JYU DISSERTATIONS 587

Kirsi Tuomi

Potentials of Music Therapy with Children and Families

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Esitetään Jyväskylän yliopiston humanistis-yhteiskuntatieteellisen tiedekunnan suostumuksella
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ABSTRACT

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Possibilities of music therapy with children and families
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The intention of this dissertation is to provide a comprehensive overview of early childhood music therapy and family centered practice, conceptualize the fields and to increase understanding on how the actual work is done and the phenomena experienced.

The first substudy examines music therapy literature from 1990 to 2012 focusing on children aged 0 to 5 years old. 125 texts fulfilled the criteria of inclusion including a large variety of clinical descriptions and research papers. Historically the dominance from individual work has been shifting to dyadic/family work. The active methods most commonly utilized were singing and playing with instruments. Children with autism spectrum disorder (ASD) were most strongly represented together with paediatric patients and children with developmental disabilities. Interaction between family members and the positive factors were emphasized. The importance of fun and enjoyment was underlined throughout all client groups. (Tuomi et al., 2017.)

The second substudy is an international survey study. A total of 125 responses were analysed. Participants' responses indicated that music therapy with families is well established as an important field of practice that includes a large range of populations across the life span. Music therapists working with families emphasize that the work is holistic and flexible, both in terms of the theoretical approaches that inform their work and the methods/techniques that are included in sessions. The participants in this study advocated for more continuing professional development opportunities to further deepen and develop their practice. (Tuomi et al., 2021.)

The aim of the third substudy was to gain deeper understanding on how foster parents reflect the different meanings of the Nurture and play (NaP) for foster families - intervention aimed for children aged one to five years of age. A stimulated recall method was chosen to correspond to these research targets. The parents´ reflections were evidently focused on the child, the importance of safety and the meaning of change during the process. Emotional qualities concerning both the child and the adult were emphasized. The foster parents were able to utilize their reflections within a wider context of place, relationships, and time. The results of the study and the core concepts of attachment theory are strongly related to each other. (Tuomi & Ala-Ruona, 2022.)

The dissertation and its outcomes offer suggested priorities and suggestions for future research including the need for more specific and deep probing information, different perspectives, and emphasis on focus.

Keywords: music therapy with families, early interaction, early childhood, foster care, attachment focused care, review, survey, stimulated recall interview

TIIVISTELMÄ (ABSTRACT IN FINNISH)

Tuomi, Kirsi
Musiikkiterapian mahdollisuuksia lasten ja perheiden tukemisessa
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Tämän väitöskirjan tavoitteena on koota kokonaisvaltainen yleiskatsaus varhaisiän musiikkiterapiaan ja perhekeskeiseen työskentelyyn musiikkiterapiassa. Tavoitteena on kartoittaa aloja, käsitteellistää niitä sekä lisätä ymmärrystä, miten varsinainen työ tehdään ja millaisia merkityksiä sille annetaan.

Ensimmäinen osatutkimus kartoittaa musiikkiterapiakirjallisuutta vuodesta 1990 vuoteen 2012 keskittyen 0–5 vuotiaisiin lapsiin. Sisäänottokriteerit täyttäviä tekstejä löytyi 125 sisältäen kliinisiä tapauskertomuksia ja tutkimusartikkeleita. Tulosten mukaan aktiivisista musiikkiterapiamenetelmistä laulaminen ja soittaminen oli yleisintä. Eniten aineistoa löytyi autisminkirjoon (ASD) liittyen mutta myös pediatriset potilaat ja kehitysvammaiset lapset olivat hyvin edustettuina. Teksteissä painotettiin musiikkiterapian merkitystä perheen välisen vuorovaikutuksen tukemisessa samoin kuin sen positiivista lähestymistapaa. Ilon ja nautinnon merkitystä korostettiin asiakasryhmästä riippumatta. (Tuomi et al., 2017.)

Väitöskirjan toinen osatutkimus esittelee kansainvälisen kyselytutkimuksen tuloksia, jossa 125:n osallistujan vastaukset analysoitiin. Tulosten mukaan perhekeskeistä musiikkiterapiaa voidaan pitää vakiintuneena ja tärkeänä kliinisen työn alueena, joka sisältää laajan määrän erilaisia asiakasryhmiä kaikista ikäryhmistä. Perhekeskeisesti toimivat musiikkiterapeutit painottavat työskentelyn kokonaisvaltaista ja joustavaa otetta niin teoreettisista kuin metodologisista näkökulmista. Valitut lähestymistavat vaihtelevat asiakkaista riippuen, mutta saattavat muuttua myös terapiaprosessin eri vaiheissa. Kyselyyn osallistuneet musiikkiterapeutit painottivat jatkuvan kouluttautumisen merkitystä, jotta ammatillinen kehittyminen ja ymmärryksen syveneminen kliinisessä työssä mahdollistuu. (Tuomi et al., 2021.)

Väitöskirjan kolmannen osatutkimuksen tavoitteena on lisätä ymmärrystä, miten sijaisvanhemmat reflektoivat 1-5 -vuotiaille lapsille tarkoitettua Hoivaa ja leiki – sijaisperheille interventiota videoavusteisen haastattelun (stimulated recall method) avulla. Tulosten perusteella vanhempien reflektiot fokusoituivat selvästi lapseen sekä turvallisuuden merkityksen ja prosessin aikana tapahtuvien muutosten näkökulmiin. Emotionaaliset merkitykset korostuivat sekä aikuisia että lapsia reflektoidessa. Sijaisvanhemmat kykenivät liittämään reflektionsa laajempaan kontekstiin paikan, ihmissuhteiden ja ajallisen perspektiivin suhteen. Tutkimuksen tulokset ja kiintymyssuhdeteorian avainkäsitteet korreloivat voimakkaasti keskenään. (Tuomi & Ala-Ruona, 2022.)

Väitöskirjan tulosten valossa on perusteltua esittää, että alojen tutkimuksen tulisi jatkossa olla tarkennetumpaa ja spesifimpää syvemmän ja fokusoidumman ymmärryksen muodostumiseksi.

Avainsanat: perhekeskeinen musiikkiterapia, varhainen vuorovaikutus, sijaishuolto, sijaisperhe, kiintymyskeskeinen hoito, katsaus, kysely, videoavusteinen haastattelu

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This dissertation is about families and taking care of each other. Both are matters which I value very highly. I could define myself as a profoundly family centered person. This is something I have grown into in my own childhood family; family comes first.

This dissertation is also about music and music therapy. Music has been with me before I was born and ever since. Music could be defined to be no less than one of my attachment figures, not primary or secondary but somewhere along the line. It is in me, and it is part of me as a person.

This long journey has taken me and my family 14 years. Henri, our oldest, was 13 at the time I started the PhD project, Aleksi was 10 years old, and Iida was only 5 years of age. Now they are grown. When looking back it is likely that all those 14 years were needed to complete my work, not that it was the easiest, the most rational or effective way of working but it certainly gave me the opportunity to grow and learn. My way of working is typically not very straight forward; it seems that I enjoy doing many different things at the same time. "Tippaleipäaivot" is a Finnish description for brains with multiple tasks going on at the same time, and it describes me probably quite well. The decision not to hurry the PhD project was partly a conscious choice since from the very beginning, I refused to "pause" my other life because of the dissertation. Most of all, I did not want my family to suffer from my project too much. Rather vice versa – travel with me and benefit in that way from the wife´s and mother´s ambitious work.

My clinical base as a newly trained music therapist was formed in the former Nikinharjun kuntayhtymä, a child protection institute with children´s home facilities. During that almost 10-year period the manager of the institution, Eija Hildén, offered her kind support and shared her understanding concerning child protection and child welfare. She also trusted me which made it possible for me to develop new approaches in a quite innovative way. This starting point has been crucial for my professional life ever since and I want to warmly thank Eija for the collaboration. Also, I want to express my deep gratefulness to my team of family work in Nikinharju: Raija Wallén, Tuula Mäkinen, Liisa Forsström, Sirpa Kallunki, Teija Carlsson and already deceased but dearly beloved Leena Koivula. You were there for me, with endless discussions and reflections, and valuable work in pairs. Participating in numerous trainings together gave me the basis for the clinical work I am doing now. In addition, I want to express my gratitude for the other personnel in the Nikinharju children´s home. I worked with many of you while you were the primary carers for my young child clients. I want to deeply thank you for your commitment and caring attitude towards these children and adolescents.

In the beginning of my PhD journey, a few years after I started working as a private practitioner, we, as a family, spent several weeks in Cambridge, UK. During that time, I had a wonderful opportunity to get to know one of the most important pioneers from our field, Professor Emerita Amelia Oldfield, and her family. In addition, I had the rare opportunity to observe her clinical work at the

Crofts child and family unit in the Ida Darwin hospital. Professor Helen Odell-Miller from Anglia Ruskin University helped me to get access to the ARU´s library and databases to help me with the literature review. I am truly grateful for these opportunities which considerably affected the way in which the dissertation was finally formulated. Later our collaboration with Amelia has included training courses for music therapists in Finland and several joint conference presentations. Thank you, Amelia, for all your professional and personal support during this journey. My sincere wish is that our collaboration will extend and expand in the future in many creative ways.

During the time in the UK, we also visited in Edinburgh where I had an opportunity to meet Professor Emeritus Colwyn Trevarthen. I am deeply thankful for his insightful advice and thoughts concerning my PhD and its topic. His research and ideas of the communicative musicality are still the leading thoughts of my clinical and educative work.

The international conference experiences have been extremely important during the PhD journey. These have offered me opportunities to meet wonderful and talented colleagues around the international field of music therapy for which I am truly grateful. To present one's own work and to hear others has been inspiring and educating as such but also offered a platform to plant seeds for creating collaboration and meaningful connections. One of these seeds began at the Nordic Congress of Music Therapy in Jyväskylä in 2012. Together with Dr. Amelia Oldfield, we chaired a symposium titled "Music therapy with families". In the next year in Oslo, 2013, I chaired a large symposium around the same theme. At this same conference of the European Music Therapy Confederation, Daniel Thomas, Associate Professor Grace Thompson, Dr. Petra Kern, and I presented a round table titled 'Creating a Worldwide Music Therapy with Families Network'. This served as a starting point for creating a new network first on Linked In and then moving to a closed group in Facebook which now includes almost 700 members from all around the world. I am deeply grateful to all the colleagues in the core working group and the whole community in the network. We have continued to collaborate in various situations in several conferences. To date, the highlight of our collaboration happened in September 2022, Vienna, where the first International Symposium of Music Therapy with Families took place. I had the honor to be invited for a keynote presentation and a workshop in the symposium, opportunities for which I am most grateful. The number of participants, the enthusiasm and the atmosphere were all encouraging and prominent and it seems that the network is going to grow and develop further in future years. I am looking forward to all the meetings to come and all the collaborative chances the network is going to offer.

The Nurture and Play -intervention book was published already before the PhD project. Dr. Saara Salo produced the text material, and my part was to find suitable music. My music therapy colleague Teija Carlsson joined us when we prepared a soundtrack for the workbook. Later the intervention has developed with Hanna Lampi who I have known in the past few years. I am thankful for our collaboration. I believe and know that this intervention has a lot to offer in

future when working with different kind of vulnerable families. Therefore, I hope that our collaboration will continue and grow and that in that way we are able to support and help both professionals working with families and families themselves.

At this point it is relevant to express my warm gratitude to Perhehoitoyksikkö Kanerva, the family center for foster families and children in the Häme region, for being so open-minded and unprejudiced and trusting me and my ideas. The Nurture and play for foster families -intervention was finally developed in close collaboration with you and together we finally formulated the intervention as it is known today. In fact, we received a prize for development in 2014 from the city of Hämeenlinna for this intervention. In 2018 we introduced the model at a national child protection conference. Riitta Fagerström and Mirva Honkamäki have been my partners when putting the intervention in action and the leading social worker Eija Luodes made it possible. Thank you for helping all these families and children with me; my sincere hope is that this work will continue in the future.

A number of other publications have taken place during this process. The starting point for my publication was the invitation to present my clinical work in the context of residential childcare at the Nikinharju children´s home where I worked during that time. The article concerning this work was published in the *Scottish Journal of Residential Child Care* in 2011. My publications with Associate Professor Esa Ala-Ruona have included a mapping survey for Finnish music therapists concerning early childhood music therapy, published on the *Imagine* -journal (2011) and in *Musiikkiterapia,* the Finnish Music Therapy Journal (2013). We also wrote two country reports on music therapy in Finland, one of which was with Dr. Päivi Saukko. Thank you for collaborating with me and in this way teaching me important things about summarizing essential information and co-authoring.

My further collaboration for publication took place with Associate Professor Grace Thompson and Associate Professor Stine Lindahl-Jacobsen who edited *Music therapy with Families* (2016). My book chapter concerned attachment focused therapy for foster and adoptive families where I combine music therapy and Theraplay®. Thank you, Grace and Stine, for that experience which guided me for the first time truly into the world of international publishing. Later I also provided a literature review, partially based on the same data, and published in 2017 in *Musiikkiterapi*a concerning music therapy and attachment relations. In addition, the clinical description of Nurture and Play for foster families -intervention was published in *Imagine* -journal (2018).

My dear music therapy colleague Päivi Jordan-Kilkki, and I have started and developed a training model for music therapists and music therapy students which is called Family Centered Music Therapy and Dialogical Parent Counseling. In addition to the actual training, we have introduced the model in conferences and written an introductory article concerning it, published in 2016 in *Musiikkiterapia*. Thank you Päivi for our fluent and satisfying collaboration. It has been easy to work with you and I am looking forward to developing our field

further both nationally and internationally. Also, I am grateful for your trust while I am trying to fill your shoes at the Sibelius Academy music therapy training course. With your guidance it has been safe to take your place as a new person in charge.

I have had the opportunity to help so many music therapy students to complete their seminar works, and bachelor theses and from the beginning of this year served as a supervisor for professional level students. Teaching other people to do their research has been most educative for me. It has forced me to try to find the essential information and core of scientific writing and be clear and sharp enough when articulating it. I want to thank the University of Jyväskylä, Sibelius Academy and the University of Arts, Eino Roiha Institute, and the open universities of Jyväskylä, Helsinki, Häme, Tampere, Chydenius, Etelä-Karjala and Turku for this opportunity. I hope our collaborations will continue and expand. A huge thanks for you, my dear students; you have been marvelous teachers. I am quite sure that I would not be here without you and your teaching.

My professional music therapy community in Finland has a special place in my heart. The Finnish Association for Music Therapy has been with me since 2000. I have had a chance to collaborate with hundreds of colleagues while being the executive manager, a president of the association and a member of several working groups. I have valued this co-operation a lot since the sense of community is one of my key values. Esa Ala-Ruona, Jouni Aavaluoma, Kaija Oivamäki-Tähtinen, Piia Pellikainen, Anu Arponen, Hanna Hakomäki, Risto Jukkola, Päivi Saukko, Anita Forström, Marko Punkanen, Said Amrane, Markku Taipale, Jaana Lehikoinen, Päivi Jordan-Kilkki, Teija Carlsson, Sari Laitinen, Riitta Koski-Helfenstein, Inkeri Laavola, Tanja Vuorinen (in no particular order) and many others have been there for endless reflective discussions when developing our field further and/or offering peer support in many ways in various situations. Professor Jaakko Erkkilä serves a special recognition, not only because he is holding the master position as a Professor of Music Therapy and because he has been my second supervisor on this PhD but further his willingness to extend himself as a person for our joint mission, music therapy and its recognition as a profession. I admire your sincere way of being and your endless endeavor for our passion. We as a community own you a lot and I want to warmly thank you for all your efforts.

This dissertation would have not been completed without the essential help from different facets. I want to express my sincere gratitude to the Finnish Cultural Foundation´s central fund and the Häme regional fund for financial support. With the help of the approved grants, it was possible for me to take important time for writing. In addition, I want to thank the Finnish Concordia Fund and University of Jyväskylä for the grants for travelling. Conferences, as mentioned, have played a very important role on my PhD journey.

A special warm thanks are reserved for my "partners in crime" for helping me with the writing process of the substudies of this dissertation. Thank you, dear colleagues Professor Emerita Amelia Oldfield, Associate Professor Grace Thompson, and Dr. Tali Gottfried, for your invaluable companionship. I have

enjoyed your precise and dedicated way of working. It seems that we share the same passion and mission, to advance our profession and to promote the field of music therapy with families. It has been easy and enjoyable to work with you and I am looking forward to all the joint projects to come.

My warm thanks are also reserved for Professor Emerita Karen Goodman who kindly guided and helped me through the final process of language checking. Thank you Riikka Lenkkeri, artist and my cousin, for letting me use your painting on the front cover of this book. Your paintings have always been exceptional and insightful, and it is a privilege to have one on my PhD. Also, many thanks to Markku Pöyhönen for doing the editing of the book and working with the manuscript to its final version.

Thank you, Associate Professor Michael Zanders and Associate Professor Stine Lindahl-Jacobsen, for you thorough reviews of my PhD. It was a pleasure to get your feedback which revealed your expertise and skillfulness but also willingness to help me to grow as a researcher. I am most grateful for your respectful challenging and well-grounded observations and look forward to having such conversations with you in future, too.

Associate Professor Esa Ala-Ruona, thank you. A long, joint trip has reached its end, finally. Our extraordinary relationship includes you as my teacher while I studied to be a music therapist, my fellow student when doing our master´s theses (with endless trips from Helsinki region to Jyväskylä), my colleague when working in the Finnish Society for Music Therapy, my dear friend in the numerous informal events outside the official meetings, seminars and conferences, and my supervisor on my PhD. There have been times of frustration and hopelessness, chaos and even uncertainty if this dissertation is ever going to be finished. But also, there have been times of pure joy when we have been able to resolve challenging questions, find new ways of thinking and seeing, conceptualizing matters which have never been conceptualized before, discovered, made errors but then found the solution. At its best it has felt like two brains has been firing together in the most creative and exceptional way, not only on the cognitive level, but also including emotional warmth and closeness. I dare to say that our connection is rare and strong on many levels. I could even call you my professional brother. My deep and warm thanks to you for everything so far. I wish and know that our partnership will continue and grow creatively in the future; there are several tasks still waiting for us.

As a music therapist my most profound gratitude goes to my clients. Without you I would be an empty shell of a music therapist without a true content. With the multiple different worlds of my clients, I have met people and shared in situations which I could never have even dreamed of, including both happy and joyful places but also horror, despair, sadness, fear, and neglect of many forms. I cannot say that I am a better person for seeing and hearing all this, but you have taught me how many sided the world is. Maybe the most important lesson has been that there is always a reason for the behavior of people. I am still trying to learn not to judge but try to be open-minded and curious toward others

and their narratives. Thank you for letting me walk with you together for some time in your life. I appreciate every one of you and value your teaching highly.

My cluster of friends includes a large variety of people going back many decades. We have studied together, lived together, made music in the same groups, been neighbors, and have been godparents for each other´s children. Commitment is the word which comes into my mind when thinking of you. You have been there for good and bad times and will still be. Without naming you separately I want to thank you all for your companionship and sharing. It is invaluable to have people around you whom you can count on and trust at any point of your life.

My extended family is large. My aunts and uncles and their families form the network I have belonged to all my life. Since both my father´s and mother´s sides of the family are wide I have been privileged to learn to be with very different kind of people with different temperaments, interests, hopes, and aims. I have 36 cousins each of whom I know personally. My warm thanks to you all. I have learned so much about life with you and I believe we share the most important values together. Family comes first. Our 6 godchildren also belong to our extended family, and it has been a privilege to see you grow and be on your side. I want to express my gratitude for your parents for trusting this important role to us.

I consider my father as the person who has given music to me. As a professional musician he has offered a platform to explore my own musicianship especially by singing together. Music has been in our life as a natural ingredient. My father´s choirs were the places where my musical home was. Singing was always an essential part of feasts and celebrations where tradition keeps on going. But in addition, I remember that, as a child, the lap of the father was a secure place and your hands felt safe. The essential sense was that you would always be there for me and on my side. This is something that money cannot buy and the older I get the more I value this experience. Thank you, father, for being my strong secure base.

My heritage from my mother is about taking care, comforting, and helping. As a nurse and later a deaconess you have shown by example the importance of taking care of others, especially those in vulnerable situations. Your way of accepting diversity and being interested on other people combined with your talent to be extremely calm in crisis situations have been precious examples for me. Thank you, mother, for always being there. If I ever needed something you have been willing to help and still are.

My parents have also been in a crucial role, watching over our children while I have been away because of studying or in the conferences. Without this help my path as a music therapist and a researcher would have looked very different. Thank you both for supporting me all this way through all these years.

Sister and brotherhood is often undervalued and underestimated. To live with a true peer, living and sharing the same childhood as a child of the same parents, remembering same but also different things, loving and laughing but also being angry and jealous so openly is something which is not possible to that

extent in any other relationship. Therefore, I want to express my warm gratitude to my brother Marko, my dear companion of almost all my life. I own you a lot for many reasons, your humor, visions, imagination, and creativity just to mention a few.

As children, we were a singing duo and performed in numerous occasions with our father. I think this has been one of the reasons for our strong relationship. We grew to attune to each other, listen, give, and take space in a reciprocal interaction, which actually is also the basis of music therapy improvisation. No other relationship can be compared with ours or compete with it. Thank you and your beautiful family, Anne-Marja, Essi, Matias, and Vilma, for being there for me all this time.

I want to express love and gratefulness to my dear family. You are my everything and when comparing any other matters, you shine brightly above all. My children, Henri, Aleksi, and Iida have taught me more than anyone else; about interaction, about parenting and children, about how to regulate and express, about life, and about the world. Each of you are different personalities with your own characteristics which has challenged us to be three different kinds of parents. I reflect myself on your way of being from both positive and challenging viewpoints and at the same time evaluate my success as a parent. I am so proud of you all and thankful for the opportunity to grow with you! You have been patient with me and guided me with warm but certainly very sarcastic humor. The teaching is still going on, now also with little Atso and Isto, our dear grandsons. The perspective as grandparents is new but something we could not possibly enjoy more. We love you all dearly!

My greatest gratitude is reserved for my husband Harri, my secure attachment figure in adulthood. You have been there for me all this time and more. It has not been the easiest position since "la donna e mobile", as they say. In addition, much of the housework and responsibilities concerning the children and their hobbies have been left to you. I realize that the idea of doing this PhD has not always been clear to you (not for me either). Therefore, I am thankful for your faith with me throughout the entire process. We make a good couple, which I do not take for granted. We have experienced a lot during these 30 years but managed to go through it all. The love has carried but also the willingness to do so, willingness to share and grow toward the same direction. Thank you for being so committed to me and our family. I love you deeply.

During my PhD journey I studied and graduated as an attachment-focused family therapist in DDP and a licensed supervisor. In addition, we had an unforgettable and very educative five-year experience as foster parents for five families with young children. During the PhD project I have started my private practice and we have moved our clinic with Harri 5 times. We as a family moved to Hämeenlinna where we started a completely new way of living at our dear Myllytalo. For the last couple of years, we have developed and reshaped the format further, made renovations, started a sauna and hot tub rental, yoga and relaxation services, graduated as singing bowl relaxation treatment practitioners and even opened a summer café.

Over these 14 years I believe I have grown and developed as a human, woman, daughter, wife, parent, therapist, supervisor, teacher, and researcher. My understanding and knowledge have deepened, and re-shaped which process will hopefully continue through all the years to come. Music is not the answer to everything, but it certainly can make many aspects of life easier, deeper, and wider. As a shared experience with your closest ones, it may be a nurturing resource, create connectedness and attachment, and develop resilience. Take care of yourself. Take care of each other. Breath.

Hämeenlinna, 27th of October 2022.

