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Non-structured Initial Assessment of Psychiatric Client in Music Therapy

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Abstract

This paper is based on the grounded theory study, in which experienced music therapy clinicians were interviewed and their conception of an initial assessment were examined in detail. The main result of the study is a qualitative synthesis of initial assessment procedures, including the description of the process how a therapist gains his/her understanding of a client during an assessment period. In practice, an overall structure and a setting of assessment sessions enable practical activities, which are client-centered and usually non-structured. Activities can be seen as a chain of interactional conditions, under which the necessary data is collected: acting, experiencing, encountering, sharing and finally, discreet discussion of what happened and what is perceived. This leads furthermore to reflective working of a therapist and forming more whole conception of the client's situation and the elements related. When summing up an initial assessment period and drawing up conclusions, therapist uses several sources of information. The process of gaining understanding is constructive, and in an ideal situation the whole multidisciplinary team can take advantage of the cumulative knowledge of initial assessment in music therapy.

Introduction

Assessment in music therapy is getting more and more topical (cf. e.g. Sabbatella, 2004). Working as a music therapist in close relationship with other health care disciplines emerges many questions concerning different practices and music therapist's role as part of multidisciplinary team. Referring teams and doctors are interested in suitability of music therapy and its possible benefits for a client. Of course, the goal setting for therapy is important, as well as the reasons to choose music therapy when compared to other approaches, like verbal psychotherapy and occupational therapy. Among these questions is also, could music therapy offer some new information about a client, especially when client's communication is very restricted and confined. As professionals, we should be able to produce also high quality services, and conducting assessments and evaluation is seen as a part of those procedures. Prioritisation relates to assessment issues as well, because the needs of different clients' should be assessed and the urgency of the needed treatment should be determined. But that's only part of the story, because money, or actually lack of it, is quite usually the ground for prioritising different services, too.

The use of certain assessment models and methods is relatively uncommon, and in practice, music therapists usually have developed needed methods by themselves. This means a lot of diversity in every area and part of assessment work. There are different theoretical grounds and approaches, cultural and practical differences, and diversity in the language of music therapy (Aldridge, 1996; Wigram, 1999). There are no equal or certain ways to conduct initial assessments at least in Finland and presumably in most European countries either. This is the issue, which should be discussed both nationally and internationally in our music therapy community and education. Some common guidelines

could be set, and some basic principles of assessment procedures could be defined.

In practice, what happens when a music therapist meets a client for first time? Or even before the first encounter, when a therapist is contacted for a new client who is to be referred to music therapy? Some anamnestic information may be available, but is it useful from the music therapist's viewpoint? The nature of music therapy work is, if possible, even more delicate within psychiatry than in other fields of our clinical work. When conducting initial assessment, a therapist must take into consideration the fact, that an essential part of assessment is building the therapeutic alliance. So, it is quite obvious, that a client is going to continue his/her music therapy with this particular music therapist, and for that reason, their first encounters are very important when building the therapeutic relationship and for the future and also for the success of the music therapy process itself (Horvath, 2000).

The overall demanding nature of psychiatric work sets rather high requirements and qualifications for the music therapist's competence. At least in Finland, the clinical practice of music therapy is very independent by its nature, and on the other hand, the multidisciplinary collaboration is increasingly integral part of the work (Ala-Ruona & Jordan-Kilkki, 2004). Usually teamwork can be seen as a resource, but it can have its limitations, too, depending on the level of communicativeness of the team and its members. One of our challenges as professionals is, how we make our information communicate with other members of teams and beyond the likely barriers of different frameworks. Interesting and important question is also the overall validity and credibility of music therapy assessment. (Wigram, 1999; 2000.)

A brief review of the study

Although this paper is not focused on research process (Ala-Ruona, 2002; 2004) itself, some basic information on how this study was conducted may come in useful.

When I was working as a music therapy clinician within specialized health care, I got more and more interested in assessment issues and what actually happens right at the beginning of the therapy process. At early stage, I considered studying my own work as clinician, but I thought that reflective and hermeneutic study could not possibly emerge basic information from this topic wide enough.

RESEARCH QUESTION OF THE STUDY

So I ended up to examine different views of other music therapists and what information they consider essential in initial assessment and how do they get that information they want. Because of the lack of common terminology, I had to examine first what are the main concepts related to initial assessment and how therapists define them.

