



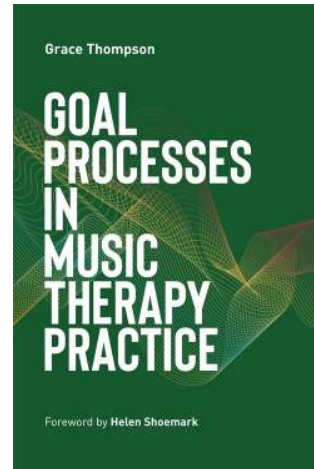
THE UNIVERSITY OF
MELBOURNE

Goal processes for creative arts therapy

Associate Professor Grace Thompson
Music Therapist
The University of Melbourne
graceat@unimelb.edu.au



Welcome and introductions



Outline for the morning

10:30am – part 1

11:30am – Morning tea break – 15 mins

11:45pm – part 2

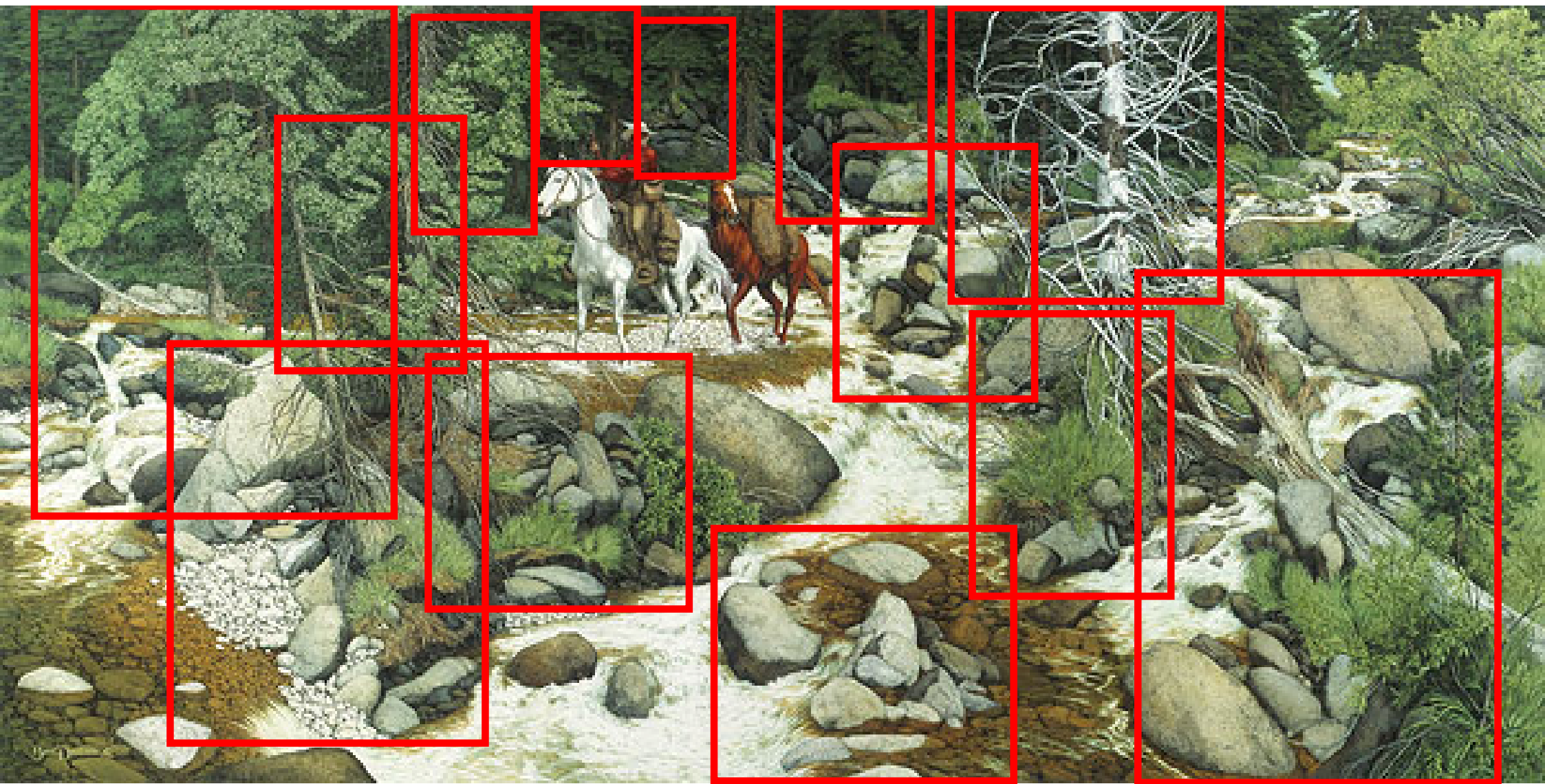
12:45pm – finish

Identifying the therapeutic focus...

...what do YOU see....