Kirsi Tuomi

LIST OF INCLUDED ARTICLES

I. Tuomi, K., Ala-Ruona, E., & Oldfield, A. (2017). Literature review of early childhood music therapy between 1990-2012. *Voices: A World Forum for Music Therapy*, *17*(2). https://doi.org/10.15845/voices.v17i2

II. Tuomi, K., Thompson, G., Gottfried, T., & Ala-Ruona, E. (2021). Theoretical perspectives and therapeutic approaches in music therapy with families. *Voices: A World Forum for Music Therapy*, *21*(2). https://doi.org/10.15845/voices.v21i2.2952

III. Tuomi, K. & Ala-Ruona, E. (2022). Nurture and play for foster families – foster parents´ reflections on attachment focused group intervention. *Approaches: An Interdisciplinary Journal of Music Therapy.* First view.

Author´s contribution to the articles

I. This author designed the study, collected the data, and analysed it. Co-authors EA-R and AO conducted a peer validation and supported the manuscript preparation for publication.

II. This author designed the study together with GT, TG and EA-R. This author collected the data and analysed it. Co-authors conducted a peer validation and supported the manuscript preparation for publication.

III. This author conducted the clinical work, designed the study, collected the data, and analysed it. EA-R supported the study design, conducted a peer validation, and supported the manuscript preparation for publication.

LIST OF PUBLICATIONS, NOT RE-PRINTED HERE

I. Tuomi, K. (2017). Music therapy and theraplay. Creating, repairing, and strengthening the attachment bond in foster and adoptive families. In S. Lindahl Jacobsen & G. Thompson (Eds.), *Music therapy with families. Therapeutic approaches and theoretical Perspectives* (pp. 173–198). London, Philadelphia: Jessica Kingsley Publishers.

II. Tuomi, K. (2018). Intervention for foster families with young children. *Imagine – Early Childhood Music Therapy Online Magazine*, *9*(1), 66–68. Retrieved from www.imagine.musictherapy.biz

FIGURES

TABLES

CONTENTS

1 INTRODUCTION

This dissertation focuses on early childhood and family centered practice from the perspective of music therapy. It includes former knowledge and experiences gathered from published books and journals, today´s understanding of professional music therapists and the viewpoints of clients themselves. The study includes three substudies which have been published in peer reviewed international journals (Figure 1). The structure proceeds from the first article which provide a broad and general view by examining early childhood music therapy literature to a second article which surveys music therapists working in a family centered way. Lastly the thesis includes a third article which focuses on foster parents´ perspectives on Nurture and play (NaP), an intervention for young children and their foster parents. The phenomenon is examined from a broad and wide perspective intentionally to create as comprehensive understanding as possible from the fields of early childhood and family centered practice in music therapy.

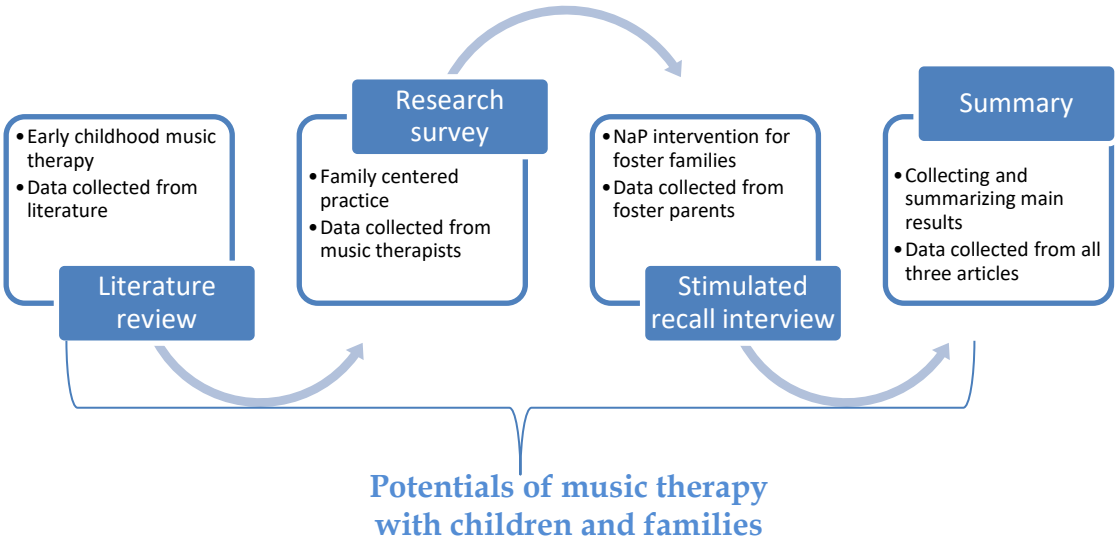

FIGURE 1 Content of dissertation

This research was put into practice during a long period of time. Music therapy as a profession and the amount of research of the field have increased significantly over the process. Therefore, the focus and original research question has been modulating, and developing during the process. The needs of the music therapy community have been stressed out which has caused some expansion of the aims. In this way the target has been to develop broad and international understanding of early childhood music therapy and music therapy with families but also create deep experiential-based knowledge of one intervention.

When the target of the thesis is to improve clinical efficacy and inform future research guidelines for family centered music therapy, the concept of understanding the phenomena is important (Dileo, 2005; Randolph, 2009). Understanding the nature of early childhood music therapy, the larger context for these studies, was possible by exploring the literature that represented developments in the field worldwide. The review undertaken focused on how early childhood music therapy intervention has been applied and how this practice is carried out (Randolph, 2009). In addition, the aim was to refine and conceptualize the field and simultaneously identify gaps in the literature (Dileo, 2005). According to the writers' knowledge, no such research had been accomplished before.

While the number of publications focused on music therapy with families has steadily increased (Tuomi et al., 2017), little was known about the professional practice of qualified music therapists in terms of their methods and theoretical perspectives. Various workforce surveys have been conducted around the world providing some insight into the professional profile of therapists working with families. However, the data is fragmented, local and in many cases concentrated on a specific client population. Additional information was needed to better represent the breadth of theoretical perspectives and the therapeutic approaches that guide music therapists who work with families and the music therapy methods used in collaborative relationships with the family members. Therefore, the second substudy of this research is an international survey study which aimed to better understand the professional perspectives and approaches of music therapists who work with families around the world.

NaP for foster families -intervention (Salo & Tuomi, 2008; Tuomi, 2018) is a preventive and guiding as well as a rehabilitative group approach. Its aim is to help the new attachment relationship between foster parents and 1-5 years old children develop toward a secure direction. The group´s target is to promote joyful engagement and trust between the foster parent and the child. In addition, the goal is to increase parental sensitivity, mentalization capacity and emotional availability as well as empower the parents. (Tuomi, 2017; 2018.)

The third substudy of this research focuses on how foster parents reflect different meanings of the NaP –intervention, emphasizing both child and parent´s perspectives, thoughts, and feelings. Meaning making was a goal for the parents who participate in the intervention. Stimulated recall method was used to achieve the goals.

Overall, the intention of this dissertation is to provide a comprehensive overview for early childhood music therapy and music therapy with families through literature review, international survey, and interview study. This has been actualized by mapping the field, conceptualizing it, by increasing understanding about how the actual work has been done, and describing phenomena experienced from different perspectives.

2 THEORETICAL BASIS FOR DISSERTATION

The theoretical basis of this dissertation concerns early interaction, including the work of communicative musicality (Malloch & Trevarthen, 2009) and attachment theory (Bowlby, 1988). Concepts of early childhood, family centered practice and children in foster care are central for understanding the themes of the research. Music therapy, Theraplay® and Mentalization based practice are shortly introduced to provide an overview for the framework of Nurture and Play for foster families -intervention.

2.1 Early childhood and music

Early childhood is undoubtedly the phase of life when the basics of many developmental cornerstones are laid. The impact of the early years for the later life is undisputed (Leckman & March, 2011; Roth & Sweatt, 2011; Schore, 1994; 2014). When the development of the child is somehow atypical or at risk, it is logical that early interventions are more effective than later interventions. To put it simply, the earlier the intervention is made, the less entrenched the difficulties that will need treatment will be (Golos et al., 2011; Hayes et al., 2014; Reynolds et al., 2011; Santelices et al., 2011).

The primary task for parents is to attune to their children´s needs and learn ways to help them to regulate their emotions and behavior (Booth et al., 2014; Mroz Miller et al., 2010). Affect attunement can be described as a matching of mental state. The adult should sensitively and with a capacity of right timing and intensity adjust her/his behavior to the child´s state of mind (Beebe et al., 2005; Gratier, 1999; Stern, 2010).

Regulatory behaviors directed by others (i.e., soothing the baby) and behaviors directed by self (for example sucking the thumb or looking away) are part of the infant´s normal repertoire for coping with negative effects or the extremes of positive affect. Face-to-face interactions of infants and adults are bidirectional, i.e., mutually co-regulated. (Tronick, 1989.) Touch is one of the

most effective ways of regulation. It cuts down the amount of stress the child experiences, enhances his / her well-being and pushes the development of the central nervous system towards resilience (Mäkelä, 2005).

The ability to play and be musical are evidently important in healthy, reciprocal interactions in the beginning of life. (Gratier, 1999; Robb, 1999.) The goal of face-to-face play interaction between mother and infant is simply to have fun. A caregiver is having fun and "plays" with her natural instruments such as voice, face, head, and body. (Stern, 2002.)

The concept of communicative musicality (Malloch, 1999, Malloch & Trevarthen, 2009) includes an idea of the infant´s inborn capacities to receive musical information and, on the other hand, receive the caregiver's natural capacity to bring forth communication with musical qualities (i.e., Dissanayake, 2000; Malloch, 1999; Malloch & Trevarthen, 2009; Papousek, 1996; Rock et al., 1999). Natural occurring vocal interactions of mother-infant dyads across different cultural contexts are equally characterized by musicality and particularly by rhythmic qualities.

Early childhood music therapy is a relatively new concept. Schwartz referred to children aged 0-5 when writing about music, therapy, and early childhood (Schwarz, 2008) and the same age group was brought up by Kern and Humpal (2012), in their book, *Early Childhood Music Therapy and Autism Spectrum Disorders*. This terminology has its place in the same way as early childhood education and early childhood music education. Also, the first international publication from this field is called *Imagine – online Magazine of Early Childhood Music Therapy* (http://imagine.musictherapy.biz/Imagine/home.html). In this research the terminology *early childhood music therapy* refers to music therapy with children from birth to age 5.

Early childhood music therapy has been taken place in various contexts including special education, preschools, nursery schools, day care settings, community centres and hospitals. Children who have, for example, autism spectrum disorder, disabilities, and neurological challenges which include cognitive, sensory, and motor dysfunctions, have participated in many kinds of music therapy interventions or programs. (Early childhood newsletter, 2007, https://www.imagine.musictherapy.biz/wp/wp-content/uploads/2016/09/EC-Newsletter-2007.pdf.)

Current trends in early childhood music therapy literature seems to be wide and versatile. Music therapy with families is strongly presented in literature including i.e. the idea of supporting families to use music (Abad & Barrett, 2020), parental perspectives (Flower, 2019; Hernandez-Ruiz & Lehrer, 2022; Savage et al., 2022), parent counselling (Blauth, 2017; Gottfried, 2016), families with complex needs (Fuller, 2022), and families of children with special needs (Nemesh, 2017). The first "themed" British journal of music therapy was an introduction to music therapy with families (Oldfield, 2017). In addition, the book "*Music therapy with families: Therapeutic approaches and theoretical perspectives*" (Lindahl Jacobsen & Thompson, 2017) support the assumption that the emphasis

of literature within this age group has been shifting to the family-centered perspective.

The literature concerning music therapy and children with autism spectrum disorder is strongly presented in current literature concerning children from 0-5 years of age (i.e. Bieleninik et al., 2017; Mössler et al., 2019; Thompson et al., 2014). Also, medical music therapy (Wong et al., 2021) and neurological music therapy (DuBois et al., 2021) are present. Features such as non-verbal interaction (Cuncha et al., 2020), assessment (Gottfried et al., 2018; Swanick & Papatzikis, 2021), and economical viewpoints (Fratila, 2018) has been brought up. Also, more novel approaches are introduced i.e., concerning remote music therapy services (Knight & Dolan, 2021), and trans-cultural perspectives (Cominardi, 2014; Cork, 2013).

2.2 Historical perspective on music therapy with families

Psychoanalyst and paediatrician Donald W. Winnicott states, "There is no such thing as an infant" (Winnicott, 1960, p. 587). A child does not exist without somebody who takes care of him or her. Early interaction and family centered practice are, from this perspective, a relevant part of rehabilitation and treatment especially when it comes to children and families at risk.

Music therapists have acknowledged the importance of working with the whole family throughout the history of the profession. Pioneers such as Juliette Alvin (1978), who worked with children with disabilities and autism, described the value of guiding parents to use music therapy strategies in the home and community. Since then, music therapy practitioners and researchers have continued to document and describe their work with families. The 1990s were a time where seminal research that included family perspectives, including case studies and theoretical frameworks, were published around the world (Hibben, 1992; Muller & Warwick, 1993; Oldfield, 1993; Shoemark, 1996; Trondalen, 1997).

The growing amount of literature published over the past 20 years (Tuomi et al., 2017) indicates that music therapy with families may now be considered a field of its own, influenced by ecological understanding (Williams et al., 2014), and the shifting descriptions of theoretical influences (Lindahl – Jacobsen & Thompson, 2017). In light of this tendency, the *Music Therapy with Families Network* was founded at the 2011 Nordic Music Therapy Conference in Jyväskylä, where the first family centered symposium was presented (Thompson, 2017). Since then, the Network has continued to grow, and to date has attracted over 400 international members who are part of a professional social media group. The Network members collaborate regularly to present at international music therapy conferences.

2.3 Family centered practice in music therapy

Music therapy is, broadly speaking, a relational and contextual practice (Helle-Valle et al., 2017; Rolvsjord & Stige, 2015). Family centered practice in music therapy has been described as an ecological approach where the primary focus is on promoting health within and between family members (Bruscia, 1998). An ecological systems approach is a developmental viewpoint where the environmental conditions necessary for the development of human beings are considered and emphasized (Bronfenbrenner, 1979, 1981; Crooke, 2015). From this viewpoint, the notion of client includes the whole family; the therapist may work to facilitate changes in one family member which will ultimately lead to changes in the whole family system and vice versa (Bruscia, 1998).

Many music therapists describe the importance of working collaboratively with family members in various populations, demonstrating the vast breadth of work that can be considered part of this field. Collaborative music therapy work with families includes work with prematurely born infants in NICU environment and hospitalized neonates with a wide amount of literature and research (i.e., Gooding & Trainor, 2018; Ettenberger et al., 2017; Haslbeck et al., 2018; Loewy, 2015; Shoemark et al., 2015). Children with autistic spectrum disorder may be met individually while the parents have their own counselling sessions or their families may be present directly to the music therapy sessions (i.e., Blauth, 2016; Gottfried, 2016; Gottfried et al., 2018; Thompson et al., 2014). Children with different kind of disabilities includes a large variety of developmental challenges (i.e., Loth, 2008; Oldfield, 2008; Williams et al., 2012), as well as hospitalized children and adults (i.e., Baron, 2017; O´Callaghan & Jordan, 2011; Shoemark & Dearn, 2008). Both populations are met also in group settings where the caregivers are included. Survivors of trauma (i.e., Colegrove et al., 2018; Drake, 2011; Stuart, 2018; Tuomi, 2017) and survivors of child abuse (i.e., Jacobsen & McKinney, 2015; Oldfield, 2017) often include child protective social services where either the biological or foster/adoptive families are supported in music therapy. People with life limiting conditions at the end of their lives (i.e., Lindenfelser et al., 2012; Savage & Taylor Johnston, 2013), refugees with trauma history (i.e., Edwards et al., 2007; Oscarsson, 2017), and people with dementia (i.e., Beer, 2017; Raglio et al., 2016; Ridder, 2017) also include family work in shifting settings.

2.4 Basics of attachment theory

Attachment may be viewed as a psychobiological attunement that occurs in multiple relationships across a lifespan (Field, 1985). Humans - like animals have a biological drive to seek proximity to a protective adult to survive danger (Bowlby, 1982). A child learns what will happen if he smiles, becomes distressed, becomes separated, needs attention, or pursues his own curiosity. In addition,

the child learns to predict how to best engage the parent in responding to their needs and what they need to do to keep connected, be soothed, or avoid being overstimulated. This learning activates neurotransmitters that lead to growth of neural circuitry, which forms the basis for how these events are represented in the brain. (Pally, 2005.) John Bowlby, the creator of the Attachment Theory, calls these expectations internal working models (Bowlby, 1988; Bretherton & Munholland, 2008).

Every child needs a person who is their secure base (Bowlby, 1988). This person can be any gender and does not need to be biologically related to the child. Having a secure base gives a child space and possibility to explore the world. In times of stress or danger the child knows she/he can return to this person, where she/he will be nourished physically and emotionally, comforted if distressed and reassured if frightened. (Bowlby, 1988; Schofield & Beek, 2006.)

In simple terms, there are four patterns of attachment: secure attachment, insecure/ambivalent, insecure/avoidant attachment, and disorganized pattern of attachment (i.e., Goldberg, 1995; Schofield & Beek, 2006; van der Kolk, 2005; Weinfield et al., 2008). Secure attachment is developed when the feeling of safety and the possibility to explore the world are working in a good enough way with the child and the caregiver. The child learns he/she is valuable, worth taking care for, loveable, capable, and important.

The avoiding danger and achieving proximity are the most important qualities in attachment. If those qualities have not been available by adults, the children themselves try to achieve the security. The child may develop insecure strategies, such as withdrawn or controlling behavior to maximize their experience of security and minimize anxiety in the context of an unavailable or rejecting caregiver (Stovall-McClough & Dozier, 2004). Even though the messages the child receives from their carer can be confusing and ambivalent, there is some predictability and pattern to the relationship.

Disorganized attachment is characterized by a breakdown in goal directed behavior in the child. It often involves dissociative or freezing responses to overwhelming or frightening caregiver behaviors (Stovall-McClough & Dozier, 2004). It may be that the caregiver in this case is treated as a source of potential danger (Golding, 2015; Schofield & Beek, 2006), leading to confused and disorganized behaviors in the child. Over time the child may develop behaviors, such as rejecting physical care, a desire to determine about everything, cruelty toward helpless creatures, lying, stealing, or breaking toys (Schofield & Beek, 2006).

While attachment patterns are seen as a relatively permanent personal quality there are several windows of opportunities to change and repair the strategies of being in relationship. Other influences, such as the child's own protective strategies, the quality of later caregiving experiences (child-caregiver, adult intimate relationship), and therapy interventions have been shown to offer integration and remedial experiences (Berlin et al., 2008; Dozier & Rutter, 2008; Hughes, 2007; Prior & Glaser, 2006).

2.5 Children in foster care and their treatment

Children in foster care have, in almost every case, been exposed to neglect, abuse, traumas, emotional and/or physical violence, and abnormality in close relationships. A child who has constantly suffered from being in an insecure environment and where his/her needs have not been adequately met, has in many cases faced a developmental trauma. Van der Kolk (2005) defines developmental trauma as multiple or chronic exposure to one or more forms of developmentally adverse interpersonal trauma. The trauma has not typically been a one-time event, but a continuing state where the being has been threatened usually in many ways, emotionally and/or physically (Golding, 2015; Hughes, 2015).

Insecure attachment histories with developmental trauma put children at risk for psychopathology, which may include difficulties with social relationships, anxiety disorders, challenges in coping with stress, depression, controlling behavior, personality disorders or developmental problems (i.e., McDonald et al., 2008; Prior & Glaser, 2006; Rubin et al., 2010; Schofield & Beek 2006; Weinfield et al., 2008). It is possible that the child cannot be selective in social relations (every carer is as good as other), he/she can be clinging to the carer, distinctively withdrawing in social relationships or doesn't want to receive physical comfort at all (i.e., Lyons-Ruth & Jacobvitz, 2008; Lyons-Ruth et al., 2009; Zeanah et al., 2005). Due to insecure attachment and a continuous state of stress the child's cortisol levels may be high (Hertsgaard et al., 1995; Lyons-Ruth & Jacobvitz 2008, p. 670; Rubin et al., 2010) and right brain development and affect regulation may be distorted (Schore, 2003). The question of why some children with a history of traumatic experiences go on to develop post-traumatic stress symptoms whereas others show great resilience is still a riddle. The research findings however suggest that early attachment relationships are one such important factor (McDonald et al., 2008).

While not ideal, the children's behavior can be seen as protective, because of the chaotic, maybe uncaring, and unseeing environments they have lived in (Herman, 1996, p. 103). Furthermore, if one is asking the child to let go of a protective behavior, then something must be offered in its place. That something is a reciprocal relationship of mutual respect, security, and comfort (Hasler, 2008, p. 174). Therefore, the meaning of the remedial experiences in a new family is crucially important. Luckily the brain has shown to be plastic and moldable (Siegel & Bryson, 2012, p. 7) and nurturing, warm and non-defensive caregivers are often able to develop trusting, secure attachments (Baylin, 2015a; Dozier et al., 2001). Even so, sometimes professional help is needed to give children new, remedial experiences of relationships and to help the parents retain a therapeutic attitude toward their children.

Many foster children do not respond well to traditional therapies as these children often have attachment disorders which impair their ability to form relationships (Burkhardt-Mramor, 1996). Verbal therapies may not be effective

since words may have been experienced as threatening, abusive, and even dangerous by some of these children (Drake, 2011). Music therapy has a great built-in capacity for interaction, and it is often experienced as a non-threatening non-verbal media (i.e., Burkhardt-Mramor, 1996; Drake, 2011; Hong et al. 1998; Layman et al. 2002). Music therapy can therefore benefit children with attachment disorders in many respects.

Theraplay® is a relationship-focused treatment method that is interactive, physical, and fun. The principles of Theraplay® are based on attachment theory and its effectiveness springs from the use of attachment-based play. Theraplay® models healthy attuned interaction between parents and their children, which leads to secure attachment and mental health. (Booth & Jernberg, 2010.) Because the starting point of the introduced Nurture and Play for foster families - intervention is on attachment issues, Theraplay® serves the needs of foster children and families excellently.

A well-developed capacity to mentalize is critically connected to the capacity to create safe attachment relationships (Fonagy & Target, 1997; Fonagy et al., 2012; Pajulo et al., 2015; Slade et al., 2005). Mentalization is described as understanding one´s own and others´ behaviour in terms of underlying mental states and intentions (Fonagy et al., 2012; Slade, 2005). This understanding not only helps a person to regulate emotions but also promotes communication between family members and creates stability in relationships (Pajulo et al., 2015; Slade, 2005).

The concept of reflective function (RF) is used in conjunction with the concept of mentalization especially when it comes to research studies (Kalland, 2014; 2017; Slade, 2005). Reflective function, RF, is a conscious act based on conscious cognitive processes and efforts. Parental reflective function refers to the parent's capacity to represent and understand the breadth of his/her child's internal experience and is intrinsic to sensitive parenting (Slade, 2005). Parental embodied mentalizing (PEM) refers to parenting which is not only verbalizing but also a bi- directional communicative channel of desires, feelings, or thoughts, based on nonverbal, and often unconscious, body movements of the entire body (Shai & Belsky, 2011).

Reflective functioning is especially central when it comes to foster parenting. The ability to handle negative emotions of the child and the ability to "step back" when parent´s own negative emotions arise are key elements when attuning sensitively to the child´s emotions and understanding the motivational factors behind the behavior. In this way the reflective functioning, RF, helps the foster parent to maintain a holistic, many-sided, and integrated image of the child in a positive manner of engagement (Baylin, 2015b).