QUALITATIVE RESEARCH

When studying different concepts phenomenography is possible as a research approach. The basic idea of this approach is not to study the phenomena as such, but rather by mapping the qualitatively different ways in which people experience, conceptualise, perceive and understand it (Marton, 1988; 1994). In this study of mine, I used phenomenography as a starting point to examine these various aspects of initial assessment through other clinicians experiences and how do they perceive them. The focus of the study developed during the research process and on later stage of it I applied also grounded theory as a complementing approach to get deeper in analysis and to be able to summarise the description of initial assessment process as a whole. I adapted mainly the coding paradigm developed by Strauss & Corbin (1990; 1998), because of its flexi-

bility and suitability to former stages of phenomenographic data analysis. These two research approaches and methods supported each other in this study in fairly natural way.

INTERVIEWS AS MAIN DATA SOURCE

I conducted five focused in-depth interviews of trained and experienced music therapy clinicians. Their working experience as music therapist was from 10 to 20 years. The only question, which I presented to all of the interviewees, was the opening one: “Describe how do you act, when you get informed about a new client who is going to be referred to you?” By asking this particular question, I led the interviewees to discuss the situation right at the beginning of assessment procedure.

After this, the discussion was progressing as free-formed conversation. However, I had a list of possible areas of discussion as an interview guide (see Kvale, 1996), but usually I didn’t need it too much. Conversations were rich and deeply reflective. In most cases, as the interviews progressed, the interviewees seemed to perceive also better how they actually work when doing assessments. This may prove that we were able to reach at least some of the tacit knowledge of these clinicians.

COMPUTER-AIDED DATA ANALYSIS

The interviews lasted typically from two to three hours and therefore I got huge amount of data to analyse. I utilized the QSR Nud*ist (Richards 1998) program for organising and analysing the collected data and found it really useful particularly for its powerful search options. First I studied different concepts, which the interviewees used and defined. After that I got deeper with the analysis and organized the data into categories and upper categories. The last stage of data analysis was to create the qualitative synthesis of categories and especially to find the core category which "tells the story" of collected data (a storyline, which answers to the research questions; see Strauss & Corbin, 1990; 1998).

In this study, the storyline appeared to be the progress of gaining understanding in the initial assessment process. This was the main (and core) category to which all the other concepts and categories were related somehow systematically. The final stage of analysis was very demanding and time-consuming to do. I analyzed the data once more in higher conceptual level and formulated (or modeled) a big scheme, which describes to process of initial assessment in music therapy when the assessment is conducted in non-structured way (without scripted content or certain tasks).

MEMBER CHECK

After analysis of data and forming the main findings of the study, I sent them to the participants to find out how well the results matched with the experiences of their own. The results of the study were accepted and the feedback was actually very positive. The participants emphasized the successful description of the initial assessment procedure, which is very complex and multi-level phenomena consisting practical, theoretical, framework- and clinical experience-related issues.

The main results of the study

CHARACTERISTIC TRAITS OF INITIAL ASSESSMENT

According to this study the characteristic traits of initial assessment are:

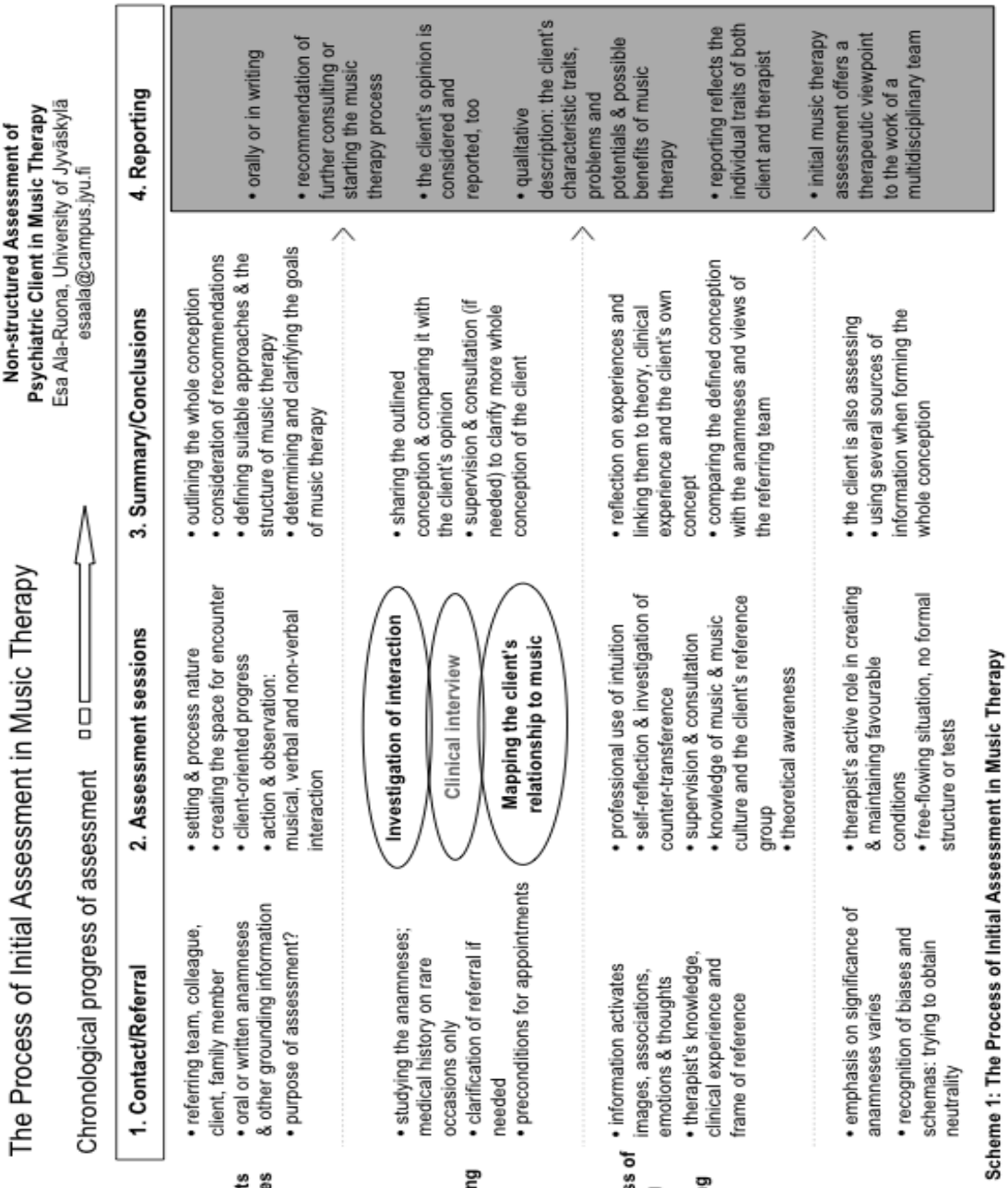
- It is carried out as a process. The initial assessment is usually based on a period of several appointments (up to 6 sessions).
- A client-oriented approach means that the initial assessment is always tailor-made. There are no certain tests or other formal ways to conduct the assessment.
- Investigation of interaction is the most essential form of gathering information during assessment period. Interaction between client and therapist is observed in musical, verbal and non-verbal relations.
- Another important area to be studied is client's relationship to music. This area is usually assessed by listening to music, which is important or of present interest to client. This brings the contextual aspect to assessment.

- When summing up an initial assessment period and drawing up conclusions, therapist uses several sources of information. This procedure reminds triangulation, which is a concept taken from qualitative research terminology. Several data sources are used in order to ascertain the accuracy of collected information.

DESCRIPTION OF INITIAL ASSESSMENT PROCESS

Next we shall have a closer look to the process of initial assessment as a whole.

FIGURE 1. **Process of initial assessment in music therapy**



Scheme 1: The Process of Initial Assessment in Music Therapy

Figure 1 is qualitative synthesis of assessment procedure, and this big overview shows the main results of the study. We can examine the process of initial assessment from three points of view: its chronological stages as numbered, the forms of information gathering on line two and the development of therapist's understanding of a client from line three. In other words, this description can be viewed as both horizontally as lines and vertically as columns.

Now we will take a closer look to certain elements of the big scheme. First we examine the very beginning of the assessment process. Then we will study what happens in assessment sessions. The main interest is especially focused on how therapist's understanding of a client develops during the assessment period.