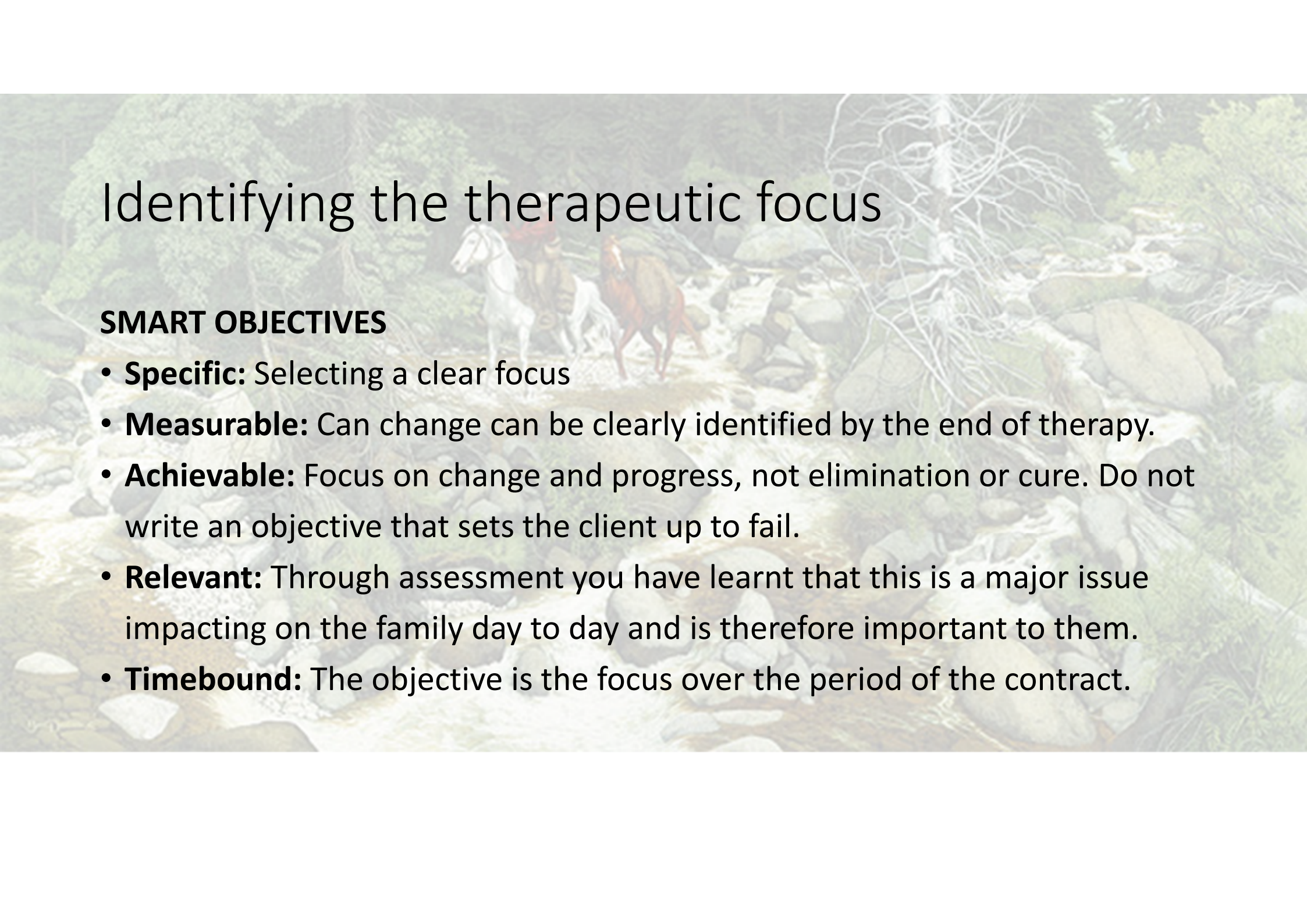


“The Forest has Eyes” by Bev Doolittle. How many faces can you find?



13 faces in the forest... but what about the rider and horses?

Identifying the therapeutic focus

A background image showing a river flowing through a rocky, forested landscape. Two horses, one white and one brown, are wading in the river. A person is visible on the white horse. The scene is misty and serene.

SMART OBJECTIVES

- **Specific:** Selecting a clear focus
- **Measurable:** Can change can be clearly identified by the end of therapy.
- **Achievable:** Focus on change and progress, not elimination or cure. Do not write an objective that sets the client up to fail.
- **Relevant:** Through assessment you have learnt that this is a major issue impacting on the family day to day and is therefore important to them.
- **Timebound:** The objective is the focus over the period of the contract.

Achievable change and progress...



Common questions for therapists:

- What is the starting point for therapy?
- What could change look like?

Chroma – Adoption Support Fund (ASF) Guidelines

Setting, measuring, and reporting Aims and Objectives

Clear Aims and Objectives enable the work to be focused on need, to ensure the client's voice is at the centre of the work, and give a way for client, family, social worker, and therapist to think about progress.

The Adoption Support Fund (ASF) has a set of outcomes measures and all applications for therapeutic support must select at least **one of these outcome measurement tools (OMT)**.

The ASF's long-term aims of using outcome measurement tools are to:

- Enable Local Authorities (LAs) and Regional Adoption Agencies (RAAs) to commission high quality provision which can demonstrate evidence of the ASF's impact on the lives of children and families;
- Build a national evidence base to understand the impact of specific therapies on the outcomes for children and their families; and
- Provide data on a local and national basis to help inform the future planning of adoption support.

Chroma have identified 2 tools to use from the options which will be sent to the ASF.

- On cases with young people under 18, we will use the **Brief Assessment Checklist (BAC)**. There is the BAC-C for 4-11 year olds and the BAC-A for 12-17 year olds.
- With young adults 18 and over we will use **Goals Based Outcomes (GBO)**.

All applications for ASF funding will have a specified OMT, and any recommissions will also require us to choose an OMT.

You may be asked about using GBOs for younger clients – we have decided not to use these as the scores are required within 2 weeks of starting therapy and we believe that goal setting requires our 4 week assessment process where possible. GBOs for older clients are more manageable as clients should be part of the referral process.

Brief Assessment Checklist (BAC-C and BAC-A) with clients aged 17 and under

The purpose of this is an initial screening tool at the referral point which will then be repeated at the end of the contract. This early information will inform us when we select the referral aims.

The Referral Aim is the broad therapeutic aim,
while the Objective is the specific change the client and family want to see.



An expectation that outcomes in creative arts
therapy will transfer from the session to
everyday life.

Example from the guidelines...

Aim: Enable the young person's ability to express, process and regulate emotions.

(As set by the referrals team in discussion with parents and SW)

Objective: For the client to have fewer angry outbursts as reported by parents

(Set by Chroma therapist during Assessment)

Chroma – Adoption Support Fund (ASF) Guidelines

What are the challenges you encounter when writing objectives for the referral aim?



The Referral Aim is the broad therapeutic aim,
while the Objective is the specific change the client and family want to see.