3 NURTURE AND PLAY FOR FOSTER FAMILIES -INTERVENTION

The Nurture and play (NaP) for foster families -intervention (Salo & Tuomi, 2008; Tuomi, 2018) is a preventive and guiding group approach developed especially for families with young, recently placed foster children. Music therapy and its tools likewise Theraplay® and its elements are used in the intervention. The focus is to help the new attachment relationship between foster parents and 1-5 years old children develop toward a secure direction. Joyful and playful engagement and trust between the foster parent and the child are stressed. In addition, the intervention goal is to increase parental sensitivity, mentalization capacity and emotional availability as well as empower the parents. Researcher´s two former publications, which are not re-printed in this dissertation, highlight the combining of music therapy and Theraplay® and the clinical procedure of NaP intervention (Tuomi, 2017; 2018.)

3.1 Intervention protocol

NaP for foster families is provided in a group setting consisting of 4-6 foster children with their foster parent(s). Altogether, the intervention consists of 15 sessions, divided into two periods, an intensive period, and a follow-up period. The intensive period takes place over the course of one term (August-December or January-May) and includes seven weekly or bi-weekly sessions led by two tutors. For the first 45 minutes, children and their foster parent(s) are together for the intervention, followed by another 45-minute discussion group for the parents while the children may play in another room. Four additional meetings with the parents are provided, two in the beginning, one in the middle, and one at the end of the process. After the intensive period, there are three follow-up sessions, one every other month during the following term. During the follow-up, families also received individual meetings with their social worker to discuss their child´s unique situation. (Tuomi, 2018; Tuomi & Ala-Ruona, 2022.)

TABLE 1 Nurture and play for foster families – intervention manual (Tuomi et al., in preparation)

Session	Nurture and play process
1	Meeting with the parents, information about the intervention and the process (90min.)
2	Meeting with the parents, reflective questions about the arrival of the child (120min.)
3	1st session with children and parents together, focus on child (45+45min.)
4	2nd session with children and parents together, focus on child (45+45min.)
5	3rd session with children and parents together, focus on dyads, lyrics of plays and songs given home (45+45min.)
6	Meeting with the parents, feedback with the help of video excerpts of positive episodes in interaction from sessions 1-3, reflective questions about good and challenging situations and moments with child, "observe the child" - homework (120min.)
7	4th session with children and parents together, focus on dyads (45+45min.)
8	5th session with children and parents together, focus on peers (45+45min.)
9	6th session with children and parents together, focus on peers (45+45min.)
10	Meeting with the parents, video feedback from sessions 7-9, reflecting "observe the child" –homework, reflective questions about parents´ coping and their own strengths, feedback from the tutors – two standpoints of strengths and progression of dyad and one point for future pondering (120min.)
11	7th session with children and parents together, intensive period ends, diploma for participating, extra sweets, dyad gets NaP –bag to be taken home (45+45min.)
12	1st follow-up session (45+45min.)
13	2nd follow-up session (45+45min.)
14	Individual meetings with the parent(s) and the social worker of the child (45min.)
15	3rd follow-up session, the whole intervention ends (45+45min.)

The structure of the sessions includes familiar and foreseeable elements but, at the same time, always introduces something new. The two tutors must be sensitive in situations and capable to attune to each dyad and the group as a whole. This also means a capacity to make quick changes to the plan and react to the here and now situation in a responsive and yet safe manner. (Tuomi, 2018; Tuomi & Ala-Ruona, 2022.)

TABLE 2 Nurture and play for foster families – intervention protocol

• Arrival song
• Hello song
• Taking care of little hurts with gentle massage with body lotion (including a song)
• Three-four play activities (e.g., blowing bubbles or cotton balls, playing with balloons, playing with egg shakers, engaging in action songs including clapping and other motions)
• Calming down (stroking with a cotton ball/feather/by hand while singing gently)
• Nurture by feeding with little delicate and child´s own song (child is settled down in the lap and suitable treats are provided by the parent while singing gently)
• Goodbye-song
• Departure song (same as in the beginning but with different words)

Arrival and departure songs provide exact frames for the meetings. The chairs are placed in a circle in a sparely furnished room. There is one chair for every dyad and the child sits on his or her parent´s lap. This is to maximize the physical time together. The caring activities are included in every session in at least three different activities by stroking, gentle massage with body lotion, and feeding. In addition, parents are asked to find two lovely features of the child. Following, the lyrics of the Twinkle, twinkle little star song are rewritten by the parent and the child´s own song created. The play activities are chosen to support the positive interaction between the child and the parent. Mutual and shared joy and the experiences of success are in focus and therefore the activities must be challenging but not too hard to achieve. The regulation of emotions is important during play activities by both stimulating and calming down. The small accessories (i.e., lotion, cotton ball, soap bubbles, egg maracas) are collected in little paper bags. Bags are waiting for the dyads after every session and after the last session the bag may be taken home. The purpose of the take home bag is to enhance the transfer effect from therapy session to everyday life. (Tuomi, 2018; Tuomi & Ala-Ruona, 2022.)

3.2 Parental evaluation of intervention before research

Because the NaP intervention for foster families was new, an ongoing evaluation was needed. The purpose of the pre- and postquestionnaires (Tuomi et al., in preparation) was to redefine the methods of the intervention to support the new attachment relationship in the best way possible. In addition to the intervention development, the idea was to provide a framework for forthcoming research.

Based on the evaluation of the parental feedback (n = 21), the NaP for foster families -intervention was meaningful. The use of play activities and songs used at home showed the greatest positive change from before and after intervention,

indicating that the NaP -intervention can be implemented in the family's everyday life. According to the questionnaires, the results concerning the child's attachment to the parent and the parent's attachment to the child showed improvement as well. The child´s social abilities as well as the child's engagement with the parent also showed both some improvement. Other measured areas, such as the child´s social abilities and parental capacity, showed some improvement as well but the differences between pre- and post –responses to the questionnaire items were minor. (Tuomi & Ala-Ruona, 2022.)

These results encouraged further and deeper study of what subjective meanings foster parents offer to the NaP -intervention. NaP -intervention has earlier been studied as a group intervention for prenatally depressed mothers in a randomized controlled trial (Salo et al., 2019). The results of Salo´s research group showed that the intervention group played higher maternal sensitivity and reflective function and more reduction in depressive symptoms than the control group. However, the research on hand serves as a new standpoint for the intervention since the research concerning children from age 1 to 5 was lacking and the context of foster families was new. (Tuomi & Ala-Ruona, 2022.)

4 OVERVIEW OF THE ARTICLES

The dissertation consists of three perspectives and research papers. The following chapter provides a summary for all the substudies including the research aims, methods and reported results. In addition, the relevance of the work is articulated and specified.

4.1 Article I: Literature review of early childhood music therapy between 1990-2012

This review is a descriptive study of existing resources between years 1990-2012. The goal was to map the broad field by examining how the early childhood music therapy has been applied and practise carried out. The data was versatile, and diverse including theory, practice, and research studies. Therefore, no strict literature review methodology was chosen but rather the decision was to combine methods from both qualitative and statistic quantitative fields of research. The approach was chosen because of its value to the whole community of music therapy clinicians and researchers. Case studies written by music therapists were included as well as general descriptions of music therapists' clinical approaches. At a further stage of analysis, the texts were divided up into different categories, so it was possible to see which articles were research based.

Premature infants and music therapy in the Neonatal Intensive Care Unit (NICU) were not included in this article. When collecting data, it was soon revealed that music therapy and NICU was a clinical field on its own right. In addition, an integrative review of music therapy conducted with premature infants was already published (Haslbeck, 2012) as well as a meta-analysis of NICU music therapy (Standley, 2012).

4.1.1 Data and prerequisites for the data

The literature review included material from early childhood music therapy and early childhood music therapy research in any or all the following: books, peer reviewed electronic publications, and peer reviewed journals from 1990 to 2012. Literature was limited to accessible publications in the English language. The following publications were included in the systematic search: *Music Therapy, Journal of Music Therapy, Music Therapy Perspectives, Nordic Journal of Music Therapy, British Journal of Music Therapy,* and *Australian Journal of Music Therapy* (online availability from year 2005). In addition, the CD-ROMS *Music Therapy Today* and *Music Therapy World* were searched. Articles published elsewhere were searched with different keywords defining early childhood music therapy such as music therapy (and) early childhood (or) small children (or) young children (or) early intervention. This search was concluded with multidisciplinary searches in electronic databases including different medical and psychiatric databases (for example PsychInfo and PubMed). The books and book chapters were searched manually in the libraries of the Universities of Jyväskylä (Finland) and Anglia Ruskin (UK). Reference lists in the papers were searched to find additional texts.

The aim of the research was to focus specifically on music therapy. For the purposes of this review music therapy is defined as "a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change" (Bruscia, 1998, p. 20). In addition to Bruscia´s definition the interactional dimension of music therapy was stressed. Music therapy is understood as a process where attunement to the client is possible by adapting to the present moment and the needs of the client (Oldfield, 2006, 2017; Stern, 2010; Tuomi, 2017).

Criteria for inclusion were:

- The article was published for the first time between 1990–2012
- The definition of music therapy as understood above was fulfilled
- Music therapy as such was mentioned in the article either in titles, abstract, or text
- At least one of the cases concerned children under 6 years of age
- Clinical music therapy could be detected in some way within this age group

Criteria for exclusion were:

- Theses and dissertations
- Conference papers
- Review articles and duplicates
- Theoretical articles, which did not include any clinical examples.

4.1.2 Analysis methods

In total, 125 articles, books, and book chapters were found. The titles and details of each publication was entered into an Excel spreadsheet to create an annotated bibliography of all data. Initially obvious categories such as the name of the author, year of the publication, name of the publication and the genre of the text, for example research or clinical description, were included. When the analysis proceeded, the number of categories increased and additional categories were added to the spreadsheet such as the age of the children, the names of clinical population and the type of therapy context. Later it became clear that more categories such as the number of cases and a geographical viewpoint would improve the detail provided. The preliminary categories were therefore specified during the process.

Simple quantitative analysis of the bibliography was carried out including detailing for example the following: how many texts were about individual music therapy; how many were accomplished with 4-year-old children and how many of them addressed music therapy with children with autism spectrum disorder (ASD). The categories were developed in an inductive way from the data. These details prompted guidelines for further qualitative analysis.

Descriptive analysis of the effects of music therapy was accomplished with the help of mind-map techniques in CMapTools (CMap, 2017). Preliminary categories were formed based on the writers´ clinical expertise. All texts were read through by analysing the content and categorized first under preliminary categories. The categories and conceptualization developed and expanded while new findings emerged. Several subcategories were developed, and analytical memos helped to organize the data. Different categories were sorted again by combining and developing division of the categories. The tables were made to help gain deeper insight (Galvan, 2009).

4.1.3 Results and their relevance

The results showed that older children (5 years of age) were more often presented in music therapy literature published between 1990-2012 concerning children of 0-5 of age. It is therefore suggested that older children might be more likely to receive music therapy treatment than younger once. Though, it should be noted that the exclusion of music therapy in neonatal care and with premature infants has affected the results.

According to the results, including the carer in music therapy during the first year of the child, was almost as common as it was with 5-year-old children. Different types of therapy (individual, group, family/dyadic) were the same in children with 3 years of age whereas individual music therapy was the most common therapy type with 5-year-old children. Historically it seems that during the period of 1990-2012 there have been changes not only in the number of publications on early childhood music therapy but also on the types of therapy presented. The emphasis on individual work in music therapy in early childhood has been shifting to family/dyadic work.

According to the data, it seems that children with ASD were most strongly represented together with paediatric patients and children with developmental disabilities. Preventive music therapy approaches were well represented, whereas the services for children with mental disorders and children with communication disorders were smaller in number.

Looking at types of intervention, active methods were most common with singing and playing with instruments the most prevalent. Fewer than half of published sources in the literature search reported using improvisation. This can be partly because the texts did not articulate details like this clearly enough. Also, music therapy programs or group work, which might be well structured and planned seemed not to use improvisation as much as other kinds of approaches. In addition, strict research design might limit the use of different methods.

This research could not evaluate different music therapy approaches in a systematic way because many writers did not name or describe their exact approach. However, when looking at those authors' texts who mentioned some aspects, psychodynamic approach was in the minority and the focus when carrying out early childhood music therapy was usually on creative and improvisational music therapy. This could explain why the concepts of reflective function, mentalization, and parent´s representations were absent, even though these issues are an important focus for early interaction research worldwide (Fonagy et al., 2012; Pajulo et al., 2012; Philipp, 2012; Solbakken et al., 2011).

When analysing the data from the viewpoint of reported effects of music therapy, authors mentioned positive effects in four different areas: a) social areas, b) emotional areas, c) physical and academic skill areas, and d) other areas. Motor skills were emphasized especially with children with developmental delays, though only in a few papers.

Interactions among family members were emphasized, and parenting skills were also quite well represented. Increased intentions and initiatives, engagement as well as turn-taking and reciprocity emerged quite strongly from the data. Non-verbal interaction was mentioned only in a few texts. According to this data it also appeared that countertransference was not commonly mentioned or focused on in the texts. Decreased problem behaviour, decreased stereotypic behaviour, and acceptance of differences, were in the minority when examining the effects of music therapy.

Early childhood music therapy literature published in 1990-2012 emphasizes positive factors. The importance of fun and enjoyment was underlined throughout all client groups. Resilience is currently a subject, which is frequently mentioned in the literature concerning children and families (Papousek, 2011; Pasiali, 2012; Pearce, 2011; Sawyer & Burton, 2012). In this data, six articles wrote about resources and resilience as well as about feelings of mastery. Specific features of the research data were investigated only in high impact research publications. The freer the framework and style of text was, the more general were the conclusions.

Within the context of early childhood music therapy, children from birth to 2 years of age seemed to be in the minority. Research in the fields of

communication disorders and psychiatric care were low incidence and hospice care, sensory impairment, and parenting issues minimal. The research from field of attachment was missing completely. Long-term processes were in a minority and deeper information was often lacking.

Overall, the study provides a worldwide, historical perspective of early childhood music therapy literature covering both clinical work and research. The development of early childhood music therapy may be detected which increases the understanding of how music therapy as an intervention has been put into practice with this age group. This research conceptualizes the field of early childhood music therapy and provide a context of what has been done. Thefore, the substudy provides a basis for reflecting the current trends of literature in this field. Since the large number of references were grouped by categories this paper gives both clinicians and music therapy researchers a comprehensive tool to find most suitable literature for their purposes. In addition, the study succeeds in showing the absence of some populations and, for that reason, provides guidance for future research purposes.

4.2 Article II: Theoretical perspectives and therapeutic approaches in music therapy with families – an international survey study

The aim of the study was to better understand the professional perspectives and approaches of music therapists who work with families around the world. In particular, the survey questions aimed to map the main theoretical perspectives, therapeutic approaches, and practical considerations of this professional community. This information not only potentially helps to plan future professional education/training and supervision, but it also provides a snapshot of the profession to track changes in the relevance of different therapeutic frameworks utilized by music therapists working with families.

4.2.1 Study design

The survey method was selected to capture a comprehensive international view of the professional perspectives and approaches of music therapists working with families. The survey questions were developed by the authors through a series of steps with the intention that responses could be completed anonymously by participants via an online platform. The first step involved a series of research meetings. The authors identified key issues (Smith et al., 2016) and discussed differences in terminology according to their own international perspectives and cultural contexts. Through these discussions, diverse definitions and experiences of educational and theoretical frameworks, clinical populations, and music therapy methods were explored. The multiple-choice questions were designed to be easy and quick to answer.

The second step involved a pilot of the questions. Since the survey was targeted to professional music therapists who define themselves as working in a family-centered way, the authors approached several colleagues from an online support group *Music Therapy with Families Network* and asked them to complete the questions and provide feedback. Altogether, nine evaluations of the pilot questions were received. The authors then worked to refine the questions into their final format considering the feedback provided. The final version of the survey consisted of 22 questions.

The third and final step involved the roll-out of the online survey via Webropol. The survey was open from September 2018 until January 2019. An invitation to participate in the survey was published in several closed Facebook groups. In addition, national Facebook pages for professional music therapy associations were invited to post an invitation. E-mail invitations to participate were circulated to members by the World Federation for Music Therapy, European Music Therapy Confederation, and British Association for Music Therapy. All announcements and invitations were posted up to three times. Individuals were also encouraged to share the invitation to other colleagues.

4.2.2 Participants and data

A total of 134 people responded to the survey. Of these, nine people indicated that they were not trained music therapists and were therefore removed from the analysis. The final number of complete responses was 125.

Of the 22 questions, 19 were multiple choice and three allowed a free open-text answer. The respondents were asked to answer every question, with several multiple-choice questions including an "other" option that also allowed for further explanation via an open-text field.

4.2.3 Analysis

The first step when analysing the data was to examine the "other – please describe" free-text answers to the multiple-choice questions. The first author read through the free text and determined if the answer could be incorporated into the existing categories. If it could not, a new category was proposed and discussed by all authors. In this case, those entries mentioned only once were categorized as their own, aiming to present the picture of the data as authentic as possible. The meaning of some answers was unclear, provided feedback on the survey question, or more conversational in nature and were excluded.

Next, the three open-ended questions which invited a free-text response underwent a qualitative content analysis. Using the guiding question "What is intended to be said?" (Bengtson, 2016; Bruscia, 2016), the first author worked to systematically analyse and classify the text into an organized and concise summary of key categories (Bruscia, 2016; Erlingsson & Brysiewicz, 2017). The systematic coding was carried out in an inductive way in order to identify meaningful themes that addressed the research questions (Bengtsson, 2016). The first round of coding was broad and aimed to stay faithful to the original text and

expressions of the participant. Next, the codes were categorized by grouping related codes together, and discussed amongst all authors. Finally, the frequency of comments related to each category was descriptively analysed.

4.2.4 Results and their relevance

The largest clinical population in which music therapists work with families was people with disabilities. Mental health was the next most common population and families at risk/child protection were also highly represented. Based on the population descriptions, it seemed that 79% of the respondents work with children and adolescents, while 21% of music therapists surveyed worked with adults. The survey findings revealed that music therapy with families commonly takes place in community settings. Hospital/medical settings, including hospice units and music therapy taking place at the client's home, were also common.

The responses indicated that each music therapist on average has three theoretical influences in their work. The humanistic framework was the most salient, including more specific approaches such as wellness-based theories, validation therapy, and existential and phenomenological viewpoints. Developmental frameworks, psychodynamic and resource-oriented approaches were all well represented.

A large variety of music therapy methods were relevant to working with families. The most reported methods were improvisation with instruments, singing pre-composed songs and structured activities with musical instruments. Also, improvisation with voice, music listening, music and movement and song writing were commonly reported. Consultation and discussion was the most popular non-music-based technique. This approach included several ways of working, including therapeutic discussion, verbal processing, reminiscing and life review.

Seventy-seven percent of respondents stated that family members participate in music therapy sessions, either actively or more passively. Counselling sessions provided by the same music therapists in individual or group meetings appeared in 19.1% of the answers. The parent(s) were most often present in music therapy sessions, followed by sibling(s). For those music therapists working with adult clients, the data also showed that the partner/spouse was included.

The survey results showed that the role of the music therapist is broad and versatile. The role (also described as their "stance" or "position") was most often related to 1) Supporting family members to interact and communicate; 2) containing, regulating, and holding emotions; 3) promoting family relationships by fostering attachment and bonding; 4) facilitating accessible music experiences; 5) empowering and supporting parent; and 6) fostering and supporting development.

Lindahl-Jacobsen & Thompson (2017) mapped out a model for the therapist's role to encourage music therapists to consciously consider their approach when working with families. When considering the results through the lens of this model, music therapists adopting a more supportive–expert role are

in the majority (n = 95), followed by the directive-expert role (n = 57) (Figure 2). However, the work cannot be interpreted in a binary way as any model might imply. The respondents in this study frequently highlighted how their approach is more likely to be dynamic and responsive to the context. In addition, the original model was three-dimensional including the idea of being in or outside the system. This dimension was intentionally left out because the survey question was not formed in the way that it would have enabled the reflections on that position.

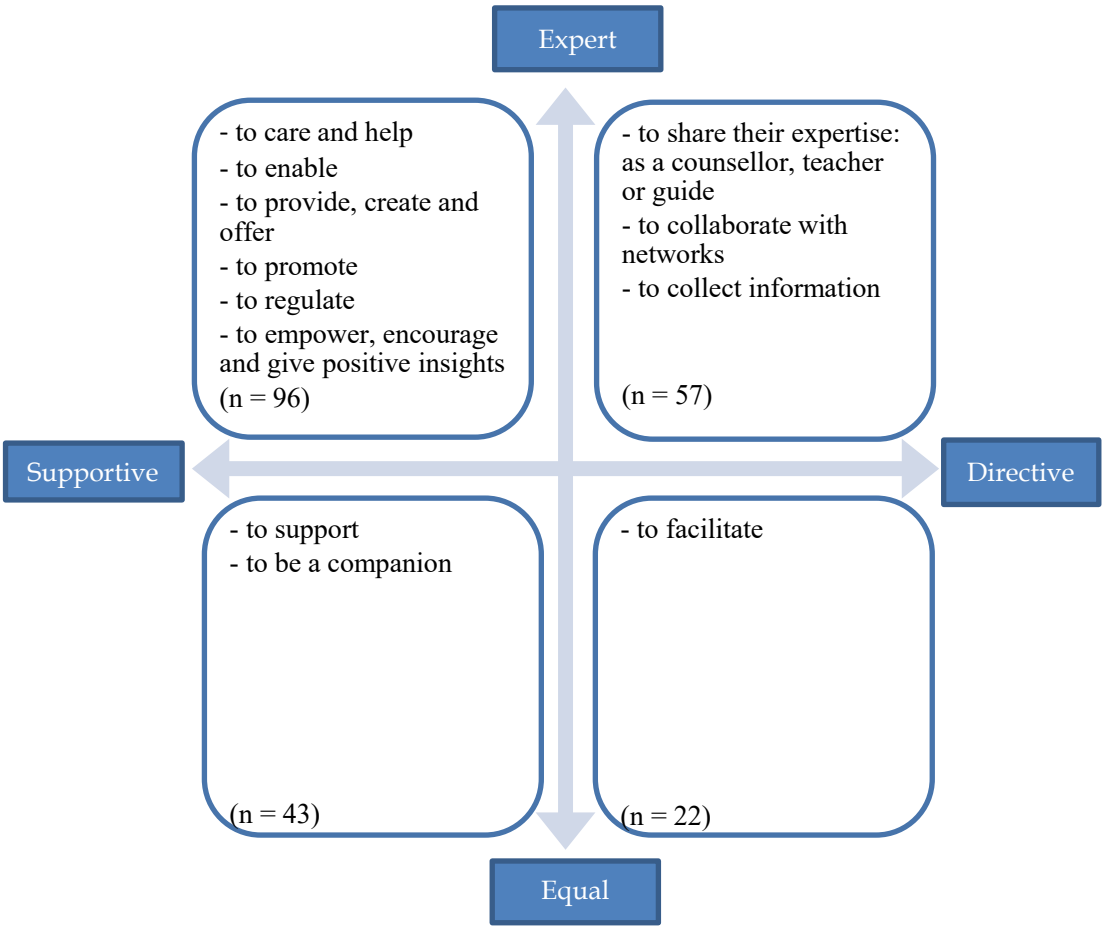

FIGURE 6 Mapping the role of the therapist (Extended from Lindahl-Jacobsen & Thompson, 2017)

The described focus of future training courses in music therapy with families could be clustered into three main themes: 1) Theory, 2) Practice and 3) Context. Overall, theoretical knowledge was emphasized as an important part of training and continuing education. Family centered theory was a prominent category that suggests respondents consider that music therapists need to be better informed about working within these principles. The respondents expressed a need for more training in specific techniques and methods relevant to working with families. Further, they saw value in receiving detailed practical guidance,

exercises, activities, and interventions as well as the need to develop their verbal facilitation skills. The theme "contextual features" captured responses where the participants highlighted the need to, for example, better understand how to work collaboratively with other professionals and networks involved with the family.

