistic girl]. *Musiktherapeutische Umschau* 9, 89–99.
- Meyberg, W. (1989). *Trommelnderweise. trommeln in therapie und selbsterfahrung* [Drumming way. Drumming in therapy and self-experience]. Großer Bär.
- Murphy, M. (2018). *From social connectedness to equitable access: An action research project illuminating the opportunities and the barriers to accessing music for young people with disability transitioning from school to adult life* [Doctoral thesis, The University of Melbourne, Australia].
- Nicholls, T. (2002). 'Could I play a different role?' Group music therapy with severely learning disabled adolescents. In A. Davies & E. Richards (Eds.), *Music therapy and group work - Sound company* (pp. 231–246). Jessica Kingsley Publishers.
- Niedecken, D. (1981). Musiktherapie mit einem verwahrlosten jugendlichen [Music therapy with a neglected teenager]. *Musiktherapeutische Umschau* 2, 39.
- Nissen, F. (1998). Rockmusik mit jugendlichen psychiatrischen patienten [Rock music with young psychiatric patients]. *Musiktherapeutische Umschau* 17, 84–93.
- Oberegelsbacher, D., & Rezzadore, G. (2003). *Il potere di Euterpe. Musicoterapia a scuola e con l'handicap* [The power of Euterpe. Music therapy at school and with the handicap] (Vol. 4). FrancoAngeli.
- Piaget, J., & Inhelder, B. (1958). *The growth of logical thinking from childhood to adolescence* (A. Parsons & S. Seagrin, Trans.). Basic Books. (Original work published in 1955).
- Plener, P., Sukale, T., Groschwitz, R. C., Pavlic, E., & Fegert, J. M. (2014). Rocken statt ritzen - Musiktherapeutisches programm für jugendliche mit selbstverletzendem verhalten ["Stop cutting - rock!" - Music therapy program for adolescents with self-injurious behavior]. *Psychotherapeut*, 59, 24–30.
- Ragland, Z., & Apprey, M. (1974). Community music therapy with adolescents. *Journal of Music Therapy*, 11(3), 147–155.
- Rickson, D. (2014). The relevance of disability perspectives in music therapy practice with children and young people who have intellectual disability. *Voices: A World Forum for Music Therapy*, 14(3). <https://doi.org/10.15845/voices.v15814i15843.15784>
- Rieger, G. (1992). Rockmusik mit jungen aussiedlern [Rock music with young emigrants]. *Musiktherapeutische Umschau* 13, 217–220.
- Robarts, J. Z. (2000). Music therapy and adolescents with anorexia nervosa. *Nordic Journal of Music Therapy*, 9(1), 3–12.
- Robb, S. L. (1996). Techniques in song writing: Restoring emotional and physical well being in adolescents who have been traumatically injured. *Music Therapy Perspectives*, 14, 30–37.

- Robb, S. L. (2003). Coping and chronic illness: Music therapy for children and adolescents with cancer. In S. L. Robb (Ed.), *Music therapy in pediatric healthcare: Research and evidence-based practice* (pp. 101–136). The American Music Therapy Association, Inc.
- Roeske, C. (1986). *Phänomene der rockmusik und ihre bedeutung für musiktherapie mit jugendlichen* [Phenomena of rock music and its importance for music therapy with young people] [Doctoral thesis, Fachhochschule Heidelberg].
- Rolvjord, R. (2010). *Resource oriented music therapy*. Barcelona Publishers.
- Santos, A. D. (2018). Empathy and aggression in group music therapy with teenagers: A descriptive phenomenological study. *Music Therapy Perspectives*, 37(1), 14–27. <https://doi.org/10.1093/mtp/miy024>
- Schirber, C. (2010). *Behandlungszufriedenheit und befindlichkeitsveränderung bei kindern und jugendlichen im verlauf einer musiktherapeutischen behandlung* [Treatment satisfaction and mood change of children and adolescents in the course of a music therapy treatment] [Doctoral thesis, Ulm University, Germany].
- Schmuck, I. (1985). *Auswirkungen eines rhythmisch-musikalischen trainings auf konzentrationsleistung, motorische fähigkeiten und sozialverhalten bei männlichen behinderten jugendlichen* [Effects of rhythmic-musical training on concentration performance, motor skills and social behavior in male disabled adolescents] [Doctoral thesis, Graz University, Austria].
- Scrine, E. (2017). 'Dear Future Husband': Young people's critical exploration of gender and sexuality in pop music videos. *Networking Knowledge: Journal of the MeCCSA Postgraduate Network*, 10(3), 6–26.
- Scrine, E., & McFerran, K. S. (2017). The role of a music therapist exploring gender and power with young people: Articulating an emerging anti-oppressive practice. *The Arts in Psychotherapy*, 59, 54–64. <https://doi.org/10.1016/j.aip.2017.12.008>
- Smetana, M. (2012). *Die Wiederkehr des ähnlichen; Zur bedeutung musikalischer objekte in der musiktherapie bei jugendlichen mit strukturellen störungen* [The return of the similar. On the importance of musical objects in music therapy for adolescents with structural disorders]. Praesens Verlag.
- Sommerer, M. (2019). *Effekte des voicetransformers auf state angst, stimmung, arousal und herzrate bei kindern und jugendlichen mit einer angstsymptomatik* [Effects of the voice transformer on state anxiety, mood, arousal and heart rate in children and adolescents with anxiety symptoms] [Doctoral thesis, Friedrich-Alexander-University Erlangen-Nürnberg, Germany].
- Spencer, S. L. (1988). The efficiency of instrumental and movement activities in developing mentally retarded adolescents' ability to follow directions. *Journal of Music Therapy*, 25(1), 44–50.
- Stegemann T. S., & Schmidt H.-U. (2010). Zur indikation und kontraindikation von musiktherapie in der kinder- und jugendpsychiatrie—Eine fragebogenuntersuchung. [On the indication and contraindication of music therapy in child and adolescent psychiatry—A questionnaire survey]. *Musiktherapeutische Umschau* 31, 87–101.
- Stegemann, Th. (2013). *Stress, entspannung und musik—Untersuchungen zu rezeptiver musiktherapie im Kindes- und jugendalter* [Stress, relaxation and music—Research on receptive music therapy in childhood and adolescence] [Doctoral thesis, Hochschule für Musik und Theater Hamburg, Germany].
- Stegemann, Th., Mauch, C., Stein, V., & Romer, G. (2008). Zur situation der musiktherapie in der stationären kinder- und jugendpsychiatrie [The situation of music therapy in inpatient child and adolescent psychiatry]. *Zeitschrift für Kinder- und Jugendpsychiatrie und Psychotherapie*, 36, 255–263.
- Tischler, B. (1983). *Gruppenmusiktherapie bei emotional labilen jugendlichen* [Group music therapy in emotionally unstable adolescents] [Doctoral thesis. Bremen University, Germany].