An expectation that outcomes in creative arts
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Grace Thompson

GOAL PROCESSES IN MUSIC THERAPY PRACTICE

Foreword by **Helen Shoemark**



The 'Client-in-Context' theory

Research aim

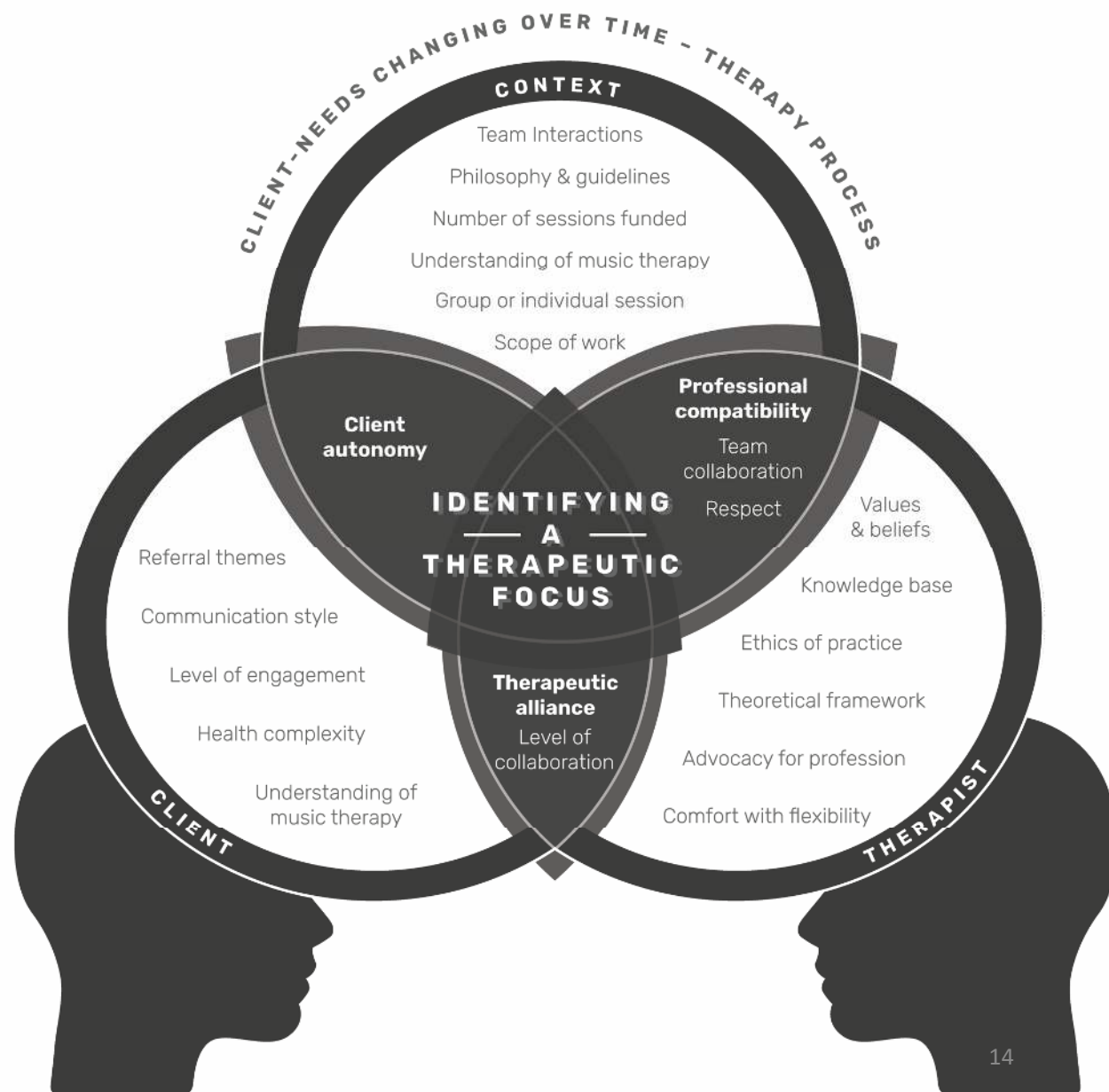
To deeply examine how various conditions or circumstances might interact together and influence music therapists' approach to goal processes within their clinical practice.

- Grounded theory analysis of 45 interviews
- Participants represented a wide range of practice areas and theoretical approaches
- (see pre-reading for details)



The client-in-context theory

All therapists “expressed in various ways that the process of identifying a therapeutic focus was a core part of their professional role... therapy must have a purpose”
(Thompson, 2022, p. 58)