In conclusion, this research provided, for the first time, a broad overview of the field of music therapy with families. It managed to gather information from a large variety of professionals from different parts of the world therefore including cultural diversity. The survey outcomes suggest guidelines for conceptualizing the work with families by offering insights for the client populations including their age, and methods used in music therapy both in sessions and separate sessions with the parents or other family members. The research was able to map the frameworks of the therapists in addition to which the multifaceted roles of therapists were revealed. The results give both clinicians and researches an excellent opening to evaluate and reflect their own work and in addition to develop and conceptualize the field further.

4.3 Article III: Nurture and Play for foster families with young children: Foster parents´ reflections on attachment-focused group intervention

This research focuses on how foster parents reflect different meanings of the Nurture and Play (NaP) –intervention, emphasizing both child and parent's perspectives, thoughts, and feelings. With the help of video assisted interviews, the aim was to conceptualize the meanings and, in that way, formulate a comprehensive understanding of significant phenomena concerning the intervention. The basics of this substudy were on the first substudy (Tuomi et al., 2017) where the absence of attachment-based music therapy research was apparent.

4.3.1 Study design

The aim of the study was to gain deeper understanding on how foster parents use their mentalization skills to reflect the different meanings of the NaP for foster families -intervention. Therefore, the intention was to emphasize the clients´ perceptions instead of evaluating the attachment models or the quality of the attachment. The preliminary findings were delivered for the informants before the paper was submitted to be published, and they were able to comment the results.

The study design strictly follows the ethical instructions of the University of Jyväskylä. Receiving compulsory consent forms from different parties, including biological and foster parents and the authorities, was a long but essential process both ethically and legally. The anonymity of the children and parents was strictly protected. This had an effect on both the analysis process and the presentations of the results since separate informants cannot be detected.

The research process and study design were multi-dimensional and included several phases (Table 1). The recruiting of the informants was strongly based on voluntary undertakings. The participation in the study did not influence those attending the NaP intervention. Also, the informants had a right to withdraw from the participation at any time of the research process; one informant did withdraw. The overall intention was to avoid any kind of power dynamics caused by the fact that the researcher was also the therapist.

Data gathering per se took 6 months, after which the data rested for one year. During that time the original idea of doing a qualitative video analysis to develop client centered evaluation and meaning making was changed; the Stimulated recall interview (SRI) -method was selected as the actual research method.

TABLE 3 Study design

Prerequisite from previous intervention groups
(pre- and post-collected questionnaires, N = 21)

Consent forms from the authorities for the research.

Enrolment for the participation
accomplished by the family centre.
Participation did not require
involvement in the research.

Consent forms from the biological and foster parents for the research.

Accomplished intervention
(7+4 sessions)
N = 5 dyads from which all parts of 3 dyads
agreed to participate the research

Developing the research design further

Choosing appropriate video sequences
for the stimulated recall sessions.

Re-consent from the foster parents (after 2 years of intervention)

Stimulated recall interview sessions (N = 2 foster parents)

Qualitative content analysis

4.3.2 Data

The first gathered data of this research were the video recordings from the group sessions. There were two different cameras in the room, each placed accordingly to record from opposite sides of the room. The cameras were standing alone which meant that there were no cameramen shooting and moving the camera. There were 5 dyads in this group and the authorization from all parties involved in the intervention (biological parents, foster parents, and the social authorities) was received for 2 children.

The video recordings of the whole process were watched two times (one time per child) providing detailed transcriptions from the video material. With the help of these transcriptions the video clips for the stimulated recall session were identified. The researcher looked carefully over different criteria for sampling the data (i.e., Plahl, 2007; Scholtz et al., 2007). The sequences chosen had to fulfil the following criteria:

1. The child and the parent were fully visible and could be seen with a direct facial view.

2. Something happened for the first time, the event was somehow meaningful and unique, some change could be detected, and the integrity picture of the NaP process remained multi-faceted.

The duration of one selected video clip was 2-6 minutes and altogether 6-7 excerpts were selected for the purposes of the two SRI sessions.

The primary data of the research included recordings from the SRI sessions which took place after 2 years and 3 months of the end of the actual intervention. One separate SRI session was actualized for two parents with the duration of 120 minutes each. The preliminary findings were sent to the parents, and they were able to comment, add and/or remove the material as they wanted. In this way the parents´ opinions and viewpoints were highly valued through the whole research process and the co-researcher partnership was emphasized.

4.3.3 Analysis

The SRI sessions were audio and video recorded and transcribed by the first author. Video recordings were not used in transcribing because the audio recordings were detailed and unambiguous enough. According to the phenomenological paradigm the intention was to examine the data as openly and fairly as possible by considering what the data reflected about the phenomena on hand. The qualitative and inductive content analysis took place with the help of Atlas.ti program (https://atlasti.com/product/what-is-atlas-ti/). First the irrelevant data was removed including the notifications of other children or the overall remarks of current situation (i.e., weather or covid-19). The systematic coding was carried out in an inductive way to identify meaningful themes that addressed the research questions (Bengtsson, 2016). The first round of coding

was broad and aimed to stay faithful to the original text and expressions of the participant. Codes were grouped by moving back and forth between grouping the codes and the original text and the expressions. Next, the codes were categorized by grouping related codes together (Tuomi et al., 2021). Finally, categories were formed and translation to English was made for categories, subcategories, and descriptive comments. Conceptualization took place not until the results were compared with the attachment theory.

4.3.4 Results and their relevance

The thorough qualitative inductive content analysis of interviews resulted in 218 codes from which 7 categories were developed. In addition, the intention was to provide descriptive statistics for the overview purposes (n = number of codes). Though, this perspective should not be overvalued in this qualitative approach since the significance of the categories may not be measured by the number of codes. The categories reflect the main themes around which the foster parents´ interviews were constructed. The categories were: 1) *Emotions of child* (n = 61); 2) *Emotions of parent* (n = 40); 3) *Actions of child* (n = 47); 4) *Actions of parent* (n = 17); 5) *Relationship between child and parent* (n = 20); 6) *Group functioning and activities* (n = 10); and 7) *Benefits of NaP intervention* (n = 23). In the categories, the word "parent" refers to the foster parents.

According to this study, the parents' reflections focused very clearly on children. Looking at the results by numbers, we see that from 218 codes 108 were directly related to the child. It might be relevant to compare this phenomenon to "primary maternal preoccupation" (Winnicott, 1958) even though the concept originally refers to the first weeks of the child´s life and the parent's mental preoccupation during that time; it may be also seen as the primary caregiver´s emotional state to adapt to the child´s needs in a 'good enough' way.

The parents´ reflections revealed that the most important component in the categories *Emotions of child* (n = 61) and *Actions of child* (n = 47) were issues around safety. This was apparent when cross analysing the categories with each other which revealed the importance of safety within this context and this population according to foster parents themselves. The subcategory *Meaning of situation familiarity* could be connected to every subcategory concerning *Emotions of child* which therefore seems to be of great importance and support the before mentioned assumption. Parents referred to security related emotions and actions in the later phases of the process including, for example, *Safety and trust*, *Cheeriness and fun*, *Interested and willing to explore*, and *Settled down and focused*. Earlier phases of the process included more insecure types of subcategories such as *Uncertainty and confusion*, *Shyness and foreignness*, and *Stressed and doubtful*. Therefore, it might be stated that according to the parents, the feeling of safety increased during the process.

Another forthcoming concept of parenting was emotional availability which is known to be one of the most important capacities of parenting (Biringen et al., 2014; Salo et al., 2019). Therefore, it was relevant that most of the foster parents´ reflections focused on the child´s emotions (n = 61) and, on the other

hand, on the parent´s own emotions (n = 40). It might be right to state that according to the parents, NaP for foster families -intervention may be called an emotion focused intervention.

According to the parents, participating in the NaP -intervention was not always easy or fun. It was good to be forced to step outside the home and meet other people but sometimes it felt very tiring. The parents sometimes felt overloaded, and this caused mixed feelings concerning the NaP group. Further, meeting new people in a new situation might be stressful and cause tension and even a feeling of panic. It appears that these reflections took place with respect to the beginning of the process.

When it comes to the category *Actions of parent* (n = 17) it seems that parents´ reflections were concerned with power related issues. Different perspectives around foster parenting were also discussed. The category *Relationship between child and parent* is built depending on two main themes: Contact and attachment. This included different kind of remarks concerning both the adult´s and child´s way to be with each other. Attachment and trust subcategory's comments were related to the later phases of the NaP process. Foster parents noted that the relationship had changed during the NaP process; the familiarity, feeling of security and trust had grown.

When talking about *Group functioning and activities* (n = 10) the parents articulated different kinds of remarks concerning NaP -intervention´s special features. They pointed out that NaP is a different kind of group compared to other groups targeted to families. NaP is more participatory with children than just talk between adults. Two basic components of the intervention were also brought up by parents: *Structure and predictability* and *Playful and cheerful atmosphere*.

Benefits of NaP -intervention category (n = 23) was developed because the parents seemed to enjoy several advantages while attending the group. It should be noticed that there were no questions in the interview concerning the intervention, but the category emerged because of the participants spontaneous reflections. Parents felt that participating in the group made the attachment bond develop faster and it had a positive effect on the interaction of the child and parent compared to just being at home. In addition, the *Attachment, connection, and interaction* subcategory included the ideas of deepening the connection and helping the child to "find" a new adult (parent) in his or her life. The parents emphasized the importance of the group more for themselves than for the children. Peer support was considered meaningful as a means of shared experience in life. Further, the new placement and therefore a fresh relationship was supported in NaP.

When re-examining the selected data gathering method in this study, it seems that SRI holds its place as a relevant method for evaluating the meanings of intervention. There were several points in reflections where parents were repeatedly able to combine the emotions or actions of the child within a wider context with respect to place (i.e., this group, home, day care, earlier placement homes), relationships (biological parents, foster parents, siblings, ex foster

parents), and time (before and after this situation, historical and now perspectives). In these ways the reflection about various situations seemed to rise to a new level where the meanings were explored in a wide context of the child´s life, not just in the group.

In addition, the use of videos seemed to have served the parents well. In this study it appeared that the memory of the situation was more negatively loaded than it was in the SRI session. Looking at the videos later seemed to bring up more positive views of intervention. Therefore, this kind of study design might be even seen as a therapeutic intervention with families.

However, there were occasions in the SRI sessions where the interpretation of the child's way of being was contradictory between the foster parent and therapist-researcher. The parent might interpret the child´s behaviour as if the child was tired or bored whereas the therapist-researcher´s viewpoint might have been related to, for example, some defensive kind of avoidance. There is no right or wrong answer here, but the link with mentalizing capacity comes to mind. Our reactions to other´s actions (i.e., turning the head away and not being in eye contact) are very different if we think that the child is bored or if we think that it might be hard for the child to look at your face because of his or her earlier trauma history. From the child´s viewpoint, the "wrong" interpretations might cause serious challenges in the family´s everyday life. In therapeutic situations these kinds of contradictions might play a key role and would be important to detect for open discussion.

This research article gives multiprofessional insights including the field of music therapy, mental health, well-being, and child welfare. The intervention itself provides a rare but concrete tool to help the new attachment relationship in foster family to develop toward secure direction. The study provides evidence that the concepts of attachment theory communicate well with context of NaP for foster families which bring forth the importance of family centered work with this population. The current study´s relevance is not only in evaluating the new intervention but also, it is an opening toward interdisciplinary family centered, attachment focused, and mentalization based music therapy practices. The viewpoint of clients themselves is valuable per se. This is true especially on the therapeutical context where the so-called client´s voice is important to be heard. The study offers a platform for clinicians working within childcare and child protection but also a starting point for parent focused and mentalization based research in the field of music therapy.

4.4 Relationship between articles

The intention of this research has been to provide a comprehensive overview for the music therapy field and, in particular, the area of music therapy in early childhood and with families, through literature review, international survey research, and interview study. The aim has been to map the field, conceptualize it and to increase understanding about how the actual work has been done and

the phenomena experienced. The structure of the dissertation proceeds from an initial article examining relevant literature to a second article concerned only with family centered practice and, finally, a third article which focuses on one intervention for young children and their foster parents.

FIGURE 7 Method triangulation for multiple perspectives

Method triangulation and data triangulation has been considered by choosing multiple methods of data collection including literature review, survey questionnaire and video assisted interview (Figure 3), informed by writers, music therapists and clients (Figure 4) (Keith, 2016; Ridder & Fachner, 2016). This strengthens the validity of the research and offers a many-sided perspective to the subject. In addition, triangulation serves as an ethically sustainable basis for this study. Further, three different kind of research projects offer an excellent platform for learning when discussing the dissertation.

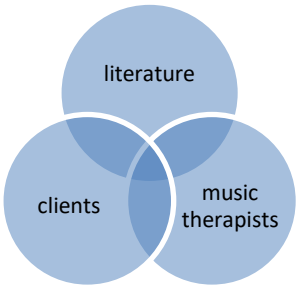

FIGURE 8 Data triangulation for multiple perspectives

The dissertation was guided by all three articles. The interaction, dialogue, and debate between the substudies was ongoing through the whole process. The focus of the entity was affected by the results of all articles in addition to which constant evaluation and focus check-up took place. The process may therefore be described as hermeneutic rather than linear. However, in article-based dissertation the articles should also function as independent studies and research reports even though obvious communication and links between the substudies are apparent. Therefore, all three aspects of the study served different purposes per the comments below.

In particular, the literature review served as a baseline for other articles. The review study showed that the dominance of individual work had been shifting

to dyadic/family work which is a strong indicator to further examine this special field. Also, the approaches used were not possible to detect from the literature since this information was articulated only rarely. However, a survey study served as a platform to further explore music therapy approaches in music therapy with clients and their families. Since an increase in family practice has previously been recognized in music therapy (Thompson, 2017), the need to provide further information regarding this became apparent.

On the other hand, the literature review showed the need for attachment-based research as well as research concerning children from 1-2 years of age. However, the concepts of reflective function, mentalization and parent´s representations were absent; this was also the case from the survey study. The survey study revealed the need for examining the client´s viewpoint and furthermore how music therapists interact with family members who are not present within the client´s session. In addition, the survey brought up the question of who the considered client in family-centered music therapy session is. These findings strongly guided the focus of the third article, the interview with the parents following music therapy intervention with the young child.

Therefore, it may be seen that the literature review and survey study both served as a basis for the third interview study which combined early childhood music therapy and the family centered approach (Figure 5).

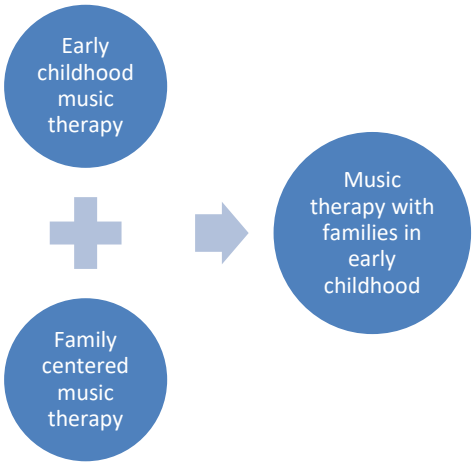

FIGURE 9 Combining knowledge from substudies

There are two publications by the writer which are strongly connected to this research but not directly included in the dissertation (Tuomi, 2017; 2018). The author may be considered as one of the pioneers when it comes to combining Music therapy and Theraplay®. The outlines of this approach have been explained and argued thoroughly in a peer reviewed book section with an intention to provide both theoretical and clinical overview for the subject (Tuomi, 2017). Nurture and play for foster families -intervention is based on the same model but especially designed for groups and foster families with young, recently placed children. Since also this viewpoint was new an article of the

clinical model was important to publish (Tuomi, 2018). Both publications are closely connected especially with the third research article of this dissertation. Though, the re-printing in this dissertation was not seen necessary because of the different nature of publications compared to peer reviewed journal articles included.

5 DISCUSSION

It is relevant to recapitulate the most important findings and insights and draw overall conclusions together from all three substudies of this dissertation. Also, this section provides a wider context for the findings giving future directions for music therapy clinicians, researchers, and educators as well as for networks linked with music therapy.

5.1 Main findings

According to this research it seems that both early childhood music therapy and music therapy with families are well established and relevant fields of practice. This is evident from both historical, and present viewpoint and even for future directions. The finding is supported by increasing amount of literature, research, education, presentations, and common interest (i.e., Thompson, 2017).

Family centered practice may help and support many kinds of families, client populations, and age groups. According to this study, music therapists still work mainly with children with their parents but also with adult clients who may present with dementia or be at the end of their lives and, therefore, benefit from family work. In addition to family practice, early childhood music therapy is still taking place on individual bases, even with infants. Therefore, the format of early childhood music therapy, be it individual or in group, raises questions about the goals and objectives of therapy as well as the theoretical and clinical framework of the therapist which could be taken into consideration in future research.

The largest clinical population in which music therapists work with families was people with disabilities. This finding is parallel to a large survey study collected from over 2400 music therapist from around the world (Kern & Tague, 2017). Those findings indicated that music therapists most report working with people who present with autism (44.2%) and developmental disabilities (32.4%).

According to the literature review included in this thesis, the medical setting with children in paediatric care was common in early childhood music

therapy whereas the mental health setting was common in family centered practice. Findings from this dissertation support the presumption that early childhood music therapy and music therapy with families may be a rehabilitative and remedial treatment but also significantly often a preventive intervention for a large range of populations. This is an important finding. Both substudies indicated that preventive intervention and work with families at risk/child protection were common. However, this information contradicts the above-mentioned large survey study where only a small number of music therapists mentioned working in preventive care (Kern & Tague, 2017).

The results of this study give ground for the assumption that music therapy in early childhood and with families is a positive and resource-oriented approach. Throughout the research the positive factors of music therapy, such as fun and enjoyment, and playful and cheerful way of being were emphasized. The role of the music therapist was most often considered to be in supportive-expert -position including that the therapist care and help and gives positive insights. In addition, the therapist has a role as an enabler, promoter, and empowering, and encouraging person. One of the most important movements in psychology during the past two decades is called positive psychology (i.e., Snyder & Lopez, 2009; Watkins, 2016). It seeks understanding to the factors that contribute the most to a well lived life including happiness, hope, creativity, courage, and strengths. Based on this dissertation, early childhood music therapy and music therapy with families may resonate well with positive psychology. This finding may open interesting viewpoints for future research projects.

The study results of this research suggests that music therapy should be considered as a relevant option when the target is to improve non-verbal and verbal communication within the family. According to the findings, music therapy in early childhood and with families may be considered as an interactive and communication-oriented approach. One strongly forthcoming feature of the music therapy intervention, related to survey, literature review and interview study were the recognition of music therapy encouraging interaction and communication. When examining literature, for example, social areas were the most emphasized category which included interactions among family members, increased intentions and initiatives, engagement as well as turn-taking. In the survey research the role of the therapist was most often related to supporting family members to interact and communicate. In the interview study the inductive qualitative content analysis revealed that relationship between child and parent was forthcoming including the main themes of contact and attachment. This finding is something to take into wider consideration when it comes to the treatment and rehabilitation of interactional challenges between family members. Therefore, the additional value of music therapy as a positive and resource-oriented vehicle for interaction may be considered of great value to many kinds of client populations and age groups.

It seems that music therapy in early childhood and with families is accomplished in a holistic and flexible way both in terms of methods and approaches. The literature review showed that singing and playing instruments

was most prevalent. This finding is supported by the survey which indicated that improvisation with instruments, singing pre-composed songs and structured activities with musical instruments were most reported. These results are parallel with the overall trends in music therapy since singing/vocalization and instrument play were mostly forthcoming in a previous survey study (Kern & Tague, 2017). However, Kern and Tague (2017) include musical improvisation which was not indicated in the survey conducted in this dissertation.

The research findings of this study indicate that early childhood music therapy or music therapy with families cannot be defined on a simplistic or straightforward manner. Though music therapy approaches could not be detected in the literature review in a systematic way it seems that creative and improvisational music therapy were in focus. In the survey the respondents reported that each therapist had on average three theoretical influences that inform their work. The humanistic was the most salient after which developmental frameworks, psychodynamic and resource-oriented approaches were represented. Though the survey could not detect the actual content or meaning of the approaches for music therapists. On the contrary the fields of both early childhood music therapy and music therapy with families seem to be multifaceted and flexible in their nature; this should be considered when training music therapy students.

The survey study suggested that deeper insight into who is the client in family-centered music therapy sessions is needed. In other words, is the focus on the child/adult client, on the parent/carer or on the whole family? In the interview research, the clients themselves seemed to focus their observations on the child. But also, parents´ own actions and the relationship between child and adult appeared. This might indicate the need for clearer focus in family centered work. It might be beneficial to articulate the aims in a more precise way for both clients and the network. Also, in this way it is possible to avoid hidden goals or meanings which may be harmful and even destructive for the therapeutic trust and alliance.

From the perspective of Nurture and Play for foster families -intervention it seems that parents stressed the safety and feeling of security. This finding correlates highly with the attachment theory which main concepts include secure base (Bowlby,1988) and safe haven (Bowlby, 1988; Schofield & Beek, 2006). Altogether 122 remarks of the parents resonate with these concepts. This result is important information for clinicians working with this client population. The music therapists should make conscious decisions and highly consider the setting, including interventions and methods, and structure through the lens of this knowledge.

Also, it is important to recognize that participating in a therapeutic group is not always a pleasant experience. According to foster parents it might cause mixed feelings and coming to the group may be felt threatening, and parent might feel tense and suspect. This highlights how important it is for the therapist to take care of the parents and their emotional needs as well. In addition, it is

likely that creating a safe atmosphere for parents is important also for the children.

Interrupted placements are known to be a great risk for the mental health of child (Rubin et al., 2004) and in later phases of life it increases the likelihood to use substances (Stott, 2011). In addition, it has been shown that low levels of warmth and communication in the relationship between child and foster carers are predictors of placement breakdown (Bernedo et al., 2016). According to the parents´ viewpoint, the NaP for foster families -intervention was experienced as a different kind of group with structure and predictability and a playful and cheerful atmosphere. Parents found several benefits of the intervention including helping to build connection and attachment between child and parent, support for functioning with the child, peer support for other parents, and being present and near each other. These results reveal the importance of this kind of intervention during the fragile time of recent placement. Foster families should be strongly supported during the new foster care entry to avoid interruptions in placement. This would be a preventive act from both ethical, and psychological perspectives as well as economical viewpoints (Rubin et al., 2004).

Overall, this dissertation provides a comprehensive overview by mapping the field of early childhood music therapy and music therapy with families, conceptualizing it and by increasing understanding about how the actual work has been done and the phenomena experienced from different perspectives. This information provides valuable and new understanding for the music therapy community, music therapy education and research, and related networks.

5.2 Limitations

Though careful considerations when designing each study there are some research related limitations which should be considered.

The focus of the dissertation has been quite broad which has been informative but also caused some division and unnecessary expanse of data. The first substudy was focused on children aged 0-5 and not solely on music therapy with families on that age group which might have been more relevant from the current perspective. This was affected by a lapse in time when writing the dissertation and shifting foci of interest. Therefore, family work may be identified from portions of the review results, but it is not clearly articulated.

The survey research for music therapists had no set age limits for the client populations. The dissertation might have benefitted more of a clear exclusion of clients over 5 years of age. The subject was thoroughly discussed with other authors and careful considerations come up. At the end the decision to include a broad variety of different age groups was a conscious choice because this approach better served the needs of the music therapy community and the needed knowledge.