- Tervo, J. (2001). Music therapy for adolescents. *Clinical Child Psychology and Psychiatry*, 6(1), 79–91.
- Vaillancourt, G. (2009). *Mentoring apprentice music therapists for peace and social justice through community music therapy: An arts-based study* [Doctoral dissertation, Antioch University, USA].
- Viega, M. (2008). *Conceptualizing the lived experience of three adolescents through the interpretation of the core metaphors in their preferred music* [Unpublished master's thesis]. Temple University, Philadelphia, PA.
- Viega, M. (2013). "Loving me and my butterfly wings": A study of hip-hop songs written by adolescents in music therapy [Doctoral dissertation, Temple University, Philadelphia, USA]. <http://pqdtopen.proquest.com/pubnum/3552365.html>
- Viega, M. (2017). Developing faith in the transition to adulthood: An analysis of songs written by adolescents who have had adverse childhood experiences. *Jahrbuch Musiktherapie/ German Music Therapy Annual*, 13, 73–93.
- Viega, M. (2018). A humanistic understanding of the use of digital technology in therapeutic songwriting. *Music Therapy Perspectives*, 36 (2), 152–160. <https://doi.org/1093/mtp/miy014>
- Viega, M., & MacDonald, S. (2011). Hear our voices: A music therapy songwriting program and the message of The Little Saints. In S. Hadley & G. Yancy (Eds.), *Therapeutic uses of rap and hip-hop* (pp. 153–172). Routledge Publishers.
- Well, N. F., & Stevens, T. (1984). Music as a stimulus for creative fantasy in group psychotherapy with young adolescents. *The Arts in Psychotherapy*, 11, 71–76.
- Wölfel, A. (2014). *Gewaltprävention mit Musik: Empirische wirkungsanalyse eines musiktherapeutischen projektmodells* [Prevention of violence through music: Empirical impact analysis of a music therapy project model] [Doctoral dissertation, Augsburg University, Germany]. Wiesbaden: Reichert.
- Wölfel, A. (2017). Musik und gewalt: Musiktherapeutische gewaltprävention [Music and violence: Music therapeutic violence prevention]. In H.U. Schmidt & T. Timmermann (Eds.), *Förderung von Kindern und Jugendlichen durch musiktherapeutische Vorgehensweisen* [Promoting children and adolescents through music therapy approaches] (pp. 85–124). Reichert.
- Wölfel, A. (2019). Prevention of violence through music: Empirical impact analysis of a music therapy model project. *Nordic Journal of Music Therapy*, 28 (5), 363–381. <https://doi.org/10.1080/08098131.2019.1606847>
- Wölfel, A., & Uffelmann, P. (1993). Mit stab und trommel im raum. [With stick and drum in the room]. In M. Passolt (Hg.), *Hyperaktive kinder: Psychomotorische therapie* [Hyperactive children: Psychomotoric therapy] (pp. 106–115). Reinhardt.
- Yinger, O. S., & Gooding, L. (2014). Music therapy and music medicine for children and adolescents. *Child and Adolescent Psychiatric Clinics*, 23(3), 535–553. <https://doi.org/10.1016/j.chc.2013.03.003>
- Zerbe, J. (2016). *Modifikation des Gewaltpräventions-Projekts TrommelPower für unbegleitete minderjährige flüchtlinge (umF)* [Modification of the Violence Prevention Project DrumPower for Unaccompanied Minor Refugees] [Doctoral thesis, Freies Musikzentrum, München, Germany].

## Appendix 1: Survey Questions

- Q1: Select a language: English/German/Italian
- Q2: Where do you live?
- Q3: In which city/area do you work?
- Q4: Where did you graduate as a music therapist?
- Q5: Which music therapy university/school did you attend?
- Q6: What topics relevant to adolescents were covered during your university training?
- Q7: In what settings are adolescents usually serviced seen by other equivalent professionals in your country?

- Q8: Are music therapist also employed to work with adolescents in these settings?
- Q9: Are music therapists working with adolescents in other settings?
- Q10: If YES, where do they work? Check all that apply
- Q11: Are you working with adolescents in your country?
- \*Q12: Is your work with adolescents continuative or temporary?
- Q13: How many hours a week are you working with adolescents at the moment?
- Q14: In which settings are you working with adolescents?
- Q15: Which method/techniques do you use?
- Q16: What is the most important theoretical framework that you refer to in that work?
- Q17: What conditions do the adolescents you work with have?
- Q18: What are the areas your goals are focused in when working with adolescents?