Goal writing vs goal process

Writing

Clarity
Grammar
Format / style
conventions
Components

Process

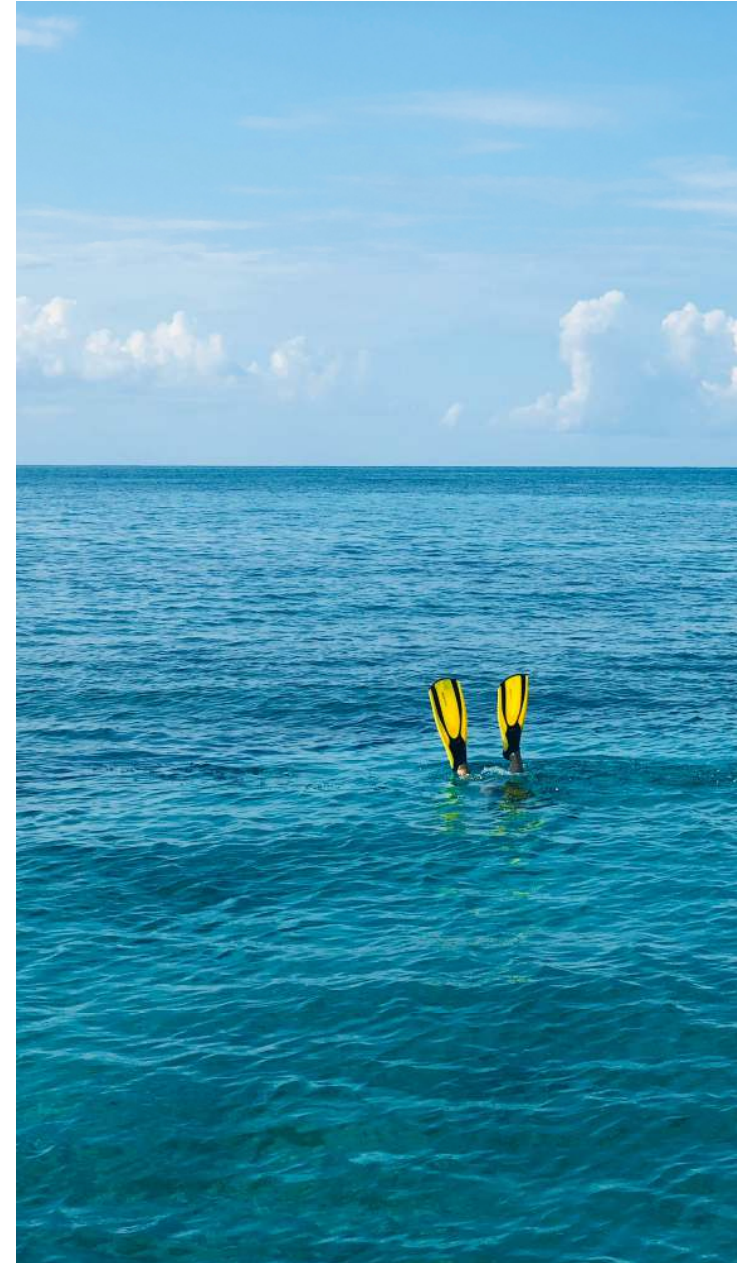
Actions & behaviours
Discussions
Observations
Reflections
Critical perspectives

When writing objectives isn't flowing...

Your Chroma guidelines clearly show the SMART template for the objectives... but 'writing' the objective is rarely the issue.

Reflective practice deep dive:

- Why is it hard to write the objective in this context?
- What feels difficult for me?
- What do I feel unsure/uncertain about?



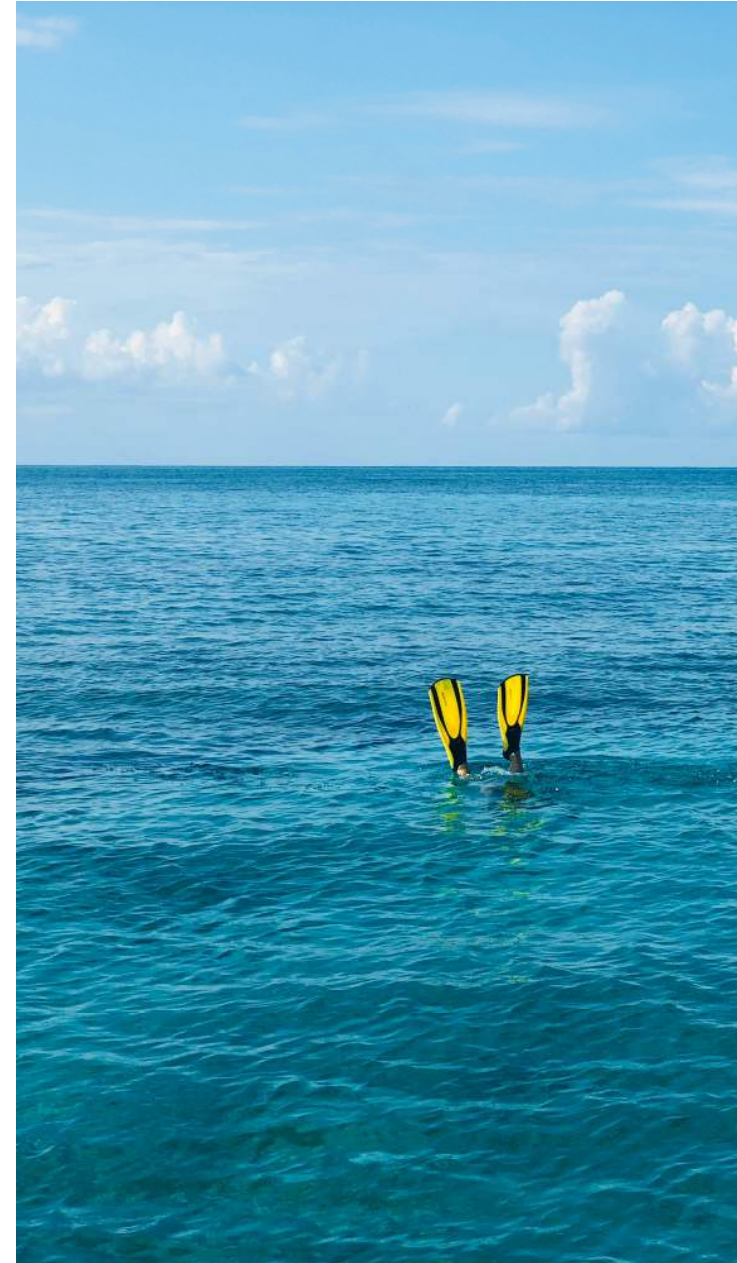
When writing objectives isn't flowing...

How does your employer or funder understand creative arts therapies? (what does the funder expect)

HOW DO THESE
ATTRIBUTES AND
FACTORS
INTERACT?