While a variety of countries are represented in the survey sample, the fact that the survey was only available in English may have been a barrier to

participation. Future studies should include funding to enable translation of surveys to several international languages to promote participation. In addition, funding would have enabled access to resources to support recruitment and advertising which may have increased accessibility and the number of responses. Language issues may have also affected the interview study since the translating of categories, subcategories, and descriptive comments to English complicates the analysis and the presentation of the results. However, this phenomenon is present with all non-English speaking informants and researchers and cannot be avoided in these circumstances.

The interview study for the foster parents included only a small number of informants (n = 2). This made it possible to explore the data quite deeply, but a larger extent of participants would have given a broader and more solid view for the subject. Therefore, this research may be seen as a pilot study for a forthcoming, larger study.

Though careful considerations some power related issues may have occurred especially concerning the third substudy. The intention was to create neutral and approbative interview atmosphere where the participants could freely and safely express their thoughts. However, the fact that the author was also the therapist of the intervention might have influenced the informants which should be taken into consideration.

When analysing the research data, the categorizing is always somewhat challenging. It may help to explore some quantities closer and more deeply and may give cognitive structure for the phenomena we are exploring. However, categories developed thorough the research are overlapping and, for example, emotions and actions may be strongly connected and hard to divide from each other. Also, the author´s preunderstanding of the approaches, frameworks and methods may have influenced the analysis especially in the interview study when the first author was also the therapist. Though a highly ethical manner of conducting this dissertation was pursued throughout the whole research process, by following strictly the ethical guidelines of the University of Jyväskylä.

5.3 Implications for future research

This research provides several implications for future research. Both the literature review and survey for music therapists provided a broad and general view for the profession. This has been beneficial to map the field and to give guidelines for conceptualizing the phenomena related to early childhood music therapy and music therapy with families. However, the profession now needs more detailed research on music therapy with families in other contexts, for example, in hospice care, sensory impairment, and rehabilitation. In addition, the results do not explain when, how and why or why not music therapy methods are used or how they are put into action. A follow up interview study could further explore these deeper questions. In addition, related areas of research, cross-scientific viewpoints and common fields of interests could be taken into

consideration to create an on-going dialogue and shared understanding between music therapy and related professions.

It seems that the survey participants conceptualized their work with families as involving a child/adult client who are accompanied by others who share the session with them. This topic needs further research to better understand practice, since there are ethical implications for determining the goals/focus of therapy, and for raising awareness about the potential benefits of music therapy with families. Further, more research exploring how music therapists interact with family members who are not present within the client's session, and who are not receiving parallel services, is needed.

In terms of the role of the therapist in working with families, the survey study only provides the therapists' perspective. Studies exploring the outcomes of family-centered sessions have demonstrated that parents and family members often gain knowledge and skills from participating in the sessions (Thompson, 2018; Schwartzberg & Silverman, 2017; Warren & Nugent, 2010), or from receiving parallel counselling sessions (Blauth, 2017; Gottfried, 2016). In either approach, the music therapist's facilitation style was important to the perceived success of the sessions (Edwards, 2014; Nicholson et al., 2008; Thompson, 2018). Future studies should consider researching the role of the therapist from the family's perspective.

In addition, the interview study clearly focused mostly on children since the parents´ reflections were naturally targeted on them. In the future, it would be interesting and important to focus on parents themselves since the change in parental internal working models and changing parenting behaviours are core key aspects when enhancing early attachments (i.e., Ainsworth 1974; Berlin 2007; Bowlby 1988; Prior & Glaser 2006). This would be most relevant also from the viewpoint of mentalization (i.e., Alper & Howe 2015) which is a rarely studied area within family centered music therapy and would strongly support the goals of the NaP for foster families -intervention.

Though this study provides some information considering attachment-based music therapy, more research from this field is essential. Since interaction and emotions are in many cases strongly present in family focused work, it should guide the researchers to study this field more precisely. At this moment the tendency seems to refer to attachment mostly in preventative situations rather than use a clear attachment focused way of working to repair the attachment relationship which may be missing or dysfunctional.

Results of this dissertation study indicate that music therapy with families is a growing field with a large variety of client populations. This cannot be ignored when it comes to clinical practice and music therapy education. Music therapists need more information on how to include family work into their practice, when it should be considered and what might be contraindicators. The results of this research provide valuable suggestions for future training and education of music therapists who wish to work with families. For example, within the non-music-based methods, verbal facilitation skills are commonly used, yet respondents see this area of practice as needing further training. These

results are echoed in previous research from NICU settings (Gooding & Trainor, 2018). While there is some music therapy literature exploring the use of verbal facilitation skills (i.e., Amir, 1999; Gooding, 2017; Lindblad, 2016; Nolan, 2005) more research is needed.

5.4 Conclusion

The intention to accomplish this dissertation was not just to offer a learning experience for the researcher but also benefit the international music therapy community. The results of all three articles included in the dissertation provide new insights and information concerning growing fields in music therapy. This includes deeper understanding of early childhood music therapy and its tendencies from historical viewpoint, detailed information how family centered practice is accomplished by music therapists and new conception of attachment-based intervention for foster families. Further, there are implications for family centered work in music therapy with other populations.

As a clinician it has sometimes been challenging to combine the roles of music therapist and researcher. The clinical reality may sometimes be quite far from the scientific principles with exact and detailed rules. Though, both approaches require fidelity, delving and courage throughout the process. In fact, the mixing and shifting phases of chaos and creativity and on the other hand determined and goal-oriented working are very parallel to both clinical and research work. This has been a most educating and important realization for the author.

Music therapy in early childhood and with families are well established as important fields of practice that impact a large range of populations. Music therapy in these fields is multifaceted with different types of work, approaches, and areas of emphasis. Holistic and flexible ways of working, both in terms of the theoretical approaches that inform the work and the methods/techniques that are included in sessions, are stressed. Parental attendance has increased in recent years within the music therapy service (Flower, 2019). According to this study the growing amount of literature published since year 1990 indicates that music therapy with families may now be considered a field of its own (Tuomi et al., 2021). NaP for foster families supports this ecological thinking and the importance of including family in the intervention.

According to the foster parents Nurture and play –intervention, NaP, seems to be a many-sided, relevant, and meaningful group intervention for foster families with young children. The research is an opening toward family centered, attachment focused, and mentalization based music therapy practices. The concepts of attachment theory communicate well with context of NaP for foster families which bring forth the importance of family centered work with this population.

The aim of this research has been to map the field of early childhood music therapy and music therapy with families, conceptualize it and to increase understanding on how the actual work has been done and the phenomena experienced. To ensure that this field continues to deepen and develop, music therapy training courses may need to reflect more family-centered and relational-orientated frameworks. In addition, participants in this study strongly advocated for more continuing professional development opportunities to continue to deepen their practice. General trends have been determined; it is now time to investigate deeper and in a more focused way considering our clients, our profession, and our funders.

TIIVISTELMÄ (SUMMARY IN FINNISH)

Tämän väitöskirjan tarkoituksena on ollut kartoittaa varhaisiän musiikkiterapian ja perhekeskeisen musiikkiterapian aloja käsitteellistämällä niitä ja lisäämällä ymmärrystä, miten varsinainen kliininen työ näissä kohderyhmissä on toteutettu ja sen eri ilmiöt koettu.

Tämän tutkimuksen mukaan sekä varhaisiän musiikkiterapia että perhekeskeinen musiikkiterapia ovat hyvin vakiintuneita ja varteenotettavia musiikkiterapian aloja. Tämä näyttäytyy niin historiallisessa kuin tämän hetken perspektiivissä, mutta myös tulevaisuuden suuntaviivoja tarkastellessa. Tulos pohjautuu väitöstutkimuksessa esiin nousseisiin ilmiöihin kuten lisääntyneen julkaistun kirjallisuuden, tutkimuksen ja konferenssiesitysten määrään sekä lisääntyneeseen koulutukseen ja yleisesti kasvaneeseen mielenkiintoon kumpaakin alaa kohtaan (esim. Thompson, 2017).

Perhekeskeinen lähestymistapa voi auttaa ja tukea monenlaisia perheitä, asiakas- ja ikäryhmiä. Tämän tutkimuksen mukaan musiikkiterapeutit työskentelevät edelleen pääasiassa lasten ja heidän vanhempiensa kanssa. Tutkimus osoittaa kuitenkin, että myös aikuiset asiakkaat esim. dementiaan sairastuttuaan tai elämän päättymisen kohdassa voivat hyötyä perhekeskeisestä työskentelytavasta. Varhaisiän musiikkiterapia toteutuu sen sijaan edelleen usein myös yksilöterapiana, jopa vauvojen ja pikkulasten kanssa. Tämä herättää jatkotutkimusta ajatellen kysymyksiä terapeutin teoreettisesta ja kliinisestä viitekehyksestä sekä terapialle asetetuista tavoitteista.

Varhaisiän musiikkiterapian ja perhekeskeisen musiikkiterapian laajimpana asiakasryhmänä ovat tämän tutkimuksen mukaan autismin kirjon asiakkaat sekä kehitysvammaiset asiakkaat. Tämä löydös on samansuuntainen kansainvälisen, yli 2400 musiikkiterapeuttia käsittäneen kyselytutkimuksen kanssa (Kern & Tague, 2017). Ko. tutkimuksen mukaan musiikkiterapeutit raportoivat työskentelevänsä useimmiten autismin kirjon (44.2%) ja kehitysvammaisten asiakkaiden (32.4%) kanssa.

Väitöskirjaan sisältyvän kirjallisuuskatsauksen mukaan somaattisiin oireisiin liittyvä ja sairaalassa toteutettava musiikkiterapia on varsin yleistä varhaisiän musiikkiterapiassa, kun taas perhekeskeisessä musiikkiterapiassa psykiatriaan painottunut kliininen työskentely on keskiössä. Tämän opinnäytetyön tulosten mukaan varhaisiän musiikkiterapia ja perhekeskeinen musiikkiterapia voivat olla kuntouttavaa ja korjaavaa hoitoa, mutta lisäksi merkittävän usein ennaltaehkäisevä interventio laajalle asiakasryhmälle. Väitöskirjan kirjallisuuskatsaus ja kyselytutkimus osoittivat kumpikin, että ennaltaehkäisevä työskentely haavoittuvassa asemassa olevien perheiden kanssa ja lastensuojelun kontekstissa olivat yleisiä. Tämä on huomionarvoinen tulos. Löytö on päinvastainen aiemmin mainitun laajan kyselytutkimuksen kanssa, jossa vain pieni määrä musiikkiterapeutteja mainitsi työskentelevänsä ennaltaehkäisevästi (Kern & Tague, 2017).

Käsillä oleva väitöstutkimus osoittaa, että varhaisiän musiikkiterapia ja perhekeskeinen musiikkiterapia ovat positiivisia ja voimavarasuuntautuneita lähestymistapoja. Läpi koko tutkimuksen musiikkiterapian positiiviset piirteet kuten

hauskuus ja nautinto sekä leikkisyys ja iloisuus tulevat painotetusti esiin. Musiikkiterapeutin rooli miellettiin useimmiten olevan tukea antava – ekspertti -positiossa, johon liitetään terapeutin rooli huolenpitäjänä, auttajana ja myönteisten näkökulmien tarjoajana. Muita terapeutin yleisiä rooleja olivat mahdollistaja ja edistäjä sekä voimaannuttaja ja rohkaisija. Yhtenä psykologian voimakkaimmista suuntauksista viime vuosikymmeninä voidaan pitää positiivista psykologiaa (esim. Snyder & Lopez, 2009; Watkins, 2016). Sen tavoitteena on ymmärtää tekijöitä, jotka edesauttavat niin kutsuttua hyvin elettyä elämää. Positiivisessa psykologiassa painotetaankin henkilön vahvuuksia ja sellaisia tunteita kuten onni, toivo ja rohkeus. Tämän väitöskirjan pohjalta voidaan esittää, että varhaisiän musiikkiterapia ja perhekeskeinen musiikkiterapia keskustelevat ja resonoivat hyvin positiivisen psykologian käsitteen kanssa. Löydös voi avata tulevaisuudessa mielenkiintoisia jatkotutkimuskohteita ja tutkimuksen painotuksia.

Väitöskirjan tulokset osoittavat, että musiikkiterapia tulisi nähdä relevanttina vaihtoehtona, kun tavoitteena on parantaa perheen sisäistä non-verbaalia ja verbaalia vuorovaikutusta. Tulosten mukaan varhaisiän musiikkiterapiaa ja perhekeskeistä musiikkiterapiaa voidaan pitää interaktiivisena ja kommunikaatiosuuntautuneena lähestymistapana. Kaikkien tämän opinnäytetyön osatutkimusten mukaan musiikkiterapia interventiona rohkaisee vuorovaikutukseen ja kommunikointiin. Musiikkiterapian vaikutuksia kehityksen sosiaalisiin osa-alueisiin painotettiin kirjallisuuskatsauksessa eniten. Tähän liittyi perheen sisäinen vuorovaikutus, vuorottelu vuorovaikutuksessa, lisääntynyt aloitteiden ja oma-aloitteisuuden määrä sekä kontaktiin tulo. Kyselytutkimuksessa terapeutin rooli liittyi useinmiten perheen välisen vuorovaikutuksen ja kommunikoinnin tukemiseen. Haastattelututkimuksen induktiivinen ja laadullinen sisällönanalyysi painotti vanhemman ja lapsen välisen suhteen merkitystä, johon kuuluivat mm. heidän välisensä kontakti ja kiintymys. Väitöskirjan tulos tuo siten esiin musiikkiterapian monipuoliset mahdollisuudet tilanteissa, joissa perheen sisäisen vuorovaikutuksen hoito tai kuntoutus on ajankohtaista.

Tämän tutkimuksen tulosten mukaan vaikuttaa siltä, että varhaisiän musiikkiterapia ja perhekeskeinen musiikkiterapia toteutuvat kokonaisvaltaisen holistisella ja joustavalla työskentelyotteella niin käytettyjen metodien kuin lähestymistapojenkin näkökulmista. Kirjallisuuskatsauksen mukaan laulaminen ja soittaminen olivat yleisimmin käytettyjä musiikkiterapiamenetelmiä. Kyselytutkimuksen tulokset ovat saman suuntaisia. Sen mukaan instrumenteilla improvisointi, laulujen laulaminen sekä strukturoidut soittamisen aktiviteetit olivat useimmin raportoituja. Tulokset vaikuttavat olevan samansuuntaisia myös musiikkiterapian yleisten trendien kanssa (Kern & Tague, 2017).

Väitöskirjan tutkimustulokset osoittavat, että varhaisiän musiikkiterapiaa tai perhekeskeistä musiikkiterapiaa ei voida määritellä yksinkertaistavalla tai suoraviivaisella tavalla. Vaikka musiikkiterapian lähestymistapoja ja teoreettisia viitekehyksiä ei voitu kirjallisuuskatsauksen avulla systemaattisesti selvittää, vaikuttaa siltä, että nk. luova lähestymistapa ja improvisaatiopainotteinen musiikkiterapia olivat keskiössä. Kyselytutkimukseen vastaajat raportoivat jokaisen musiikkiterapeutin käyttävän työnsä viitekehyksenä keskimäärin kolmea eri

lähestymistapaa. Humanistinen viitekehys nousi esiin voimakkaimmin, mutta myös kehityspsykologinen-, psykodynaaminen- ja voimavarakeskeinen orientaatio mainittiin usein. Kyselytutkimus ei kuitenkaan pystynyt määrittelemään varsinaista viitekehysten sisältöä tai niiden merkitystä musiikkiterapiatyöskentelylle. Joka tapauksessa sekä varhaisiän musiikkiterapia että perhekeskeinen musiikkiterapia vaikuttavat olevan luonteeltaan monitahoisia ja joustavia, mikä seikka tulisi ottaa huomioon jo musiikkiterapiaopiskelijoiden koulutuksessa.

Kyselytutkimuksen pohjalta on relevanttia jatkossa miettiä, kuka on asiakas perhekeskeisestä musiikkiterapiasta puhuttaessa. Onko fokus lapsi-/aikuisasiakkaassa, vanhemmassa/huoltajassa vai koko perheessä? Haastattelututkimuksessa asiakkaat itse fokusoivat huomionsa lapseen. Kuitenkin myös reflektioita suhteessa vanhemman omaan toimintaan ja lapsen ja vanhempien väliseen suhteeseen esiintyi. Tämä tulos saattaa kertoa tarpeesta määritellä perhekeskeisen työskentelyn fokus ja tavoitteet selkeämmin sekä asiakkaille että verkostoille. Näin vältetään myös mahdolliset piilotavoitteet tai -merkitykset, jotka voivat olla vahingollisia ja jopa tuhoavia terapia-allianssille sekä terapeutin ja asiakkaan väliselle luottamukselle.

Hoivaa ja leiki sijaisperheille -interventiota (myöh. HoiLei) koskevan osatutkimuksen perusteella voidaan todeta, että sijaisvanhemmat korostivat turvallisuuden tunnetta heille tehdyissä haastatteluissa. Tulos korreloi voimakkaasti kiintymyssuhdeteorian kanssa, jonka yhtenä keskeisimmistä käsitteistä tunnetaan turvapesä (secure base) (Bowlby, 1988) ja turvasatama (safe haven) (Bowlby 1988; Schofield & Beek, 2006). Kaikkiaan 122 vanhempien tekemää huomiota resonoivat näiden käsitteiden kanssa. Tulos on merkittävä tämän kohderyhmän kanssa työskentelevien kliinikoiden näkökulmasta. Musiikkiterapeuttien tulisikin tehdä tietoisia valintoja ja pohtia tarkasti terapian toteuttamistapaa, interventioita, käytettäviä menetelmiä sekä tapaamisten struktuuria tämän asiakasryhmän kanssa työskennellessään.

Oleellista on myös huomioida, ettei osallistuminen terapeuttiseen ryhmään ole aina miellyttävää tai mukavaa. Sijaisvanhempien mukaan osallistuminen saattaa aiheuttaa ristiriitaisia tunteita ja ryhmään tuleminen voi tuntua jopa pelottavalta. Lisäksi vanhemmat voivat tuntea jännittyneisyyttä ja epävarmuutta. Tämä tulos tuo esiin, kuinka tärkeää terapeutin on huolehtia myös vanhemmasta ja tämän emotionaalisista tarpeista. On lisäksi ilmeistä, että turvallisen ilmapiirin luominen vanhemmalle on äärimmäisen tärkeää myös lapsen ja hänen turvallisuuden tunteensa näkökulmasta.

Huostaanotettujen lasten epäonnistuneiden ja katkenneiden sijoitusten tiedetään olevan suuri mielenterveydellinen riski (Rubin et al., 2004) ja ko. kokemusten tiedetään lisäävän päihdeongelmien todennäköisyyttä myöhemmissä elämänvaiheissa (Stott, 2011). Lisäksi on osoitettu, että tunneviesteiltään vähäistä lämpöä sisältävä vuorovaikutus lapsen ja sijaisvanhemman välillä ovat sijoituksen katkeamisen ennusmerkkejä (Bernedo et al., 2016). Tähän tutkimukseen osallistuneiden vanhempien mukaan HoiLei sijaisperheille -interventio koettiin muista ryhmistä poikkeavana sen struktuurin ja ennustettavuuden sekä leikkisän ja iloisen ilmapiirin vuoksi. Vanhemmat kertoivat ryhmään

osallistumisessa olevan useita hyötyjä. Vanhempien mukaan ryhmä auttaa rakentamaan yhteyden ja kiintymyksen lapsen ja vanhemman välille, se tukee lapsen kanssa toimimista, mahdollista vertaistuen toisten samassa tilanteessa olevien vanhempien kanssa ja tarjoaa mahdollisuuden olla läsnä ja lähellä juuri kyseiseen lapseen keskittyen. Tulokset vahvistavan tällaisen intervention merkitystä herkässä sijoituksen alkuvaiheessa. Ryhmätoimintaa voidaan pitää myös ennaltaehkäisevänä toimena niin eettisestä ja psykologisesta perspektiivistä kuin taloudellisesta näkökulmasta käsin (Rubin et al., 2004).

Käsillä oleva väitöstutkimus tarjoaa laajan katsauksen varhaisiän musiikkiterapiaan ja perhekeskeiseen musiikkiterapiaan käsitteellistämällä aloja sekä lisäämällä ymmärrystä siitä, miten kliininen työskentely toteutuu ja miten se eri perspektiiveistä katsoen koetaan. Väitöstutkimus tarjoaa siten arvokasta tietoa ja uutta ymmärrystä niin musiikkiterapiayhteisölle, musiikkiterapia-alan koulutukselle ja tutkimukselle, kuin siihen liittyville aloille ja verkostoille.

REFERENCES

Ainsworth, M. S. (1974). *The Development of Infant-Mother Attachment. A Final Report of the Office of Child Development.*

Abad, V., & Barrett, M. (2020). Laying the foundations for lifelong family practices through music early learning programs. *Psychology of Music*, *0*(0), 30573562093778. https://doi.org/10.1177/0305735620937780

Alper, J., & Howe, D. (2015). *Assessing adoptive and foster parents*. Jessica Kingsley Publishers.

Alvin, J. (1978). *Music therapy for the autistic child*. Oxford University press.

Amir, D. (1999). Musical and verbal interventions in music therapy: a qualitative study. *Journal of Music Therapy*, *16*(2), 144–175. https://doi.org/10.1093/jmt/36.2.144

Baron, A. (2017). Working with families in the acute pediatric medical setting. In *Music therapy with families. Therapeutic approaches and theoretical perspectives* (pp. 45–71). Jessica Kingsley Publishers.

Baylin, J. (2015a). The parenting brain. In J. Alper & D. Howe (Eds.), *Assessing adoptive and foster parents. Improving analysis and understanding of parenting capacity* (pp. 131–147). Jessica Kingsley Publishers.

Baylin, J. (2015). Reflective functioning and parenting. In J. Alper & D. Howe (Eds.), *Assessing adoptive and foster parents. Improving analysis and understanding of parenting capacity* (pp. 149–166). Jessica Kingsley Publishers.

Beebe, B., Knoblauch, S., Rustin, J., & Sorter, D. (2005). Forms of intersubjectivity in infant research and adult treatment. In B. Beebe, S. Knoblauch, J. Rustin, & D. Sorter (Eds.), *Forms of intersubjectivity in infant research and adult treatment* (pp. 1–28). Other Press.

Beer, L. (2017). The role of the music therapist in training caregivers of people who have advanced dementia. *Nordic Journal of Music Therapy*, *26*(2), 185–199. https://doi.org/10.1080/08098131.2016.1186109

Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *NursingPlus Open*, *2*, 8–14. https://doi.org.ezproxy.jyu.fi/10.1016/j.npls.2016.01.001

Berlin, L. J. (2007). Interventions to enhance early attachments. In L: J. Berlin, Y. Ziv, L. Amaya-Jackson, & M. T. Greenberg (Eds.), *Enhancing early attachments; Theory, research, intervention, and policy* (pp. 3–33). Guilford Press.

Berlin, L. J., Zeanah, C. H., & Lieberman, A. F. (2008). Prevention and intervention programs for supporting early attachment security. In J. Cassidy & P. R. Shaver (Eds.), *The handbook of attachment. Theory, research, and clinical applications* (2nd ed., pp. 745–761). The Guildford Press.