THE PROCESS OF GAINING UNDERSTANDING

At initial phase. The first column in figure 1 describes a starting point of assessment procedure containing first contact and referral. Oral and written anamneses are got through and the purpose of assessment is also defined. In practice an assessment may be focused on the client's need for treatment, suitability of music therapy as method of treatment, goal-setting of music therapy, finding appropriate music therapeutic approaches, collecting new information for planning of whole treatment etc. (cf. Bruscia 1987, 13; Sabbatella 1998, 227; Wigram 1999, 8; Wilson 1990, 131-136.)

However, the significance of this grounding information varies a lot. Some of the interviewees actually emphasized, that they are not very interested in anamneses and other previous knowledge, because they want to make a fresher start when assessing, and collect the needed information from their own point of view (also framework-related issue).

This first stage of initial assessment is, of course, also the phase where the process of forming understanding begins. As soon as a therapist gets some information of a new client, it activates different images and associations, as well as emotions and thoughts related to them. From the point of psycho dynamic view, this is the point where counter-transference starts to develop for first time. Therapist's previous knowledge, clinical experiences and frame of reference are used when outlining this material.

A therapist tries to recognise his developing preconception and tries also to obtain neutrality when meeting a client for first time. Different self-clearing (see Bruscia, 1998) procedures are applied and careful self-reflection is used when preparing for meeting a new client.

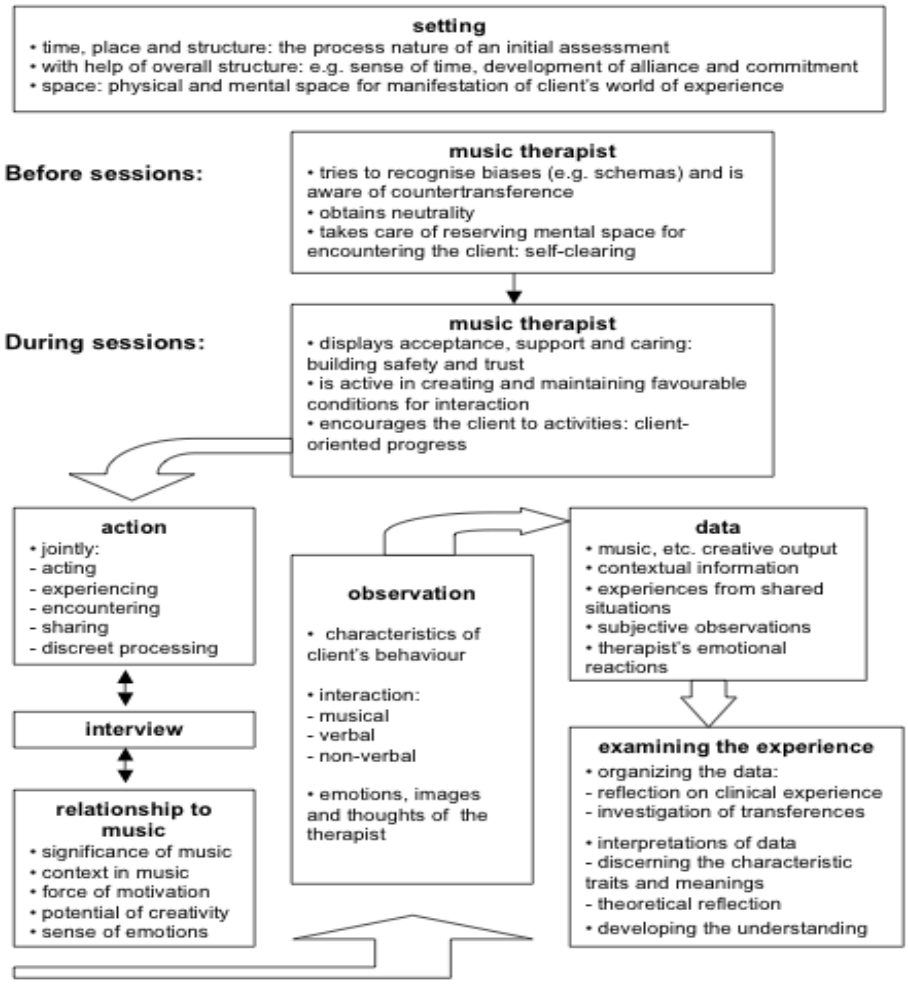
Assessment sessions. Next we shall investigate the assessment sessions.

It is important, that the overall structure of assessment procedure kind of imitates the therapist's characteristic way of working. It means for instance, that if therapist's orientation is supportive, appointments could be arranged as once a week. But if working more intensively, the assessment is conducted in the same way. This relates also to a therapist's frame of reference. In this study, most of the therapists named psychodynamic theories as their framework, however there were hints of applications of cognitively oriented learning theories, too.