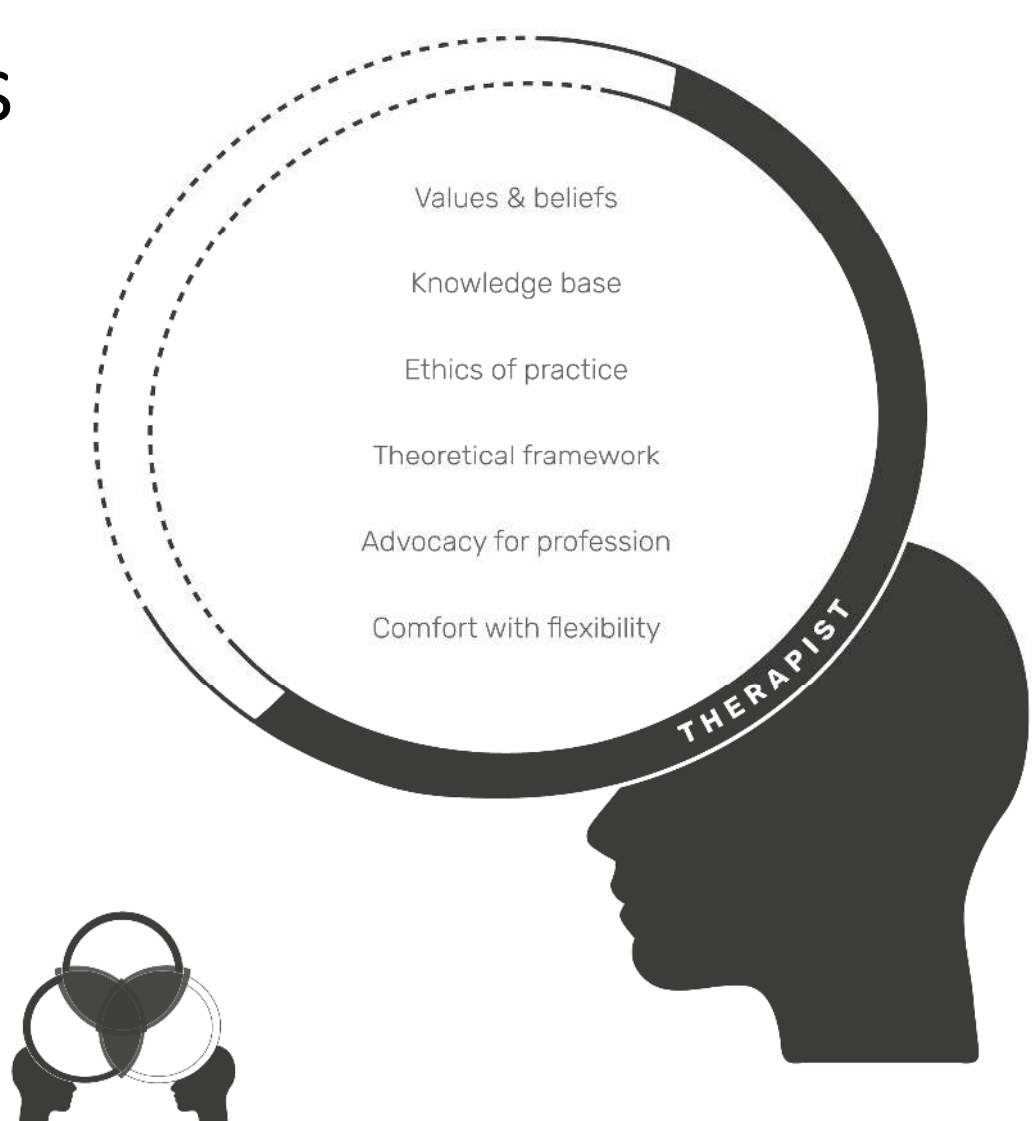
How does the participant understand creative arts therapies?

How do you (therapist) define your role and purpose? (what is the intention for your work)



Therapist attributes

- Values & beliefs
- Knowledge base
- Ethics of practice
- Theoretical framework
- Advocacy for profession
- Comfort with flexibility



When I'm going into the session, all that I'm thinking about really is 'How am I going to engage [the child]?'

Paul from the USA



I've often thought about just 'being with' [the person]. So that could be a focus for someone with dementia. It might be, well, you're with them in that moment.

Olivia from England



[I have] a very general basis of providing a space where the person or the group express or communicate and be listened to. Those I would say are my general underlining goals.

Domenico from Italy



My goal is to create or to co-create an environment or a context of care, of humanity, of dignity.

Theo from the USA



I've always had the strong belief that in music therapy there's a lot that grows out of the relationship. The musical and personal relationship that happens in musicking... That's where I'm really interested in seeing what happens. But I don't suppose I write that as a goal, or anything related to that.

Amy from Australia



You just search for a place where your client is another human being and where you forget the diagnosis. So that's also a kind of goal in a way, a humanistic way of being in the world with other people.

Luna from Denmark



Mapping your therapist attributes

Values and beliefs:

- How do you define your creative arts therapy practice?
- How would you describe your practice values?

Theoretical framework:

- What theories inform your practice with this person or more generally?
- Do these theories lead to overarching goals or approaches to practice?

Knowledge base:

- Thinking about the person you are working with, what are the common needs of people with this condition or who are in this circumstance?
- How do you think creative arts therapies can best help this person? What does the literature suggest?

Ethics of practice:

- What is your responsibility in the therapeutic relationship with this person?
- What is important to consider about collaboration or negotiation with the person you are working with?

Advocacy for the creative arts therapy profession:

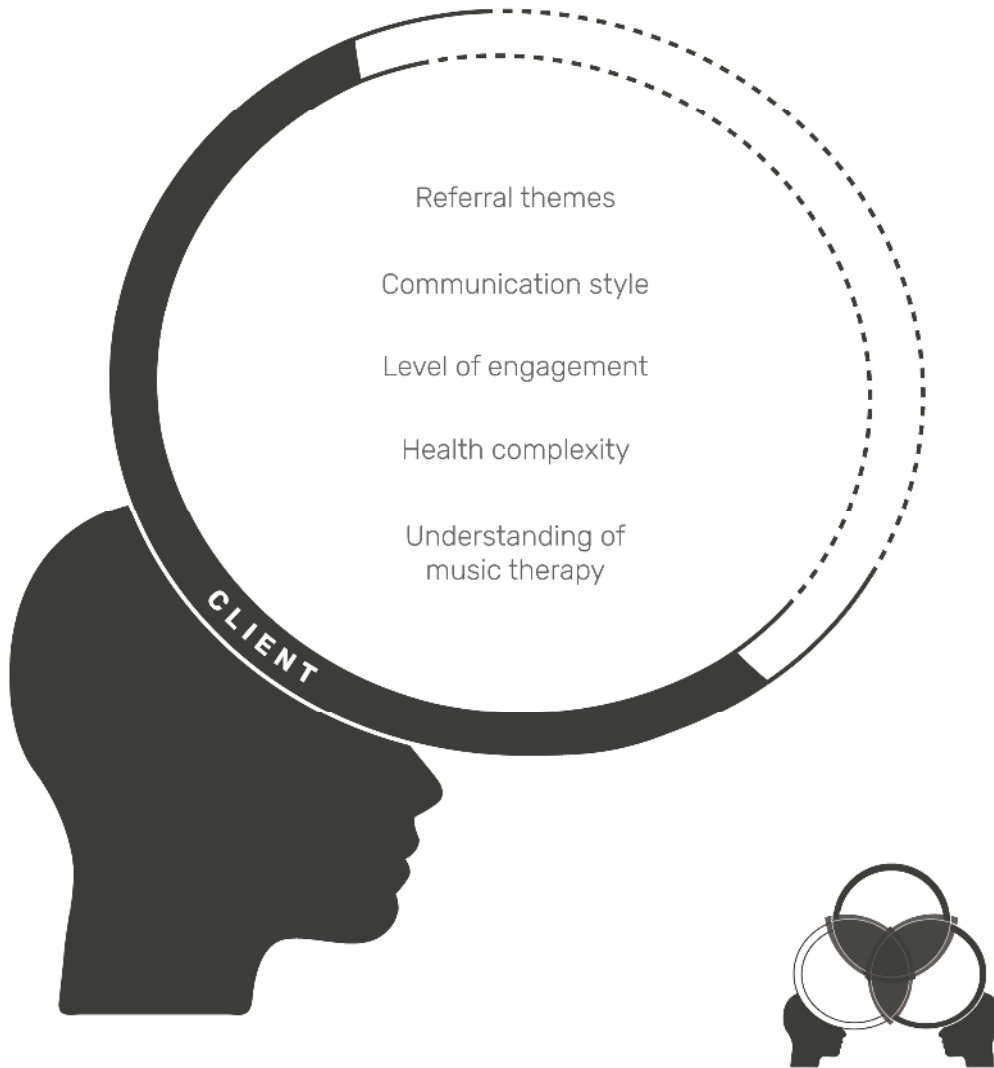
- How well does the person you are working with (or the team) understand the possibilities for creative arts therapy in this context?
- What would you like the person you are working with (or the team) to better understand about creative arts therapy practice?

Comfort with flexibility:

- How thoroughly do you plan out the session or experiences you offer to the person you are working with?
- How appropriate do you think it is to change the goal/ focus of the session at any moment?

Participant attributes

- Referral themes
- Communication style
- Level of engagement
- Health complexity
- Understanding of creative arts therapy



Mapping the participant attributes

Referral themes:

- What are the reasons for referral to creative arts therapy, & who has communicated these reasons to you?
- How much involvement has the person you will work with had in expressing the reasons for referral?

Communication style:

- How does the person prefer to communicate?
- How well do you need to know the person in order to understand their forms of communication?

Level of engagement:

- How motivated is the person to engage in a therapeutic process?
- How motivated is the person to engage in creative experiences?
- What types of creative experiences seem to engage the person best?

Health complexity:

- Does the person have broader health and wellbeing needs than those identified in the referral process?
- How do the person's social and political identities intersect, and what privileges or discriminations might converge and impact the person's health and wellbeing?

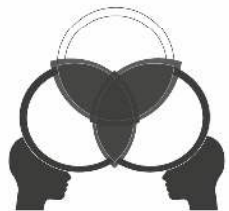
Understanding of creative arts therapy:

- How well does the person understand the health and wellbeing opportunities within creative experiences?
- What does the person want to do when they are in the therapy session?
- How well does the person understand your role as a therapist?

Features of the context



- Team interactions
- Philosophy & guidelines
- Number of sessions funded
- Understanding of creative arts therapy
- Group or individual sessions
- Scope of work



Mapping the features of the context

Philosophy and guidelines:

- What is the philosophy of the organization you work for?
- What, if any, are the guidelines for service provision in this organization?

Scope of work:

- What is the organization's focus for services provided?
- How much flexibility is possible in the delivery of therapy services?

Number of sessions funded:

- How does the organization determine the number of sessions that can be provided?
- How much control is given to clients and/or therapists to determine the number of sessions?

Group or individual sessions:

- What is the organization's stance on providing group or individual sessions?
- How much control is given to clients and/or therapists to determine whether group or individual sessions can be offered?

Understanding of creative arts therapy:

- What might your colleagues say when asked 'How does music/drama/art help?' in this context?

Team interactions:

- What is the team model in this context (e.g. multidisciplinary, interdisciplinary, transdisciplinary)?
- How closely do you work with colleagues in this organization?

Reflective practice...