Bernedo, I. M., García-Martín, M. A., & Salas, M. D. (2016). Placement stability in non-kinship foster care: variables associated with placement disruption. *European Journal of Social Work*, *19*(6), 917–930. https://doi.org/10.1080/13691457.2015.1076770

Bieleninik, L., Geretsegger, M., Mössler, K., Assmus, J., Thompson, G., Gattino, G., … Gold, C. (2017). Effects of improvisational music therapy vs enhanced standard car on symptom severity among children with autism spectrum disorder: The TIME-A randomized clinical trial. *The Journal of the American Medical Association*, *318*(6), 525–535. https://doi.org/10.1001/jama.2017.9478

Biringen, Z., Derscheid, D., Vliegen, N., Closson, L., & Easterbrooks, M. A. (2014). Emotional availability (EA): theoretical background, empirical research using the EA Scales, and clinical applications. *Developmental Review*, *34*(2), 114–167. https://doi.org/10.1016/j.dr.2014.01.002

Blauth, L. (2016). Improving mental health in families with autistic children: benefits of using video feedback in parent counselling sessions offered alongside music therapy. *Health Psychology Report*, *5*(2), 138–150. https://doi.org/10.5114/hpr.2017.63558

Bowlby, J. (1982). *Attachment and loss: Vol. 1. Attachment* (2nd ed.). New York: Basic Books.

Bowlby, J. (1988). *A secure base. Parent-child attachment and healthy human development*. Basic Books.

Booth, P. B., & Jernberg, A. : (Eds.). (2010). *Theraplay. Helping parents and children build better relationships through attachment-based play* (3rd ed.). Jossey-Bass A Wiley Imprint.

Booth, P. B., Lindaman, S., & Winstead, M. L.-R. (2014). Theraplay in reunification following relational trauma. In C. A. Malchiodi & D. A. Crenshaw (Eds.), *Creative arts and play therapy for attachment problems* (pp. 139–158). The Guildford Press.

Bretherton, I., & Munholland, K. A. (2008). Internal working models in attachment relationships. Elaborating a central construct in attachment theory. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment. Theory, research, and clinical applications* (2nd ed., pp. 102–127). The Guildford Press.

Bronfenbrenner, U. (1981). Children and families: 1984? *Society*, *18*(2), 38–41. https://doi.org/10.1007/BF02694667

Bronfenbrenner, U. (1979). *The ecology of human development. Experiments by nature and design*. Harvard University Press.

Bruscia, K. (1998). *Defining music therapy* (2nd ed.). Barcelona Publishers.

Bruscia, K. (2016). Types of interpretivist research. In B. Wheeler & K. Murphy (Eds.), *An introduction to music therapy research* (3rd ed., pp. 163–178). Barcelona Publishers.

Burkhardt-Mramor, K. M. (1996). Music therapy and attachment disorder: a case study. *Music Therapy Perspectives*, *14*, 77–82. https://doi.org/http://dx.doi.org/10.1093/mtp/14.2.77

Cmap. (2017). Cmap Tools. Retrieved from https://cmap.ihmc.us/

Colegrove, V., Havighurst, S., Kehoe, C., & Lindahl-Jacobsen, S. (2018). Pilot randomized controlled trial of Tuning Relationships with Music:

Intervention for parents with a trauma history and their adolescent. *Child Abuse and Neglect*, *79*, 259–268. https://doi.org/10.1016/j.chiabu.2018.02.017

Cork, M. (2013). Exploring the musical culture of an African American child with developmental disabilities in group music therapy. *Voices: A World Forum for Music Therapy*, *13*(2). https://doi.org/10.15845/voices.v13i2.723

Cominardi, C. (2014). From creative process to trans-cultural process: Integrating music therapy with arts media in Italian kindergartens: A pilot study. *Australian Journal of Music Therapy*, *25*, 3–14. https://doi.org/10.3316/informit.472461749638650

Crooke, A. H. D. (2015). Music therapy, social policy, and ecological models: a located example of music in Australian schools. *Voices: A World Forum for Music Therapy*, *15*(2). https://doi.org/10.15845/voices.v15i2.829

Cunha, R., Dias, M., & Cecília, C. (2020). Music therapy interventions based on sound properties enhancing communication with infants and toddlers. *International Journal of Music in Early Childhood (Online)*, *15*(2), 217–234. https://doi.org/10.1386/ijmec_00022_1

Dileo, C. (2005). Reviewing the Literature. In B. Wheeler (Ed.), *Research in Music Therapy Quantitative and Qualitative Perspectives* (2nd ed., pp. 105–111). Barcelona Publishers.

Dissanayake, E. (2000). Antecedents of the temporal arts in early mother-infant interaction. In N. L. Wallin, B. Merker, & S. Brown (Eds.), *The origins of music* (pp. 389–410). The MIT Press.

Dozier, M., Stovall, C., Albus, K. E., & Bates, B. (2001). Attachment for infants in foster care: the role of caregiver state of mind. *Child Development*, *72*(5), 1467–1477. https://doi.org/0009-3920/2001/7205-0013

Dozier, M., & Rutter, M. (2008). Challenges to the development of attachment relationships faced by young children in foster and adoptive care. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment. Theory, research, and clinical applications* (2nd ed., pp. 698–717). The Guildford Press.

Drake, T. (2011). Becoming in tune: The use of music therapy to assist the developing bond between trauatized children and their new adoptive parents. In J. Edwards (Ed.), *Music Therapy and parent-infant bonding* (pp. 22–41). Oxford University press.

DuBois, G., Thaut, M., Hurt-Thaut, C., DeLuzio, J., & Nixon, S. (2021). Neurologic music therapy: supporting school-readiness skills in children with hearing loss. International Journal of Music in Early Childhood (Online), 16(2), 209–229. https://doi.org/10.1386/ijmec_00031_1

Early childhood newsletter. (2007). Retrieved from https://www.imagine.musictherapy.biz/wp/wp-content/uploads/2016/09/EC-Newsletter-2007.pdf

Edwards, J., Scahill, M., & Phelan, H. (2007). Music Therapy: Promoting Healthy Mother-Infant Relations in the Vulnerable Refugee and Asylym Seeker Community. In J. Edwards (Ed.), *Music: Promoting Health and*

Creating Community in Healthcare Contexts (pp. 154–168). Cambridge Scholars Publishing.
Edwards, J. (2014). The Role of the Music Therapist in Promoting Parent-Infant Attachment. *Canadian Journal of Music Therapy*, *20*(1), 48–48. https://doi.org/ISSN: 11991054
Erlingsson, C., & Brysiewicz, P. (2017). A hands-on guide to doing content analysis. *African Journal of Emergency Medicine*, *7*(3), 93–99. https://doi.org/ezproxy.jyu.fi/10.1016/j.afjem.2017.08.001
Ettenberger, M., Rojas Cárdenas, C., Parker, M., & Odell-Miller, H. (2017). Family-centred music therapy with preterm infants and their parents in the Neonatal Intensive Care Unit (NICU) in Colombia – A mixed-methods study. *Nordic Journal of Music Therapy2*, *26*(3), 207–234. https://doi.org/10.1080/08098131.2016.1205650
Field, T. (1985). Attachment as psychobiological attunement: Being on the same wavelength. In M. Reite & T. Field (Eds.), *The Psychobiology of Attachment and Separation* (pp. 415–454). Academic Press.
Flower, C. (2019). *Music therapy with children and parents: Toward an ecological attitude.* https://doi.org/10.25602/GOLD.00026132
Fonagy, P., Bateman, A., & Luyten, P. (2012). Introduction and overview. In A. Bateman & P. Fonagy (Eds.), *Handbook of mentalizing in mental health practice* (pp. 3–42). American psychiatric association publishing.
Fonagy, P., & Target, M. (1997). Attachment and reflective funtion: their role in self-organization. *Development and Psychopathology*, *9*(4), 679–700. https://doi.org/http://dx.doi.org/10.1017/S0954579497001399
Fratila, L. (2018). An innovative approach of music therapy in kindergarten. Bulletin of the Transilvania University of Brasov, 11(2), 79–88.
Fuller, A., Kaplun, C., & Short, A. (2022). The application of the music therapy visual schedule approach (MT-ViSA) with in a group music therapy program. Nordic Journal of Music Therapy, 31(2), 153–175. https://doi.org/10.1080/08098131.2021.1938642
Galvan, J. L. (2009). *Writing Literature Reviews. A Guide for Students of the Social and Behavioral Sciences* (4th ed.). Pyrczak Publishing.
Goldberg, S. (1995). Introduction. In S. Goldberg, R. Muir, & J. Kerr (Eds.), *Attachment theory. Social, developmental, and clinical perspectives* (pp. 1–15). The Analytic Press.
Golding, K. S. (2015). Why are you frightened of being parented? Understancing developmental trauma. In *Assessing adoptive and foster parents. Improving analysis and understanding of parenting capacity* (pp. 19–36). Jessica Kingsley Publishers.
Golos, A., Sarid, M., Weill, M., & Weintraub, N. (2011). Efficacy of and early intervention program for at-risk preschool boys: a two-group control study. *The American Journal of Occupational Therapy*, *65*(4), 400–408. https://doi.org/http://dx.doi.org/10.5014/ajot.2011.000455

Gooding, L. F. (2017). Microskills training: a model for teaching verbal processing skills in music therapy. *Voices: A World Forum for Music Therapy*, *17*(1). https://doi.org/10.15845/voices.v17i1.894

Gooding, L., & Trainor, B. (2018). Working with parents in the neonatal intensive care unit: An analysis of music therapy practice in the United States of America. *The Arts in Psychotherapy*, *59*, 1–6. https://doi.org/10.1016/j.aip.2017.12.005

Gottfried, T. (2016). *Creating bridges: music-oriented counseling for parents of children with autism spectrum disorder*. Aalborg universitet. https://doi.org/10.5278/vbn.phd.hum.00042

Gottfried, T., Thompson, G., Elefant, C., & Gold, C. (2018). Reliability of the music in everyday life (MEL) scale: A parent-report assessment for children on the autism spectrum. *Journal of Music Therapy*, *55*(2), 133–155. https://doi.org/10.1093/jmt/thy002

Gratier, M. (1999). Expressions of Belonging: the Effect of Acculturation on the Rhythm and Harmony of Mother-Infant Vocal Interaction. *Musicae Scientiae, The Journal of the European Society for the Cognitive Sciences of Music*, (Special issue), 93–119. https://doi.org/http://dx.doi.org/10.1177/10298649000030S107

Haslbeck, F. (2012). Music therapy for premature infants and their parents: an integrative review. *Nordic Journal of Music Therapy*, *21*(3), 203–226. https://doi.org/10.1080/08098131.2011.648653

Haslbeck, F., Nöcker-Ribaupierre, M., Zimmer, M.-L., Schrage-Leitner, L., & Lodde, V. (2018). Music therapy in neonatal care: A framework for german-speaking countries and Switzerland. *Music and Medicine (Online)*, *10*(4), 214–224. Retrieved from https://search-proquest-com.ezproxy.jyu.fi/docview/2157468926?accountid=11774

Hasler, J. (2008). A piece of the puzzle. Music therapy with looked-after teenagers and their carers. In A. Oldfield & C. Flower (Eds.), *Music Therapy with children and their families* (pp. 159–175). Jessica Kingsley Publishers.

Hayes, A., Lung, T., Wen, L., Baur, L., Rissel, C., & Howard, K. (2014). Economic evaluation of "healthy beginnings" an early childhood intervention to prevent obesity. *Obesity*, *22*(7), 1709–1715. https://doi.org/10.1002/oby.20747

Helle-Valle, A., Binder, P.-E., Anderssen, N., & Stige, B. (2017). Is restlessness best understood as a process? Reflecting on four boys' restlessness during music therapy in kindergarten. *International Journal of Qualitative Studies on Health and Well-Being*, *12*(1). https://doi.org/10.1080/17482631.2017.1298266

Herman, F. (1996). The boy that nobody wanted: creative experience for a boy with severe emotional problems. In K. Bruscia (Ed.), *Case studies in music therapy* (2nd ed., pp. 99–108). Barcelona Publishers.

Hernandez-Ruiz, E., & Lehrer, G. (2022). "Music therapy was never on the table": Perspectives of parents of young autistic children. The Journal of Music Therapy, 59(3), 307–339. https://doi.org/10.1093/jmt/thac008

Hertsgaard, L., Gunnar, M., Erickson, M. F., & Nachmias, M. (1995). Adrenocortical Responses to the Strange Situation in Infants with Disorganized/Disoriented Attachment Relationships. *Child Development*, *66*(4), 1100–1106. https://doi.org/10.1111/j.1467-8624.1995.tb00925.x

Hibben, J. (1992). Music Therapy in the Treatment of Families with Young Children. *Music Therapy*, *11*(1), 28–44. https://doi.org/http://dx.doi.org/10.1093/mt/11.1.28

Hughes, D. A. (2007). *Attachment-focused family therapy*. W. W. Norton & Company.

Hong, M., Hussey, D., & Heng, M. (1998). Music therapy with children with severe emotional disturbances in a residential treatment setting. *Music Therapy Perspectives*, *16*(2), 61–66. https://doi.org/http://dx.doi.org/10.1093/mtp/16.2.61

Hughes, D. (2015). Understanding developmental trauma, parental attachments, caregiving, and PACE. In *Assessing adoptive and foster parents. Improving analysis and understanding of parenting capacity* (pp. 111–129). Jessica Kingsley Publishers.

Jacobsen, S. L., & McKinney, C. (2015). A music therapy tool for assessing parent-child interaction in cases of emotional neglect. *Journal of Child & Family Studies*, *24*(7), 2164–2173. https://doi.org/10.1007/s10826-014-0019-0

Kalland, M. (2014). Vanhemman mentalisaatiokyky (Mentalizing capacity of parent). In A. Viinikka (Ed.), *Mentalisaatio perheiden kohtaamisessa* (pp. 26–38). Mannerheimin lastensuojeluliitto.

Kalland, M. (2017). Mentalisaatiokyky vanhemmuudessa (Mentalizing capacity in parenthood). In I. Laitinen & S. Ollikainen (Eds.), *Mentalisaatio. Teoriasta käytäntöön* (pp. 131–150). Therapeia-säätiö.

Keith, D. R. (2016). Data collection in interpretivist research. In B. Wheeler & K. Murphy (Eds.), *Music Therapy Research* (3rd edit) (pp. 140–153). Barcelona Publishers.

Kern, P., & Humpal, M. (Eds.). (2012). *Early Childhood Music Therapy and Autism Spectrum Disorders. Jessica Kingsley Publishers.* Jessica Kingsley Publishers.

Kern, P., & Tague, D. B. (2017). Music Therapy Practice Status and Trends Worldwide: An International Survey Study. *Journal of Music Therapy*, *54*(3), 255–286. https://doi.org/10.1093/jmt/thx011

Knight, A., & Dolan, H. (2021). Examining remote music therapy services in early intervention: Feasibility and application. International Journal of Music in Early Childhood (Online), 16(2), 195–208. https://doi.org/10.1386/ijmec_00033_1

Layman, D. L., Hussey, D. L., & Laing, S. J. (2002). Music Therapy Assessment for Severely Emotionally Disturbed Children: A Pilot Study. *Journal of Music Therapy*, *39*(3), 164–187. https://doi.org/http://dx.doi.org/10.1093/jmt/39.3.164

Leckman, J. F., & March, J. S. (2011). Editorial: Developmental neuroscience come of age. *Journal of Child Psychology and Psychiatry*, *52*(4), 333–338. https://doi.org/10.1111/j.1469-7610.2011.02378.x

Lindahl-Jacobsen, S., & Thompson, G. (2017). Working with families. Emerging characteristics. In S. Lindahl-Jacobsen & G. Thompson (Eds.), *Music therapy with families. Therapeutic approaches and theoretical Perspectives* (pp. 309–331). Jessica Kingsley Publishers.

Lindblad, K. (2016). Verbal dialogue in music therapy: a hermeneutical analysis of three music therapy sessions. *Voices: A World Forum for Music Therapy*, *16*(1). https://doi.org/10.15845/voices.v16i1.842.

Lindenfelser, K. J., Hense, C., & McFerran, K. (2012). Music Therapy in Pediatric Palliative Care: Family-Centered Care to Enhance Quality of Life. *American Journal of Hospice & Palliative Medicine*, *29*(3), 219–226. https://doi.org/10.1177/1049909111429327

Loewy, J. (2015). NICU music therapy: song of kin as critical lullaby in research and practice. *Annals of the New York Academy of Sciences*, 178–185. https://doi.org/10.1111/nyas.12648

Loth, H. (2008). Music Therapy Groups for Families with a Learning-disabled Toddler. Bridging Some Gaps. In A. Oldfield & C. Flower (Eds.), *Music Therapy with Children and their Families* (pp. 53–69). Jessica Kingsley Publishers.

Lyons-Ruth, K., & Jacobvitz, D. (2008). Attachment disorganization. Genetic factors, parenting contexts, and developmental transformations from infancy to adulthood. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment. Theory, research and clinical applications* (2nd ed., pp. 666–697). The Guildford Press.

Lyons-Ruth, K., Bureau, J.-F., Riley, C. D., & Atlas-Corbett, A. F. (2009). Socially indiscriminate attachment behavior in the Strange Situation: convergent and discriminant validity in relation to caregiving risk, later behavior problems, and attachment insecurity. *Development and Psychopathology*, *21*, 355–372. https://doi.org/10.1017/S0954579409000376

Malloch, S. (1999). Mothers and infants communicative musicality. *Musicae Scientiae, The Journal of the European Society for the Cognitive Sciences of Music*, (special issue), 29–54. https://doi.org/http://dx.doi.org/10.1177/10298649000030S104

Malloch, S., & Trevarthen, C. (2009). *Communicative musicality. Exploring the basis of human companionship*. Oxford University press.

McDonald, H. Z., Beeghly, M., Grant-Knight, W., Augustyn, M., Woods, R. W., Cabral, H., … Frank, D. A. (2008). Longitudinal association between infant disorganized attachment and childhood posttraumatic stress symptoms. *Development and Psychopathology*, *20*, 493–508. https://doi.org/10.1017/S0954579408000242

Mroz Miller, J., Lender, D., Rubin, P. B., & Lindaman, S. (2010). Theraplay for children who are adopted or in foster care. In P. B. Booth & A. M. Jernberg (Eds.), *Theraplay. Helping parents and children build better relationships*

through attachment-based play (3rd ed., pp. 405–448). Jossey-Bass A Wiley Imprint.
Muller, P., & Warwick, A. (1993). Autistic Children and Music Therapy. The Effects of Maternal Involvement in Therapy. In M. Heal & T. Wigram (Eds.), *Music Therapy in Health and Education* (pp. 214–234). Jessica Kingsley Publishers.
Mäkelä, J. (2005). The importance of touch in the development of children (Kosketuksen merkitys lapsen kehityksessä). *Suomen Lääkärilehti*, *60*(14), 1543–1549.
Mössler, K., Gold, C., Abmus, J., Schumacher, K., Calvet, C., Reimer, S., … Schmid, W. (2019). The therapeutic relationship as predictor of change in music therapy with young children with autism spctrum disorder. Journal of Autism and Developmental Disorder2, 49(7), 2795–2809. https://doi.org/10.1007/s10803-017-3306-y
Nemesh, B. (2017). Family-based music therapy: from dissonance to harmony. Nordic Journal of Music Therapy, 26(2). https://doi.org/10.1080/08098131.2016.1144638
Nicholson, J. M., Berthelsen, D., Abad, V., Williams, K., & Bradley, J. (2008). Impact of Music Therapy to promote positive parenting and child development. *Journal of Health and Psychology*, *13*(2), 226–238. https://doi.org/10.1177/1359105307086705
Nolan, P. (2005). Verbal processing within the music therapy relationship. *Music Therapy Perspectives*, *23*, 18–28. https://doi.org/10.1093/mtp/23.1.18
O´Callaghan, C., & Jordan, B. (2011). Music therapy supports parent-infant attachments: in families affected by life threatening cancer. In J. Edwards (Ed.), *Music Therapy and parent-infant bonding* (pp. 191–207). Oxford University press.
Oldfield, A. (2006). *Interactive Music Therapy: A Positive Approach: Music Therapy at a Child Development Centre*. Jessica Kingsley Publishers.
Oldfield, A. (2008). Working in Partnership and Supporting Parents. Music Therapy for Pre-school Children and their Parents at a Child Development Centre. In A. Oldfield & C. Flower (Eds.), *Music Therapy with Children and their Families* (pp. 19–36). Jessica Kingsley Publishers.
Oldfield, A. (1993). Music Therapy with Families. In M. Heal & T. Wigram (Eds.), *Music Therapy in Health and Education* (pp. 46–54). Jessica Kingsley Publishers.
Oldfield, A. (2017). The first "themed" Brittish journal of music therapy: An introduction to music therapy with families. British Journal of Music Therapy, 31(1). https://doi.org/10.1177/1359457517693818
Oldfield, A. (2017). Music therapy with families in a psychiatric child´s unit. In S. Lindahl Jacobsen & G. Thompson (Eds.), *Music therapy with families. Therapeutic approaches and theoretical perspectives* (pp. 72–91). Jessica Kingsley Publishers.

Oscarsson, S. (2017). To create hope and dignity: Music therapy with refugee children with pervasive refusal syndrome. In *Music therapy with families. Therapeutic approaches and theoretical perspectives* (pp. 247–268). Jessica Kingsley Publishers.

Pajulo, M., Pyykkönen, N., Kalland, M., Sinkkonen, J., Helenius, H., & Punamäki, R.-L. (2012). Substance-abusing mother-baby-pairs in residential treatment: importance of pre-and postnatal reflective functioning. *Infant Mental Health Journal*, *33*(1), 70–81. https://doi.org/10.1002/imhj.20342

Pally, R. (2005). A neuroscience perspective on forms of intersubjectivity in infant research and adult treatment. In B. Beebe, S. Knoblauch, J. Rustin, & D. Sorter (Eds.), *Forms of intersubjectivity in infant research and adult treatment*. Other Press.

Papousek, M. (1996). Intuitive parenting: a hidden source of musical stimulation in infancy. In I. Deliège & J. Sloboda (Eds.), *Musical beginnings. Origins and development of musical competence* (pp. 88–112). Oxford University press.

Papousek, M. (2011). Resilience, strengths, and regulatory capacities; hidden resources in developmental disorders of infant mental health. *Infant Mental Health Journal*, *32*(1), 29–46. https://doi.org/http://dx.doi.org/10.1002/imhj.20282

Pasiali, V. (2012). Supporting Parent-Child Interactions: Music Therapy as an Intervention for Promoting Mutually Responsive Orientation. *Journal of Music Therapy*, *49*(3), 303–334. https://doi.org/http://dx.doi.org/10.1093/jmt/49.3.303

Pearce, C. (2011). *A short introduction to promoting resilience in children*. Jessica Kingsley Publishers.

Peters-Scheffera, N., Diddena, R., Korziliusd, H., & Matsone, J. (2012). Cost comparison of early intensive behavioral intervention and treatment as usual for children with autism spectrum disorder in the Netherlands. *Research in Developmentl Disabilities*, *33*(6), 1763–1772. https://doi.org/10.1016/j.ridd.2012.04.006

Philipp, D. A. (2012). Reflective family play: a model for whole family intervention in the infant and preschool clinical population. *Infant Mental Health Journal*, *33*(6), 599–608. https://doi.org/10.1002/imhj.21342

Plahl, C. (2007). Microanalysis of preverbal communication in music therapy. In T. Wosch & T. Wigram (Eds.), *Microanalysis in music therapy. Methods, techniques and applications for clinicians, researchers, educators and students* (pp. 41–53). Jessica Kingsley Publishers.

Prior, V., & Glaser, D. (2006). *Understanding attachment and attachment disorders. Theory, evidence and practice*. Jessica Kingsley Publishers.

Raglio, A., Fonte, C., Reani, P., Varalta, V., Bellandi, D., & Smania, N. (2016). Active music therapy for persons with dementia and their family caregivers. *International Journal of Geriatric Psychiatry*, *31*, 1084–1090. https://doi.org/10.1002/gps.4421

Randolph, J. J. (2009). A guide to writing the dissertation literature review. *Practical Assessment, Research & Evaluation*, *14*(13), 1–13.