Next we shall go further and discuss some more of the issues concerning the setting and other concepts related to assessment sessions.

FIGURE 2. Assessment sessions

The purpose of an assessment, the individual needs of a client, therapist's characteristic way of working and the overall nature of assessment work influence to the formation of initial assessment process.



Scheme 2: Assessment sessions

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The setting (or therapeutic setting) is integral part of initial assessment. Certain place, time, room, person and the overall structure of appointments are the foremost requirements for successfully conducted assessment.

The process nature of assessment is important due to possibility to observe the client in several situations and repeatedly. The structure itself enables to assess important areas concerning for instance client's engagement and orientation to time and place, and to determine the appropriate structure of planned music therapy.

A therapist tries to obtain needed neutrality, concentration, readiness and willingness to encounter a new client. He has to be also aware enough of different biases and preconceptions concerning a client and on the other hand his own mental and general situation.

During the sessions (in figure 2). When meeting a client, therapist's main task is to create and maintain favourable conditions for interaction. Purpose is to enable client's personal way to act, express oneself and his/her representation of inner world to come up in situation.

Different hopes, fears and needs of a client emerge in musical or non-musical way as the relationship starts to develop. Therapist's task is to try creating atmosphere that is safe enough and enabling the development of confidence. This is usually done in both verbal and musical way. Therapist is an active agent when creating favourable conditions for interaction and especially when working with children or adolescents. Musical activities work as flexible and variable ground for different forms of client's creativity and qualities to come up.

One of the main concepts is client-oriented approach, and it means that there is no certain formal way to conduct the assessment sessions. Even

though the assessment period itself is well structured, procedures and activities vary depending on client's needs, resources, problems and individual orientation. Important is to do different things together and get shared experiences through several activities.

Thinking about the role of therapist, balancing between active involvement and free-flowing progress requires sensitive self-awareness and sense of situation.

Action (in figure 2). In practice, in the beginning, the therapist usually introduces therapy room and its facilities. A client is allowed and actually encouraged to try the instruments. As soon as something happens, therapist usually joins in activity. Spontaneous clinical improvisation is very typical method and approach. Situation is usually free flowing and is based on musical and behavioural flexibility of a therapist. (cf. Loewy, 2000.)

Although neutrality is obtained when meeting a client, in playing situations there should be more room to creative and spontaneous reactions. What if playing is neutral? Is it even possible to play something and share anything without emotional involvement? However, a therapist should be able to receive all possible musical or non-musical material from a client and work as container. This requires continuous alertness and readiness from a therapist.

Creating improvised music together opens wider viewpoint to a client's spectrum of emotions and inner world than what is usually reached in verbal interaction. While defensive behaviour is more obvious in verbal interaction, using spontaneous music making is seen much quicker way to perceive something essential of client's world.

If possible, the shared experiences are however discussed together. Exchanging the views on shared situations offers an opportunity to assess client's cognitive and other mental qualities. How do a client perceive him/herself and what kind of abilities of gaining insight he/she have. Verbalising experiences and musical content is not seen as necessity, but if seen appropriate, it is applied. The special focus is in a client's latent potential, which emerges possibly in musical situations and relations only.

Clinical interview of client (in figure 1 & 2). Therapist may interview the client if needed to get more information of overall situation and especially from client's own point of view. Usually this is done informally and no certain questionnaires are used. Interviewing a client is more like spontaneous conversation in different situations and it is more or less related to musical activities.

MAPPING THE CLIENT'S RELATIONSHIP TO MUSIC (IN FIGURES 1& 2):

Another integral part of initial assessment procedure and form of information gathering is mapping the client's relationship to music. While investigation of interaction concerns what's going on between client and therapist, mapping the client's relationship to music serves more like studying what is fundamental to client's intrapersonal qualities as reflected to music.

Therapist introduces the available music, but makes no choices. Client chooses the music (and may bring his/her own music with too). After listening to music, different thoughts, images, associations and emotions emerged, are to be discussed if possible. This gives the opportunity to study what is characteristic of client's music. It elicits clues of cultural relations and important experiences in different phases of life as well as hints of symbolic and emotional connections related to music. For example, client's relationship to music may reveal age-specific issues and how

well he/she is connected to presumable music culture according to his/her age. This is especially assessed when working with adolescents. Other important clues could be for instance: important persons related to client's history, social relations, emotional tensions and overall present situation of life.