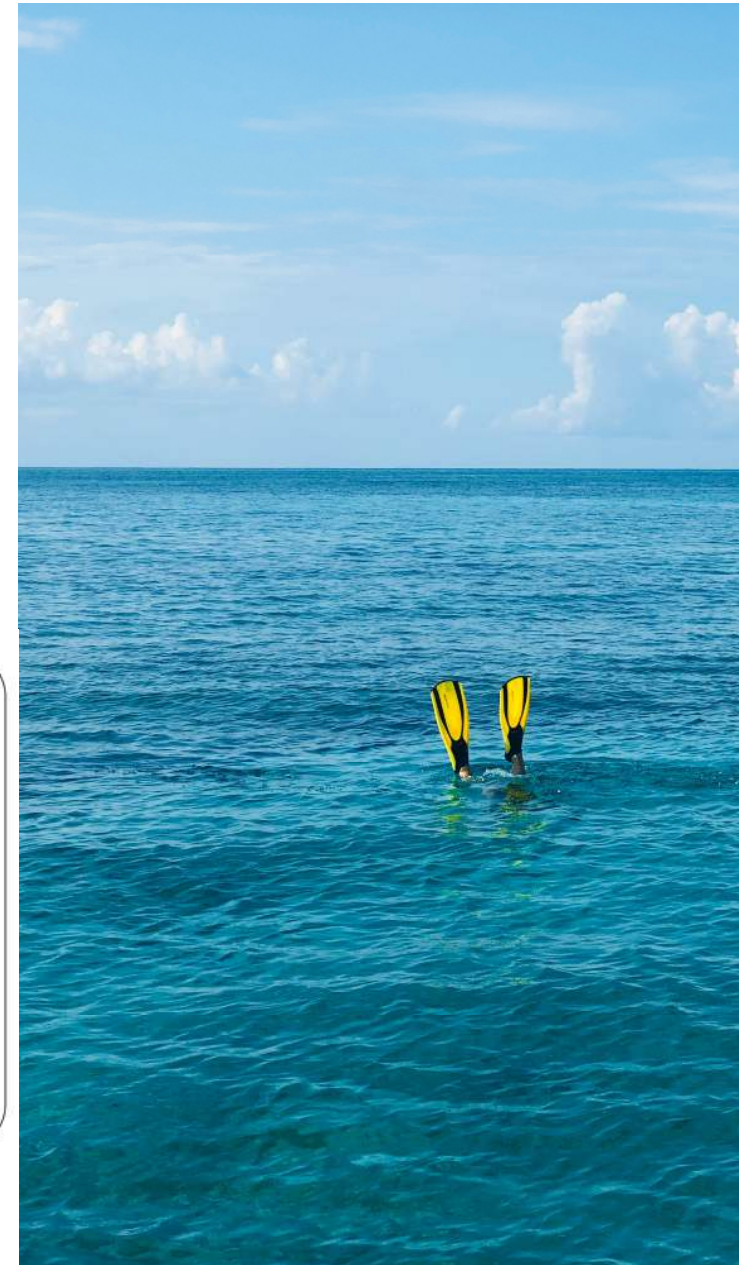
Producing goals, [and] writing goals, does not produce only goals. It produces thinking. It produces something inside us... [It's] good to think about goals not as a solution but as a way to produce thinking.

Antonio from Italy



In a psychoanalytic view, [having] objectives can refer to defences and even...obsessive defences. [Goals or objectives] control what is going to happen... So [therapists] are [like] an acrobat; to not collude with the system's defences, [and] not to be [oppositional], which would be another type of defence. So we are an acrobat between these two things, and we have to pay attention to not collude, not to project, our defences on the system.

Antonio from Italy



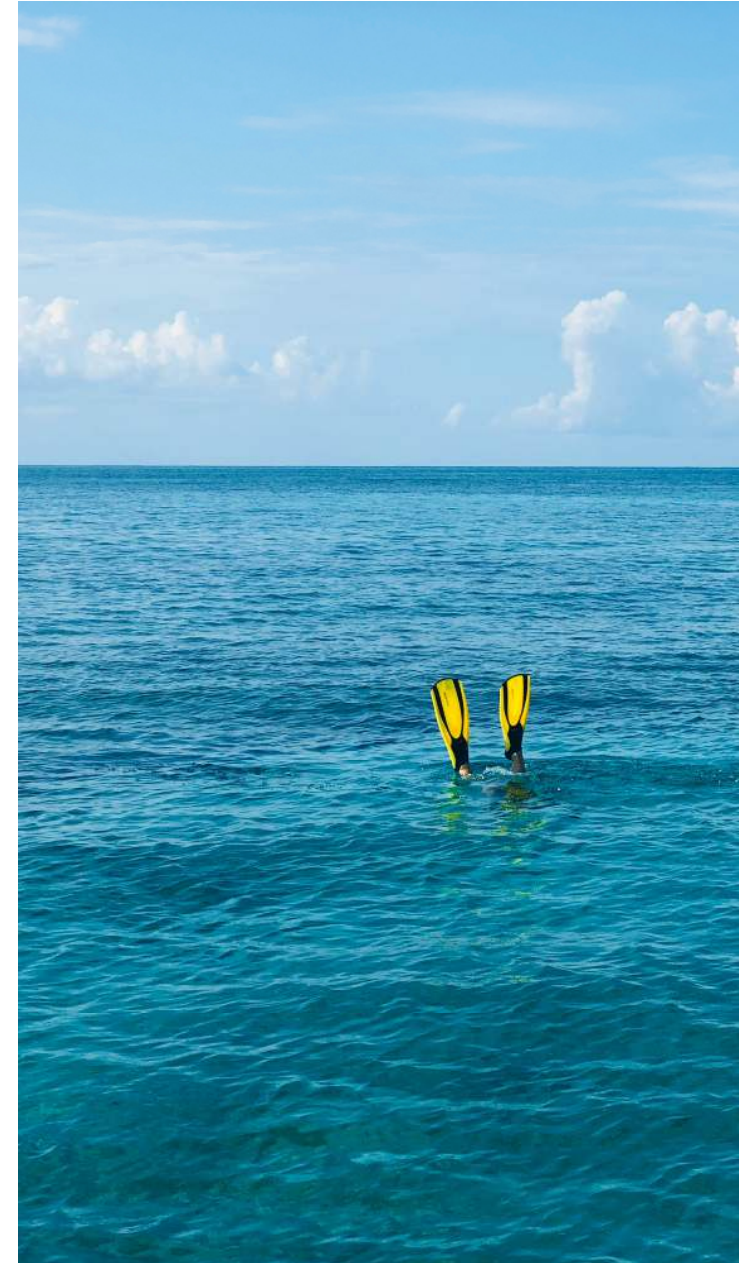
Reflective practice...

Following the insights gained from your mapping process...

What do you need to better accommodate in your approach to writing objectives?

Or...

What do you need to change in your approach to writing objectives?



Return to example from the guidelines...