Reynolds, A., Temple, J., White, B., Ou, S.-R., & Robertson, D. (2011). Cost-benefit alysis of the child-parent center early education program. *Child Development*, *82*(1), 379–404. https://doi.org/10.1111/j.1467-8624.2010.01563.x

Ridder, H. M. (2017). Partners in care. A psychosocial approach to music therapy and dementia. In *Music therapy with families. Therapeutic approaches and theoretical perspectives* (pp. 269–289). Jessica Kingsley Publishers.

Ridder, H. M., & Fachner, J. (2016). Objectivist case study research. In B. L. Wheeler & K. Murphy (Eds.), *Music Therapy Research eBook* (3rd edition). Barcelona Publishers.

Rock, A. M. L., Trainor, L. J., & Addison, T. L. (1999). Distinctive messages in infant-directed lullabies and play songs. *Developmental Psychology*, *5*(2), 527–534. https://doi.org/http://dx.doi.org/10.1037/0012-1649.35.2.527

Robb, L. (1999). Emotional musicality in mother-infant vocal affect, and an acoustic study of postnatal depression. *Musicae Scientiae, The Journal of the European Society for the Cognitive Sciences of Music*, (Special issue), 123–154. https://doi.org/http://dx.doi.org/10.1177/10298649000030S108

Rolvsjord, R., & Stige, B. (2015). Concepts of context in music therapy. *Nordic Journal of Music Therapy*, *24*(1), 44–66. https://doi.org/10.1080/08098131.2013.861502

Roth, L., & Sweatt, J. D. (2011). Epigenetic mechanisms and environmental shaping of the brain during sensitive periods of development. *Journal of Child Psychology and Psychiatry*, *54*(4), 398–408. https://doi.org/https:/dx.doi.org/10.1111/j.1469-7610.2010.02282.x

Rubin, D. M., Alessandrini, E. A., Feudtner, C., Mandell, D. S., Localio, A. R., & Hadley, T. (2004). Placement Stability and Mental Health Costs for Children in Foster Care. *Pediatrics*, *113*(5), 1336–1341. https://doi.org/10.1542/peds.113.5.1336

Rubin, P. B., Ledner, D., & Mroz Miller, J. (2010). Theraplay for children with histories of complex trauma. In P. B. Booth & A. M. Jernberg (Eds.), *Theraplay. Helping parents and children build better relationships through attachment-based play* (3rd ed., pp. 359–403). Jossey-Bass

Salo, S., Flykt, M., Mäkelä, J., Biringen, Z., Kalland, M., Pajulo, M., & Punamäki, R. (2019). The effectiveness of Nurture and Play: a mentalisation-based parenting group intervention for prenatally depressed mothers. *Primary Health Care Research and Development*, *20*(e157), 1–11. https://doi.org/10.1017/ S1463423619000914

Salo, S., & Tuomi, K. (2008). *Hoivaa ja leiki. Vauvan ja vanhemman vuorovaikutus (Nurture and play. Early interaction between infant and parent)*. Psykologien kustannus.

Santelices, M., Guzmán, G., Aracena, M., Farkas, C., Armijo, I., Pérez-Salas, C., & Borghini, A. (2011). Promoting secure attachment: evaluation of the effectiveness of an early intervention pilot programme with mother-infant

dyads in Santiago, Chile. *Child Care Health Development*, *37*(2), 203–210. https://doi.org/10.1111/j.1365-2214.2010.01161.x
Savage, R., & Taylor Johnston, E. (2013). Hospice family caring behaviours during music therapy. *New Zealand Journal of Music Therapy*, (11), 81–103. https://doi.org/ISSN: 1176-3264
Savage, S., Williams, K., Berry, L., & Oreopoulos, J. (2022). Parental perceptions of the Sing&Grow programme: group music therapy building knowledge, confidence and social support. Journal of Family Studies, 28(3), 1005–1022. https://doi.org/10.1080/13229400.2020.1776755
Sawyer, E., & Burton, S. (2012). *Building resilience in families under stress. Supporting families affected by parental substance misuse and/or mental health problems* (2nd ed.). London: National Children´s Bureau (NCB).
Schofield, G., & Beek, M. (2006). *Attachment handbook for foster care and adoption*. London: British Association for Adoption & Fostering.
Scholtz, J. (2007). Microanalysis of interaction in music therapy (MIMT) with children with developmental disorders. In T. Wosch & T. Wigram (Eds.), *Microanalysis in music therapy; Methods, techniques and applications for clinicians, researchers, educators and students* (pp. 67–78). Jessica Kingsley Publishers.
Schore, A. N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Lawrence Erlbaum Associates, Inc.
Schore, A. N. (2003). *Affect dysregulation and disorders of the self*. W.W.Norton & Company.
Schore, A. N. (2014). Early interpersonal neurobiological assessment of attachment and autistic spectrum disorders. *Frontiers in Psychology*, *5*, 1049. https://doi.org/https://doi.org/10.3389/fpsyg.2014.01049
Schwartz, E. (2008). *Music Therapy and Early Childhood: A Developmental Approach*. Barcelona Publishers.
Schwartzberg, E. T., & Silverman, M. J. (2017). Parent perceptions of music therapy in an on-campus clinic for children with Autism Spectrum Disorder. *Musicae Scientiae*, *21*(1), 98–112. https://doi.org/10.1177/1029864916644420
Shai, D., & Belsky, J. (2011). When words just won´t do: introducing parental embodied mentalizing. *Child Development Perspectives*, *5*(3), 173–180. https://doi.org/10.1111/j.1750-8606.2011.00181.x
Shoemark, H. (1996). Family-centred early intervention: music therapy in the playground program. *Australian Journal of Music Therapy*, *7*, 3–15.
Shoemark, H., & Dearn, T. (2008). Keeping parents at the centre off family centred music therapy with hospitalised infants. *Australian Journal of Music Therapy*, *19*, 3–24.
Shoemark, H., Hanson-Abromeit, D., & Stewart, L. (2015). Constructing optimal experience for the hospitalized newborn through neuro-based music therapy. *Frontiers in Human Neuroscience*, *9*, 487. https://doi.org/10.3389/fnhum.2015.00487
Siegel, D. J., & Bryson, T. P. (2012). *The whole-brain child. 12 revolutionary strategies to nurture your child´s developing mind*. Bantam Books

Slade, A. (2005). Parental reflective functioning: an introduction. *Attachment and Human Development*, *7*(3), 269–281. https://doi.org/10.1080/14616730500245906

Smith, M., Sanderson, S., Brothers, K., Myers, M., & McCormick, J. (2016). Conducting a large, multi-site survey about patients´views on board consent: challenges and solutions. *BMC Medical Research Methodology*, *16*(162). https://doi.org/DOI 10.1186/s12874-016-0263-7

Snyder, C. R., & Lopez, S. J. (Eds.). (2009). *Oxford handbook of positive psychology* (2nd ed.). Oxford University Press.

Solbakken, O. A., Sandvik Hansen, R., & Monsen, J. T. (2011). Affect integration and reflective function: clarification of central conceptual issues. *Psychotherapy Research*, *21*(4), 482–496. https://doi.org/10.1080/10503307.2011.583696

Standley, J. (2012). Music therapy research in the NICU: An updated meta-analysis. *Neonatal Network*, *31*(5), 311–317. https://doi.org/10.1891/0730-0832.31.5.311

Stern, D. (2002). *The first relationship: infant and mother*. Cambridge, Massachusetts, Harvard University Press.

Stern, D. (2010). *Forms of Vitality. Exploring Dynamic Experience in Psychology, the Arts, Psychotherapy, and Development*. Oxford University press.

Stott, T. (2011). Placement Instability and Risky Behaviors of Youth Aging Out of Foster Care. *Child & Adolescent Social Work Journal*, *29*(1), 61–83. https://doi.org/10.1007/s10560-011-0247-8

Stovall-McClough, K. C., & Dozier, M. (2004). Forming attachments in foster care: infant attachment behaviors during the first 2 months of placement. *Development and Psychopathology*, *16*, 253–271. https://doi.org/10.10170S0954579404044505

Stuart, K. (2018). Musical ripples and reflections: The story of Charlie, his music and his new foster family. *Voices: A World Forum for Music Therapy*, *18*(4). https://doi.org/10.15845/voices.v18i4.2604

Swanick, R., & Papatzikis, E. (2022). Achieving behavioural advancement through the dynamic maturation model and the assessment of parent-child interactions in a music therapy context. Behavioral Sciences, 12(9), 338. https://doi.org/10.3390/bs12090338

Thompson, G. (2017). The "Music therapy with families network": Creating a community of practice via social media. *British Journal of Music Therapy*, *31*(1), 50–52. https://doi.org/10.1177/1359457517690070

Thompson, G. (2018). Long-term perspectives of family quality of life following music therapy with young children on the autism spectrum: a phenomenological study. *Journal of Music Therapy*, *54*(4), 432–459. https://doi.org/10.1093/jmt/thx013

Thompson, G., McFerran, K., & Gold, C. (2014). Family-centered music therapy in the home environment: Promoting interpersonal engagement between children with autism spectrum disorder and their parents. *Child: Care, Health and Development*, *40*(6), 840–852. https://doi.org/10.1111/cch.12121

Trondalen, G. (1997). Music Therapy and Interplay. A Music Therapy Project with Mothers and Children Elucidated through the Concept of "Appreciative Recognition." *Nordic Journal of Music Therapy*, *6*(1), 14–27. https://doi.org/10.1080/08098139709477890

Tronick, E. Z. (1989). Emotions and emotional communications in infants. *American Psychologist*, *44*(2), 112–119. https://doi.org/http://dx.doi.org/10.1037/0003-066X.44.2.112

Tuomi, K. (2017). Music therapy and theraplay. Creating, repairing and strengthening the attachment bond in foster and adoptive families. In S. Lindahl Jacobsen & G. Thompson (Eds.), *Music therapy with families. The approaches and theoretical perspectives* (pp. 173–198). Jessica Kingsley Publishers.

Tuomi, K. (2018). Intervention for foster families with young children. *Imagine – Early Childhood Music Therapy Online Magazine*, *9*(1), 66–68. Retrieved from www.imagine.musictherapy.biz

Tuomi, K., & Ala-Ruona, E. (2022). Nurture and play for foster families with young children: Foster-parents' reflections on attachment- focused group intervention. *Approaches: An Interdisciplinary Journal of Music Therapy*, *First view*.

Tuomi, K., Ala-Ruona, E., & Oldfield, A. (2017). Literature review of early childhood music therapy between 1990-2012. *Voices: A World Forum for Music Therapy*, *17*(2). https://doi.org/10.15845/voices.v17i2

Tuomi, K., Thompson, G., Gottfried, T., & Ala-Ruona, E. (2021). Theoretical perspectives and therapeutic approaches in music therapy with families. *Voices: A World Forum for Music Therapy*, *21*(2). https://doi.org/10.15845/voices.v21i2.2952

Warren, P., & Nugent, N. (2010). The Music Connections Programme: Parents' perceptions of their children's involvement in music therapy. *New Zealand Journal of Music Therapy*, *8*, 8–33. https://doi.org/1176-3264

van der Kolk, B. A. (2005). Developmental trauma disorder: towards a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, *35*(5), 401–408. https://doi.org/http://dx.doi.org/10.3928/00485713-20050501-06

Watkings, P. C. (2016). *Positive psychology 101* (eBook). Springer Publishing.

Weinfield, N. S., Sroufe, L. A., Egeland, B., & Carlsson, E. (2008). Individual differences in infant-caregiver attachment. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment; Theory, research and clinical applications* (2nd ed., pp. 78–101). The Guilford Press.

Williams, K. E., Berthelsen, D., Nicholson, J. M., Walker, S., & Abad, V. (2012). The effectiveness of a short-term group music therapy intervention for parents who have a child with a disability. *Journal of Music Therapy*, *49*(1), 23–44. https://doi.org/10.1093/jmt/49.1.23

Williams, K., Teggelove, K., & Day, T. (2014). Contemporary cultures of service delivery to families: Implications for music therapy. *Australian Journal of Music Therapy*, *25*, 148–173.

Winnicot, D. W. (1958). Primary maternal preoccupation. In *Collected papers: Through paediatrics to psycho-analysis.* (2nd ed., pp. 300–305). Tavistock.
Winnicot, D. W. (1960). The theory of the parent-infant relationship. *International Journal of Psychoanalysis*, *41*, 585–595.
Wong, K., Tan, B., Tong, J., & Chan, M. Y. (2021). The role of music therapy for children undergoing cancer treatment in Singapore. Healthcare, 9(12), 1761. https://doi.org/10.3390/healthcare9121761
Zeanah, C. H., Smyke, A. T., Koga, S. F., Carlson, E., & Core, T. B. E. I. P. (2005). Attachment in Institutionalized and Community Children in Romania. *Child Development*, *76*(5), 1015–1028. https://doi.org/http://dx.doi.org/10.1111/j.1467-8624.2005.00894.x

ORIGINAL PAPERS

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LITERATURE REVIEW OF EARLY CHILDHOOD MUSIC THERAPY BETWEEN 1990-2012

by

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Literature Review of Early Childhood Music Therapy Between 1990-2012

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Abstract

The article examines music therapy literature from 1990 to 2012 focusing on children aged 0 to 5-years old. The literature includes clinical descriptions, research articles, chapters in books, peer reviewed electronic publications, and peer reviewed journals. Altogether 125 different texts were found which fulfilled the criteria for inclusion. Simple quantitative analysis gave guidelines for deeper, comparative qualitative analysis. According to the data the older children were more often written about than younger children. Historically the dominance from individual work has been shifting to dyadic/family work. The active methods were most commonly singing and playing with instruments. Children with autism spectrum disorder (ASD) were most strongly represented together with paediatric patients and children with developmental disabilities. Interaction between family members and the positive factors were emphasized in the articles. The importance of fun and enjoyment was underlined throughout all client groups. The results claim that more specific information of the effects of early childhood music therapy is needed. In addition, related areas of research, cross-scientific viewpoints, and common fields of interests should be taken into consideration in the future.

Keywords: *music therapy, young children, early childhood, literature review*

Introduction

Early childhood is undoubtedly the phase of life when the basics of many developmental cornerstones are laid. The impact of the early years for the later life is undisputed (Leckman & March, 2011; Roth & Sweatt, 2011; Schore, 1994; 2014). When the development of the child is somehow atypical or at risk, it is logical that early interventions are more effective, even in terms of funding than later interventions – to put it simply: the earlier the intervention is made, the less entrenched the difficulties that will need treatment will be (Golos et al., 2011; Hayes et al., 2014; Peters-Scheffera et al., 2012; Reynolds et al., 2011; Santelices et al., 2011).

Infant, toddler, pre-schooler, and early childhood may refer to children of different ages. This might be because of cultural differences but also the lack of strict definitions. Definitions of the age of an infant varies from 0-12 months (Medicinenet.com) to just "a very young child or baby" (English Oxford Living Dictionaries). Toddler is described as a young child who is learning to walk (Medicinenet.com; English Oxford Living

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Dictionaries). Infant and toddler may in some cases be used as synonyms (Gilliam & Mayes, 2005; Shonkoff et al., 2005), as well as toddler and preschooler (Egger, 2009). In addition, children start school at different ages and childcare arrangements may vary greatly from one country to another, which may impact the terminology used.

"Early childhood music therapy" is a relatively new phrase. Schwartz referred to children aged 0-5 when writing about music, therapy, and early childhood (Schwarz, 2008) and the same age group was brought up by Kern and Humpal (2012) in their book *Early Childhood Music Therapy and Autism Spectrum Disorders*. This terminology has its place in the same way as: "early childhood education" and "early childhood music education," for example. Also, the first international publication from this field is called *Imagine – online Magazine of Early Childhood Music Therapy* (http://imagine.musictherapy.biz/Imagine/home.html). In the present article, the authors will use the terminology *early childhood music therapy* to refer music therapy with children from birth to age 5.

When the target is to improve clinical efficacy and inform future research guidelines, the concept of understanding the phenomena is important (Dileo, 2005; Randolph, 2009). Understanding the nature of early childhood music therapy is possible by exploring the literature that represents developments in the field worldwide. The review undertaken for this paper focuses on how an early childhood music therapy intervention has been applied and how this practice is carried out (Randolph, 2009). In addition, its aim is to refine and conceptualize the field and simultaneously identify gaps in the literature (Dileo, 2005). According to the writers' knowledge, no such research has been accomplished before. The article is a part of the first author´s doctoral study conducted at the University of Jyväskylä, Finland in collaboration with Anglia Ruskin University, UK. The intention has been to analyse the literature as objectively as possible with the understanding that the authors´ music therapy background, experience, education, and philosophical outlooks will influence the interpretations made.

Data and prerequisites for the data

This review was intended to be a descriptive, not a systematic review. However, it was a detailed and careful study of existing resources, which the authors believe will be of value to other music therapists. As Aveyard (2010) pointed out such a review can be conducted in a systematic manner even if the detail required for systematic reviews was not attained.

The data included was broad, versatile, and diverse. The researchers were interested in the early childhood music therapy field as a whole, including theory, practice, and research studies. Case studies written by music therapists were included as well as general descriptions of music therapists' clinical approaches. At a further stage of analysis, the texts were divided up into different categories so it is possible to see which articles were research based. The different categories used will be clearly defined when that data is presented.

Included texts present clinical early childhood music therapy work and early childhood music therapy research in any or all the following: books, peer reviewed electronic publications, and peer reviewed journals from 1990 to 2012. Literature was limited to accessible publications in the English language. The following publications were included in the systematic search: *Music Therapy, Journal of Music Therapy, Music Therapy Perspectives, Nordic Journal of Music Therapy, British Journal of Music Therapy,* and *Australian Journal of Music Therapy* (online availability from year 2005 from which the articles included). In addition, CDROMS *Music Therapy Today* and *Music Therapy World* were searched through. Articles published elsewhere were searched with different keywords defining early childhood music therapy such as music therapy + early childhood / small children / young children / early intervention. This search was concluded with multidisciplinary searches in electronic databases including different medical and psychiatric databases (for example PsychInfo and PubMed). The books and book chap-

ters were searched manually in the libraries of the same universities. Reference lists in the papers were searched to find additional texts.

In several cases the line between music therapy, music education, cognitive music research, psychology of music, and different supportive music approaches was challenging to draw. The aim of the research was to focus specifically on music therapy. For the purposes of this review music therapy is defined as "a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change" (Bruscia, 1998, p. 20). In addition to Bruscia´s definition the interactional dimension of music therapy was stressed. Music therapy is understood as a process where attunement to the client is possible by adapting to the present moment and the needs of the client (Oldfield, 2006, 2017; Stern, 2010; Tuomi, 2017). Because of the strict definition, some excellent approaches and research papers (Cassidy & Ditty 2001; Kern 2006; Lim 2010) were excluded.

Criteria for inclusion were:

- The article was published for the first time between 1990–2012;
- The definition of music therapy as understood above was fulfilled;
- Music therapy as such was mentioned in the article either in titles, abstract, or text;
- At least one of the cases concerned children under 6 years of age; and
- Clinical music therapy could be detected in some way within this age group

Criteria for exclusion were:

- Theses and dissertations;
- Conference papers;
- Review articles and duplicates; and
- Theoretical articles, which did not include any clinical examples.

In the case of edited books, each chapter was treated independently. If one author had written the entire book it was identified as one whole.

Premature infants and music therapy in the Neonatal Intensive Care Unit (NICU) are not included in this article. When collecting data, it was soon revealed that this was a clinical field in its own right. In addition, an integrative review of music therapy conducted with premature infants was already published (Haslbeck, 2012) and also a meta-analysis of NICU music therapy (Standley, 2012).

Analysis methods

Early childhood music therapy literature from 1990 to 2012 was sourced and examined. The authors focused on how these texts described music therapy interventions and how music therapy services and interactions in sessions occurred. The analysis is further described below.

In total, 125 articles, books, and book chapters were found. The titles and details of each publication was entered Excel to create an annotated bibliography of the whole data. Initially obvious categories such as the name of the author, year of the publication, name of the publication and the genre of the text, for example research or clinical description, were included. When the analysis proceeded the number of categories increased and categories such as the age of children, the names of clinical population, for example child with autism spectrum disorder (ASD), patients in hospice, at-risk families, and the type of therapy context, for example individual, group, family, were added. Later it became clear that more categories such as the amount of cases and a historical viewpoint would improve the detail provided. The preliminary categories were therefore specified during the process as were the excluding and including attributes. For each article the following data was included in the Excel table in a separate column (Table 1).

Simple analysis of the bibliography including detailing how many texts were about individual music therapy, how many were accomplished with 4-year-old children, how

Table 1. An example of data in Excel table

Authors	Year	Name of the article
Aasgaard, T.	2002	Musical Acts Of Love In The Care Of Severely Ill and Dying Children and Their Families
Aasgaard, T.	2005	Song Creations by Children with Cancer - Process and Meaning
Abad, V.	2007	Early Intervention Music Therapy: Reporting on a 3-Year Project to Address Needs with At-Risk Families.
Abad, V. & Williams, K.	2006	Early Intervention Music Therapy for Adolecsent Mothers and their Children
Achenbach, C.	2012	Nordoff-Robbins Music Therapy in a Nursery Setting. Supporting Music Therapy Students On Placement
Aldridge, K.	1993	The Use Of Music To Relieve Pre-Operational Anxiety In Children Attending Day Surgery
Bargiel, M.	2004	Lullabies And Play Songs. Theoretical Considerations For An Early Attachment Music Therapy Intervention Through Parental Singing For Developmentally A-Risk Infants

many of them addressed music therapy with ASD children, and these details prompted guidelines for further qualitative analysis.

Descriptive analysis of the effects of music therapy was accomplished with the help of mind-map techniques in CMapTools (CMap, 2017). Preliminary categories were formed on the bases of the writers´ clinical expertise. All texts were read through by analysing the content and categorized first under preliminary categories. The categories developed and expanded while new findings emerged. Several subcategories were developed and careful notes were made. Different categories were sorted again by combining and developing division of the categories. The tables were made to help gain deeper insight (Galvan, 2009).

In many cases the articles belonged to several different categories at once. When these overlaps were revealed the articles were listed as many times as required, twice or even more. This applied to both quantitative and qualitative analysis.

Results

When interpreting the tables in the results section the authors make an assumption that the amount of texts published corresponds to some degree with the amount of clinical work occurring in the text. The authors are aware that there might be instances where this assumption is incorrect.

Age of children and type of therapy

When looking at the data from the perspective of age distribution it seems that the line is rising (Figure 1). Apart from infants under 1 year, the data reveals that there are more articles the older the children are.

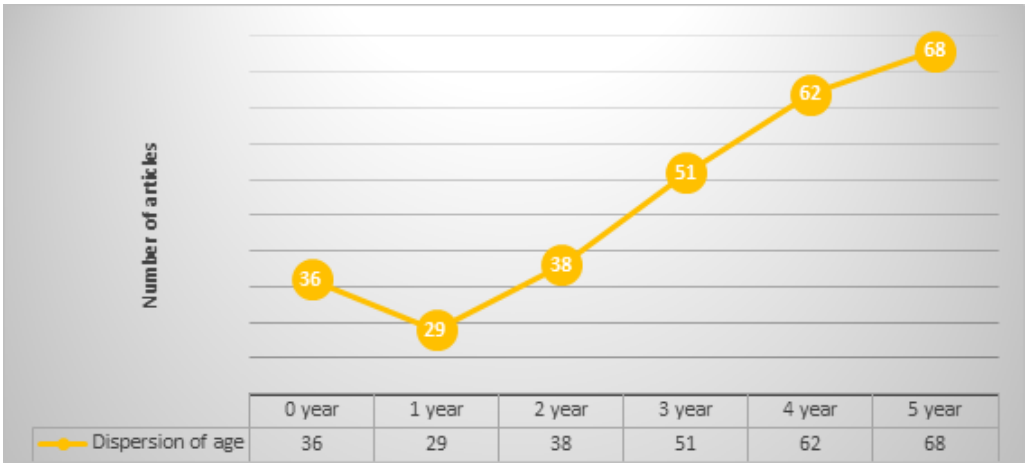

Figure 1. Distribution of age

Figure 2. Distribution of age in research articles

One-year-old children were a minority age group in the music therapy literature. The difference between written texts between 1 and 5-year-old children was 39 texts, which is quite a lot when examining all the data.