Although the main interest when mapping the client's relationship to music is intrapersonal by its nature, it offers however contextual aspect and gives additional information when trying to understand the nature of interaction between client and therapist, too. This contextual horizon may or may not confirm the previous understanding and it may open deeper and wider perspective to perceive the world of a client and to recognise the fundamental elements of relationship between a client and a therapist.

Observation (in figure 2). The observation in assessment situations is conducted at several levels with different focus. One level is therapist's own emerging emotional content. The other is interaction between a client and a therapist: what is the general nature of it. The third one is the overall observation of client's musical and non-musical behaviour in sessions, and comparing it to his/her behaviour in other situations. Observation during the sessions is based on subjective perception and observations are not usually systematically rated nor analysed.

Data (in figure 2). When thinking the initial assessment as a research, we may consider all the material from the sessions as "data". This box contains examples what kind of data we can get from the assessment sessions.

Examining the experience (in figure 2). When examining the experiences of assessment sessions, therapist's intuition acts directing the attention, and earlier clinical experience acts like a guide. This means that

when working with intuition, therapist have to be careful not to believing everything that intuition points out. Therefore, the conclusions are not done based on intuition only without reflecting those emerged ideas carefully first.

Self-reflection and investigation of counter-transference is used as main methods when analysing shared experiences. Counter-transference is understood here in the broadest sense of the term, in other words therapist investigates all the emotions and feelings, which emerge in interaction between client and him/herself. Self-reflection is very alike by its nature, but it does not have necessarily connection to the same frame of reference. Or it can be understood more like the use of previous professional experiences.

Therapist's intention is to reach good enough level of neutrality and thorough investigation of emerging emotional content is used as main method to understand client's emotional qualities and mental state. Intention is to distinguish what is the origin of emotional content emerged in interaction. To be able to do this, a therapist has to be aware enough of his own background and how he has become as him/herself. One has to have active and constant intention to understand his present situation as well. Under these conditions, it is more possible to recognize what emotional content comes up from therapist's own world and what is reflection of client's inner tensions and thus presumably subconscious material by its nature.

As a summary of assessment sessions, the whole procedure could be presented like this: Structure and setting enables practical activities, which are more or less free-flowing. Those activities can be seen as chain of different conditions, under which the data is collected: there is acting, experiencing, encountering, sharing and discussion of what happened and

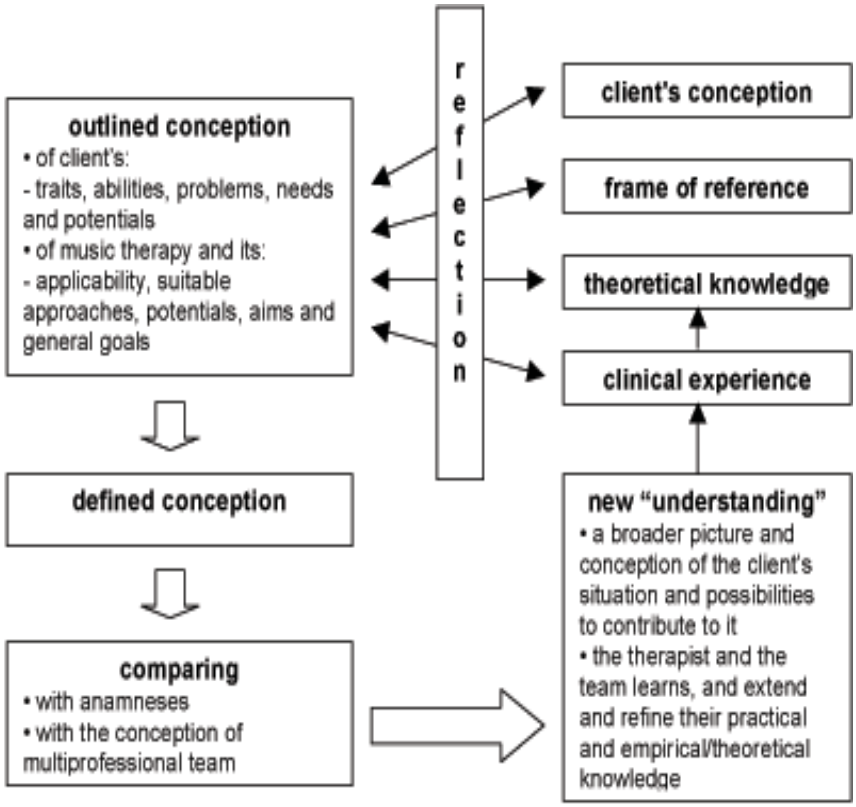
what is perceived. And further, this leads to reflective working of therapist, who tries to form more whole conception of situation and its elements. This kind of working method requires from a therapist very flexible switching between the creative and emotional involvement and on the other hand cognitive and theoretical reflection. This leads to form more whole understanding of client and his/her situation and the possibilities of music therapy.