Aim: Enable the young person's ability to express, process and regulate emotions.

Objective: For the client to have fewer angry outbursts as reported by parents

Return to example from the guidelines...

Aim: Enable the young person's ability to express, process and regulate emotions.

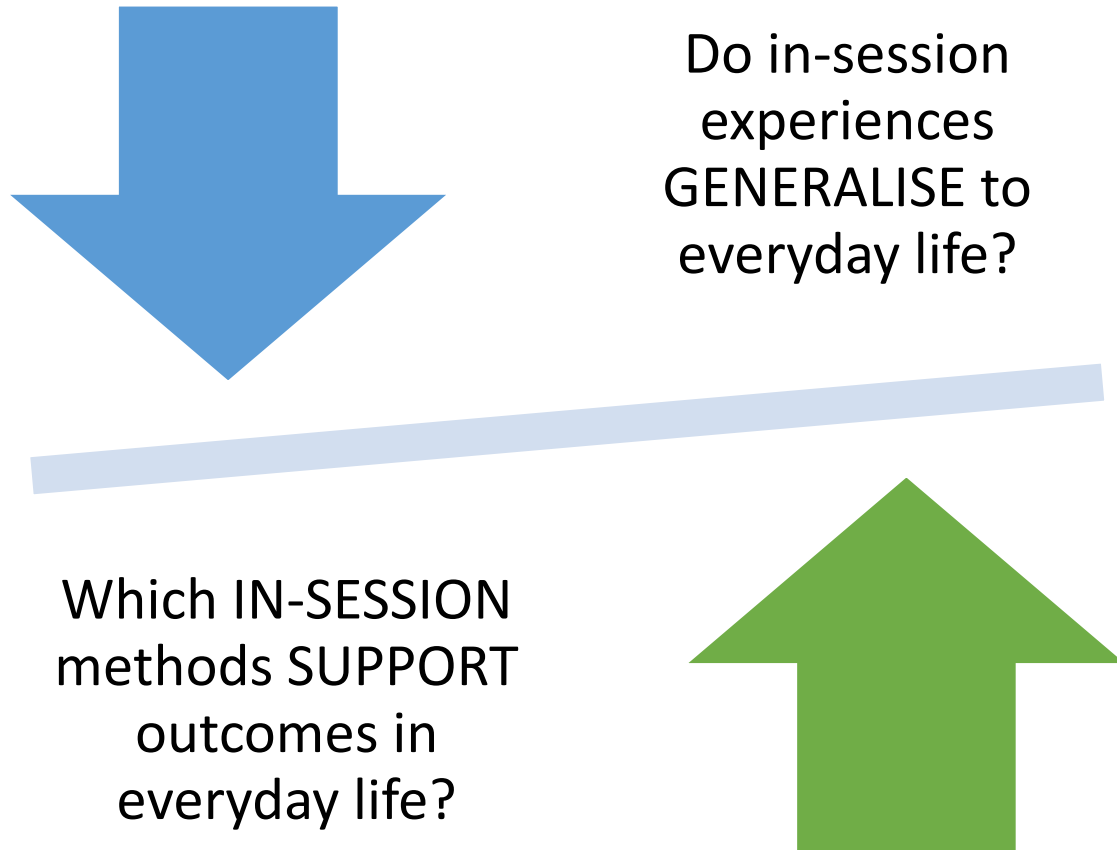
Objective: For the client to have fewer angry outbursts as reported by parents

Outcomes in creative arts therapy will transfer from the session to everyday life.



How does this link to the methods & techniques in your sessions?

A common consideration for creative arts therapists...



Return to example from the guidelines...

Aim: Enable the young person's ability to express, process and regulate emotions.

Objective: For the client to have fewer angry outbursts as reported by parents

Within the creative arts session, how will you support this objective to be met? Suggestion:

Within music therapy, the client will:

Outcomes in creative arts therapy will transfer from the session to everyday life.



How does this link to the methods & techniques in your sessions?

Components making up aims/objectives

(see also Abbott, 2020)

1. **Use person-first language.** Example, 'For Alice to...' or 'For the group to...' The statement could be in first-person where appropriate, such as 'I would like to...' or 'I would like my family member to...'
2. **Include a description of change, if warranted.** This description does not need to be expressed in terms of increasing or decreasing. Other possibilities include: extend, expand, deepen, experience.
3. **Include the area of need.** It is helpful to ensure that the statement has only one area of need. If there are two areas of need, then it is advised to create two goal statements.
4. **Include the creative arts therapy method or experience.** For objectives, the creative arts method could be described more specifically.

Components making up aims/objectives

(see also Abbott, 2020)

Example of an objective including all four components:

Within music therapy sessions, the client will follow more musical changes initiated by others in a free improvisation.

Breakdown of components:

- The client will [person-first language]
- Follow more [description of change]
- Musical changes initiated by others [area of need]
- In a free improvisation [distinct music therapy method]

Thank you and wrap up...

What's one thing you will take away with you from today?

Text a single word: music

Text a short phrase with hyphens: I-love-music

Grace Thompson

GOAL PROCESSES IN MUSIC THERAPY PRACTICE

Foreword by **Helen Shoemark**



Available from Jessica
Kingsley Publisher, UK

<https://uk.jkp.com/products/goal-processes-in-music-therapy-practice>

Free downloadable worksheets
are available via this link!

References

Abbott, E.A. (2020). Music therapists' goal and objective writing practices. *MusicTherapy Perspectives* 38(2), 178–186.

<https://doi.org/10.1093/mtp/miz018>

Thompson, G. A. (2020). A grounded theory of music therapists' approach to goal processes within their clinical practice. *The Arts in Psychotherapy*, 70. <https://doi.org/10.1016/j.aip.2020.101680>

Thompson, G. (2022). *Goal process in music therapy practice*. London: Jessica Kingsley.

The worksheets are available for electronic download on the Jessica Kingsley site here:

<https://aus.jkp.com/products/goal-processes-in-music-therapy-practice? pos=1& sid=d3a1287ed& ss=r>