FINAL STAGE OF AN INITIAL ASSESSMENT (IN FIGURE 3)

At the final stage of assessment the outlined understanding is reflected to the client's own conception. Remarkable is, that client is also assessing if working with this particular therapist and medium and with these instruments could be suitable for him/herself. The outlined conception also is reflected to therapist's frame of reference, to other theoretical knowledge and previous clinical experience.

This leads furthermore to defining the conception and comparing it to the anamneses and the conception of the referring team. In an ideal situation this contributes the learning process of the therapist and multidisciplinary team, and they may refine their practical and theoretical knowledge.

FIGURE 3. **The final stage of initial assessment**



Scheme 3: The final stage of initial assessment

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Reporting (in figure 1, last column). A part of the final stage of initial assessment process is reporting. It is done either orally or in writing. A possible recommendation of further counselling or to start music therapy process is presented. A client's own opinion is considered and reported, too.

Here is a summary of typical recommendations:

- the suitability of music therapy as treatment and possible need for further consulting
- the form of therapy: group or individual music therapy
- music therapeutic approaches suitable to client

- the goal-setting and possible outcomes of client's music therapy
- how music therapy integrates to other forms of treatment and how could they complement each other?

According to this study, it is actually easier to define when music therapy is not suitable for someone and therefore not recommended. Such conditions could be, if client totally lacks his/her sense of illness, or has an antisocial personality disorder, an acute stage of psychosis or a total lack of motivation and therefore is incapable to engage to planned therapy. These were the few conditions mentioned when music therapy could not possibly be recommended. Music therapy is seen so flexible as an approach that a client can usually benefit its possibilities at least to some extent. (cf. Lindvang & Frederiksen, 1999)

The report itself is a qualitative description of client's characteristic traits, his/her problems and potentials, and possible benefits of music therapy etc., and it reflects individual traits of a client and a therapist both. This kind of descriptive report offers therapeutic aspect and alternative viewpoint to the work of multidisciplinary team. Perhaps the most important quality of initial music therapy assessment is the opportunity to gather some information also under such conditions where other approaches don't work. Usually this additional knowledge collected can elicit something new, bring it available and benefit the work of whole multidisciplinary team.

Conclusion

This study describes the viewpoints of experienced music therapists and outlines a qualitative synthesis of initial assessment procedure of psychiatric client in music therapy. The phenomena appear as multifaceted and multi-levelled as music therapy work usually is. The non-structured initial assessment is particularly interesting for its flexibility as an approach.

It seems to work well in very demanding situations with challenging clients. However, flexibility could present a problem, too, if considered from the point of music therapy education, since this kind of working requires quite a lot well-integrated skills from a therapist. Music therapy students or novice therapists don't have that previous clinical experience and tacit knowledge, in which experienced clinicians partly rely on. The question is, how to teach such assessment skills? Is it obvious that we end up using rigid questionnaires, check-lists, rating scales etc., and lose the important flexibility at the same time? Compared with research approaches, non-structured initial assessment is very qualitative by its nature, and the "data" from sessions is somewhat thick and complex. One practical problem is, that we get huge amount of data and have usually only very little time for investigate it. What we could need is a quick enough and easy to use method for structuring and analysing the data from free-flowing assessment sessions. This tool could bring some quantitative data into assessment, serving probably as a tool for evaluation of change in therapy process at the same time. Perhaps the computer-based analysis for clinical improvisations (Erkkilä et al., 2004) can bring some new possibilities to assessments, too. Sensitive and vulnerable interaction between client and therapist is nevertheless the basis, which should be respected, and not to be interfered by applying inflexible tests or other possibly restricting elements to creative sessions.

References

Ala-Ruona, E. (2002). Psykiatristen asiakkaiden alkuarviointi musiikkiterapiassa – Musiikkiterapeuttien näkemyksiä alkuarvioinnin käytännöistä ja sovelluksista. [Initial Assessment of Psychiatric Clients in Music Therapy – Music therapists' views on procedures and

applications of initial assessment. Master's thesis, University of Jyväskylä. Finland].

Ala-Ruona, E. (2004). Psyykkisesti oireileva asiakas musiikkiterapiassa – Alkuarvioinnin käytäntöjä, sovelluksia ja teoriaa. [Clients with Psychiatric Symptoms in Music Therapy – On Procedures, Applications and Theory of Initial Assessment. M. Phil. thesis, University of Jyväskylä. Finland].

Ala-Ruona, E. & Jordan-Kilkki, P. (2004). Music therapy –an individual approach to care and rehabilitation. Finnish Music Quarterly, 4/ 2004, pp. 6-11.

Aldridge, D. (1996). Music therapy research and practice in medicine: from out of the silence. London: Jessica Kingsley Publishers.

Bruscia, K. E. (1987). Improvisational models of music therapy. Springfield, Ill., U.S.A.: C.C. Thomas.

Bruscia, K. E. (1998). Techniques for Uncovering and Working with Countertransference. In K. E. Bruscia (Ed.), The Dynamics of Music Psychotherapy (pp. 93-120). Gilsum NH, Barcelona Publishers.

Erkkilä, J., Lartillot, O., Luck, G., Riikkilä, K., Toiviainen, P. (2004) Intelligent Music Systems in Music Therapy. Music Therapy Today (online) Vol V, Issue 5, available at http://musictherapyworld.net

Horvath, A. O. (2000). The Therapeutic Relationship: From Transference to Alliance. Psychotherapy in Practice, 56(2), 163-173.

Kvale, S. (1996). InterViews. An introduction to qualitative research interviewing. London: Sage Publications.

Lindvang, C. & Frederiksen, B. (1999). Suitability for Music Therapy: Evaluating Music Therapy as an Indicated Treatment in Psychiatry. Nordic Journal of Music Therapy, 8(1), 48-58.

Loewy, J. (2000). Music Psychotherapy Assessment. Music Therapy Perspectives, 18(3), 47-58.

Marton, F. (1988). Phenomenography: A Research Approach to Investigating Different Understandings of Reality. In S. Webb (Ed.), Qualitative Research in Education: Focus and Methods. London: The Falmer Press.

Marton, F. (1994). In The International Encyclopedia of Education. Second edition, Volume 8. Eds. Torsten Husén & T. Neville Postlethwaite. Pergamon 1994, p. 4424.

Richards, Lyn. 1998. NUD*IST 4. Introductory Handbook. Qualitative Solutions & Research, Melbourne.

Sabbatella, P. (1998). How to Evaluate Music Therapy? Music and Therapy – a Dialogue, [Music Therapy Info Cd-Rom 2]. University of Witten-Herdecke.

Sabbatella, P. (2004). Assessment and Clinical Evaluation in Music Therapy: An Overview from Literature and Clinical Practice. Music Therapy Today (online) Vol. V(1), 2004. Available: www.musictherapyworld.net

Strauss, A. L. & Corbin, J. M. (1990). Basics of Qualitative Research: Grounded Theory Procedures and Techniques. London: Sage Publications.

Strauss, A. L. & Corbin, J. M. (1998). Basics of Qualitative Research (2nd ed.): Techniques and Procedures for Developing Grounded Theory. London: Sage Publications.

Wigram, T. (1999). Assessment Methods in Music Therapy: A Humanistic or Natural Science Framework? Nordic Journal of Music Therapy, 8(1), 7-25.

Wigram, T. (Ed.). (2000). Assessment and Evaluation in the Arts Therapies: Art Therapy, Music Therapy and Dramatherapy. Hertfordshire: Harper House Publications.

Wilson, B. L. (1990). Assessment of adult psychiatric clients: The role of music therapy. Music therapy in treatment of adults with mental disorders: Theoretical bases and clinical interventions (pp. 126-148). New York: Schirmer.

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tial assessment of psychiatric clients in music therapy. Other areas of interest are e.g. professional issues, processes in music therapy and development of music therapy and music psychotherapy training.

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