The same tendency seems to be present when viewing the research data (Figure 2). There is clearly less research with toddlers from 0 to 2 years old than with children of 5 years of age.

The type of therapy was divided into three: individual, group, and dyadic/family work. Dyadic work was defined as work where the music therapist worked with the child and a carer. Often the carer would have been the parent but it also could have been a relative, a foster carer, a nursery nurse, or a member of care staff. As can be seen in Figure 3 it seems that the amount of individual and dyadic/family work is almost equal.

Each category is not completely separate from the other, as group work sometimes overlaps with dyadic/family work, because the groups could be for individual children and also for dyads or families. In addition, in numerous cases the same text introduces several different types of therapy. As a result, some texts are included several times in the data analysis.

When looking at research data the results seem to be somewhat different (Figure 4). The differences between types of work are smaller and group work seems to be researched most often.

Sing&Grow (Williams & Abad, 2005) was founded in Australia. It is a group based 10-week program aimed at families with young children. The program was funded for 2 years initially and then the funding was extended. In the findings of this review

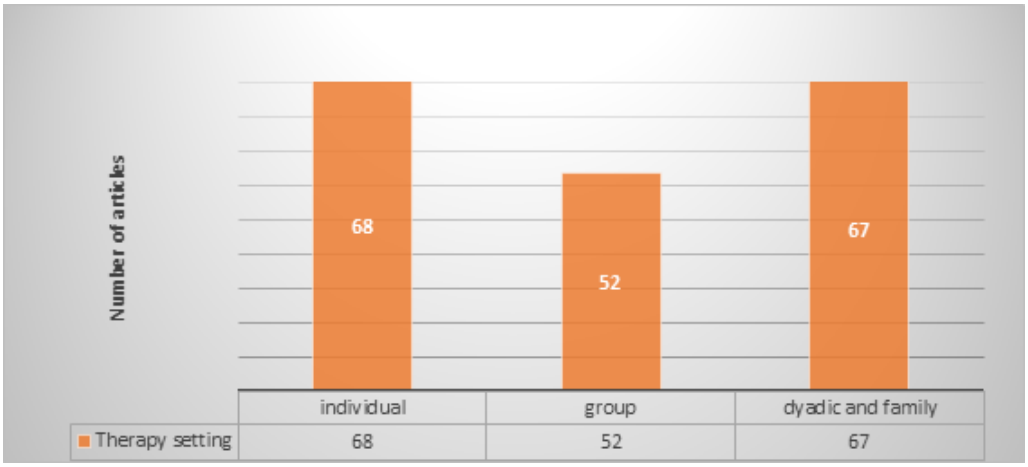

Figure 3. Therapy types

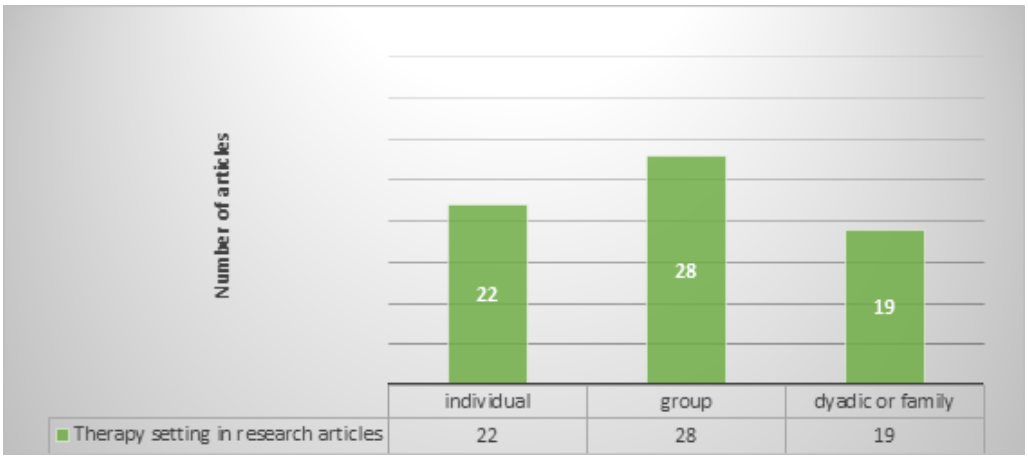

Figure 4. Therapy types in research articles

five Sing&Grow research papers were included (Abad, 2007; Abad & Williams, 2006; Nicholson et al., 2010; Nicholson et al., 2008; Williams et al., 2012) and one clinical evaluative paper (Williams & Abad, 2005). These have affected especially the analysis results of research articles. If the Sing&Grow papers would had been excluded from the data the amount of research texts would have been quite close to each other when comparing individual and group work. On the other hand, the family work would had been rated lower.

It was interesting to find out if the age of child had had an influence on whether work was carried out individually, in a group, or with the family. The analysis showed (Figure 5) that during the first year including the carer in therapy was almost as common as it was with 5-year-old children. Though, there were 17 articles describing individual music therapy for babies. When different types of therapy were quite the same in children with 3 years of age, the individual music therapy was clearly the most common therapy type with 5-year-old children. Again, it must be pointed out that group work was conducted with families as well as with individual children.

Historical viewpoints

The number of early childhood music therapy articles increased annually between 1990 and 2012. The time brackets analysed were either 5 or 6 years long except for the last one, which was only 2 years long because that was when the data gathering stopped. This somewhat affects conclusions made. Between 1990 and 1995, 18 articles were found whereas between 2006 and 2010, 43 articles were found. Between 2011 and 2012, 40 articles were found.

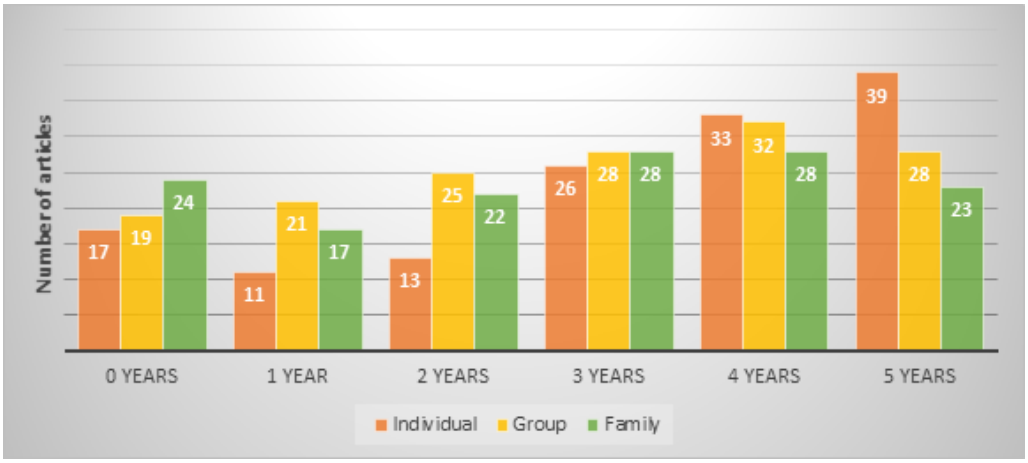

Figure 5. Types of therapy compared with age of children

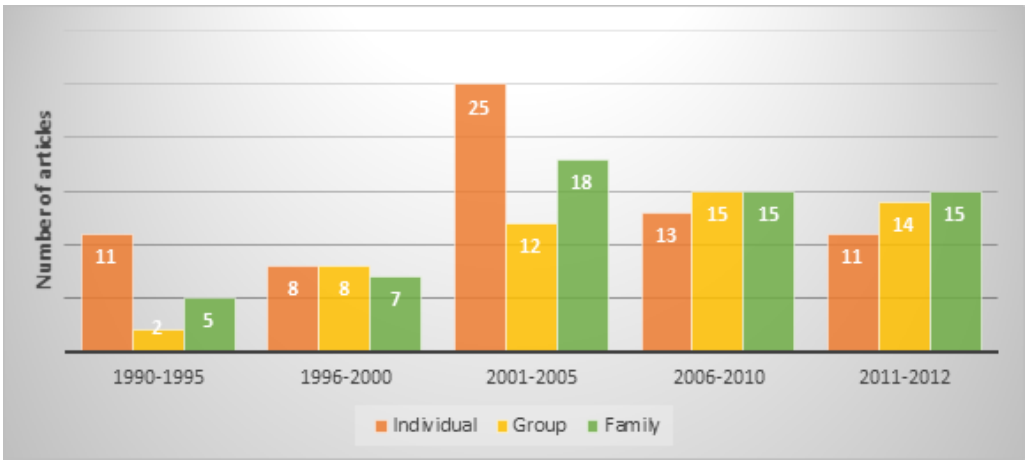

Figure 6. Historical perspectives and therapy types

When having a closer look at historical viewpoints and types of music therapy (individual, group, and family) mentioned during these 22 years it seems there have been changes not only in the amount of texts but also in the types of therapy presented. In Figure 6 it can be seen that individual work was dominant from 1990 to 1995 and between 2001 and 2005. Since then, group work and family work have been more prevalent, and during 2011 and 2012 it seems that dyadic/family approaches have been the area most written about.

Music Therapy techniques used in therapy

The data was divided into active, receptive, and active-receptive categories. Nine texts could not be included because the relevant information was not in the text. For the rest of the material (116 texts) the analysis revealed that active methods were most common. Seventy-five percent reported using singing, playing, improvising, or other kinds of active methods. Twenty-two percent of texts described using both active and receptive methods and only three percent used solely listening and other receptive methods. In Figure 7 it can be seen that singing was used in over 90 percent of the data detected. Playing with instruments was also very commonly used. Only a little over half of the texts mentioned using improvisation.

Client groups

There were some difficulties when categorizing the client groups in the data. It seemed that the categories could be grouped in many ways and the categorizing system was

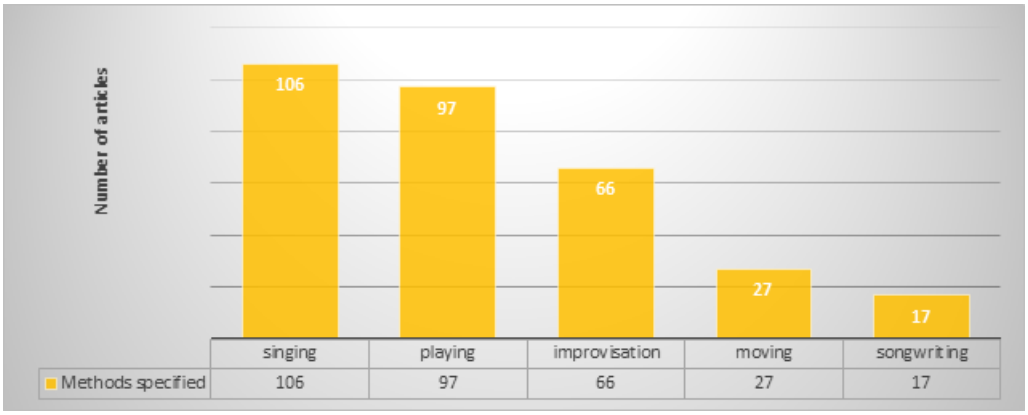

Figure 7. Therapy methods specified

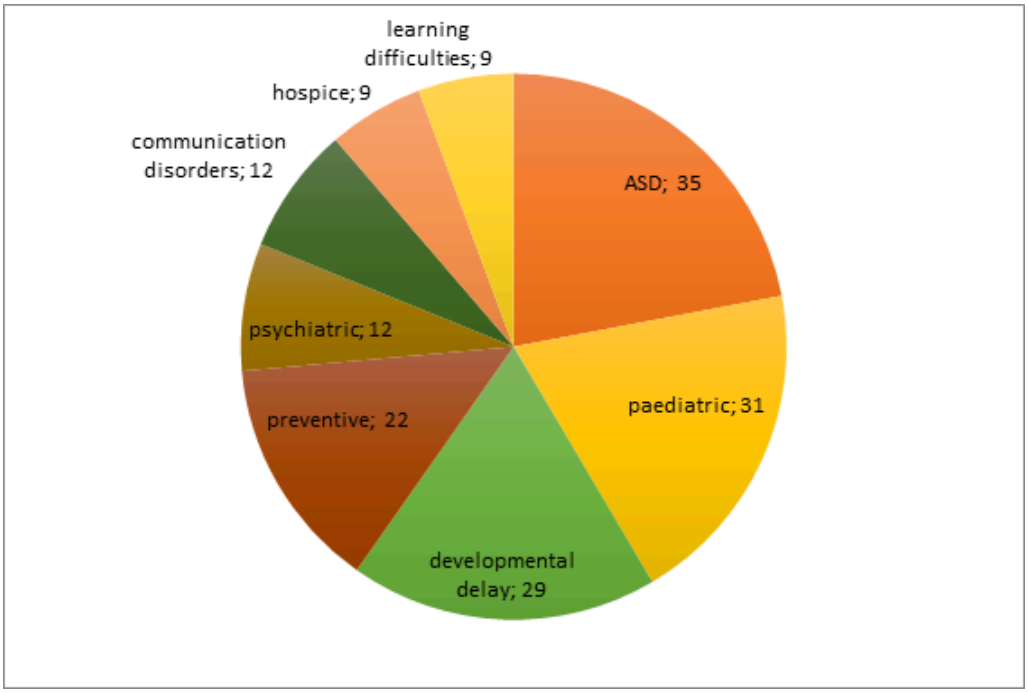

Figure 8. Client groups

different in different parts of the world. For example, ASD could be seen under communication disorders as well as under developmental delays while developmental delays and learning disabilities could be seen as the same category.

The categories were finally developed after sorting out and analysing the data by following the definitions of the writers. The following categories were decided upon: ASD, developmental delays, paediatric patients, preventive approaches, psychiatric disorders, communication disorders, hospice patients, learning difficulties, attachment issues, sensory impairment, and parenting issues. However, it should be pointed out that because of geographical divergence the terms might be presented differently in different texts. Due to this fact, there may be overlaps among categories and therefore categorizing should be seen as a rough idea rather than a definite grouping.

When looking at the client groups in Figure 8, it reveals that children with ASD are most strongly represented. When adding clients from paediatrics it seems that these client groups cover a little over half of the whole data. Children with developmental disabilities and delays and preventive music therapy approaches were quite well represented, whereas the psychiatric field and children with communication disorders were in the minority. Few texts referred to hospice clients, learning difficulties, sensory impairments, parenting, and attachment issues which can be found later in Table 1.

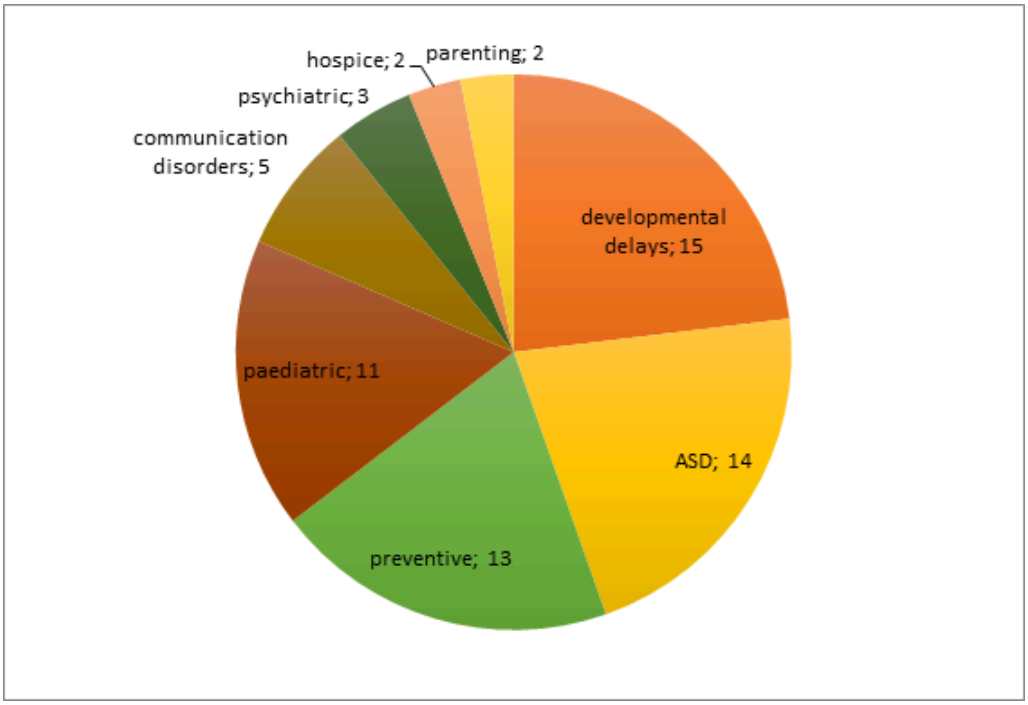

Figure 9. Client groups in research articles

When looking at the different client groups in the research data (Figure 9), the same tendency can be detected. Developmental disorders and delays together with ASD are the most common client groups followed by preventive treatment and paediatric clients.

In the following table (Table 2) the texts are categorized by their client groups. Again, the selected categorizing might affect the results but gives guidelines for readers to find adequate references for their purposes.

Effects of music therapy

When analysing the data from the viewpoint of reported effects of music therapy, authors mentioned effects in four different areas: a) social areas, b) emotional areas, c) physical and academic skill areas, and d) other areas. Effects in social and emotional areas were written about most, whereas physical and academic skill areas were mentioned less often.

When analysing social areas, the following subcategories emerged:

- Interaction within family,
- Other interaction,
- Communication, and
- Social behavior

The amount of the prominent themes defined the order of listed subcategories. This means that interaction within families was pointed out most often. In the same table, it can be seen that interactions between family members were emphasized and parenting skills were also quite well represented. Conversely, supporting attachment was mentioned in only four texts and research in this field was completely lacking. Similarly, affect attunement was focused on in only one text (Levinge, 2011) even though it is known that attunement and synchronicity are crucial for well-functioning interaction.

Increased intentions and initiatives, engagement as well as turn-taking and reciprocity emerged quite strongly from the data. Non-verbal interaction was only mentioned in a few texts (Kim et al., 2008; Levinge, 2011; Oldfield, 2011; Skewes & Thompson, 1998).

Table 2. References categorized by client groups

Client group	Research references	Other references
ASD (35)	Allgood, 2005; Dellatan, 2003; Finnigan & Starr, 2010; Guerrero & Turry, 2012; Holck, 2004; Kim et al., 2008; Kim et al., 2009; Lim & Draper, 2011; Muller & Warwick, 1997; Oldfield, 2006; Register & Humpal, 2007; Standley & Hughes, 1996; Tomlinson, 2010; Walworth et al., 2009 (14)	Achenbach, 2012; Beer, 1990; Berger, 2002; Brown, 2002; Bunt, 2002; Carpente, 2012; Darnley-Smith & Patey, 2003; Davies & Rosscornes, 2012; Humpal, 2012; Jones & Oldfield, 1999; Lecourt, 1991; Levinge, 1990; Lim, 2012; O´Neill, 2012; Oldfield, 2008; Oldfield, 2011; Thompson, 2012; Trevarthen et al., 1998; Warnock, 2011; Wigram, 1995;Woodward, 2004 (20)
Paediatric (31)	Aasgaard, 2005; Aldridge, 1993; Ayson, 2008; Barrera et al., 2002; Edwards & Kennelly, 2004; Loewy et al., 2005; O´Callaghan et al., 2011; Robb, 2000; Shoemark & Grocke, 2010; Walworth, 2005; Walworth, 2009 (11)	Aasgaard, 2001; Bartram, 1991; Bruce & High, 2012; Dun, 1995; Dun, 1999; Dun, 2007; Edwards, 1994; Hadley, 1996; Kennelly et al., 2001; Loewy, 2004; Lorenzato, 2005; Nall & Everitt, 2005; O´Callaghan & Jordan, 2011; O´Neill, 2012; Shoemark, 1999; Shoemark, 2004; Shoemark, 2006; Shoemark, 2011; Shoemark & Dearn, 2008; Voigt, 2003 (20)
Developmental disabilities and delays (29)	Allgood, 2005; de Mers et al., 2009; Duffy & Fuller, 2000; Elefant & Wigram, 2005; Gilboa & Roginsky, 2010; Guerrero & Turry, 2012; Holck, 2004; Irgens-Moller, 1999; Oldfield, 2006; Perry, 2003; Register & Humpal, 2007; Standley & Hughes, 1996; Sussman, 2009; Williams et al., 2012; Wylie, 1996 (15)	Achenbach, 2012; Bruce & High, 2012; Darnley-Smith & Patey, 2003; Hall, 2012; Jonsdottir, 2002; Loth, 2008; Oldfield, 2008; Oldfield, 2011; Schwartz, 2008; Schwartz, 2011; Shoemark, 1996; Skewes & Thompson, 1998; Voigt, 2003; Wigram, 1995 (14)
Preventive (22)	Abad, 2007; Abad & Williams, 2006; MacKenzie & Hamlett, 2005; Nicholson et al., 2008; Nicholson et al., 2010; Pasiali, 2012b; Register, 2001; Register, 2004; Register & Humpal, 2007; Standley et al., 2009; Standley & Hughes, 1997; Trolldalen, 1997; Walworth, 2009 (13)	Achenbach, 2012; Bargiel, 2004; Cunningham, 2011; Davies & Rosscornes, 2012; Drake, 2008; Edwards et al., 2007; Kelly, 2011; Ledger, 2011; Williams & Abad, 2005 (9)
Communication disorders (12)	Gross et al., 2010; Holck, 2004; Register & Humpal, 2007; Robb, 2003; Standley & Hughes, 1996 (5)	Beathard, 2008; Hall, 2012; Horvat & O´Neill, 2008; O´Neill, 2012; Oldfield, 1991; Oldfield, 2011; Schwartz, 2011 (7)
Psychiatric (12)	Gold et al., 2001; Irgens-Moller, 1999; Layman et al., 2002 (3)	Brackley, 2012; Burke, 1991; Cassity & Cassity, 2006; Drake, 2011; Hibben, 1992; Hong et al., 1998; Levinge, 2011; Oldfield, 1993; Wildman, 1995 (9)
Hospice (9)	Lindenfelser et al., 2008; Lindenfelser et al., 2012 (2)	Aasgaard, 2001; Davis, 2005; Nall & Everitt, 2005; O´Callaghan & Jordan, 2011; Rees, 2005; Sweeney, 2003; Sweeney-Brown, 2005 (7)
Learning difficulties (9)	Standley & Hughes, 1996 (1)	Bruce & High, 2012; Hall, 2012; Horvat & O´Neill, 2008; Jones & Oldfield, 1999; Loth,

Client group	Research references	Other references
		2008; O´Neill, 2012; Oldfield, 2011; Warnock, 2011 (8)
Attachment issues (5)	(0)	Cunningham, 2011; Drake, 2011; Kelly, 2011; Levinge, 2011; O´Callaghan & Jordan, 2011 (5)
Sense impairment (5)	Robb, 2003; Standley & Hughes, 1996 (2)	Gfeller, 1990; Horvat & O´Neill, 2008; Salas & Gonzales, 1991 (3)
Parenting (4)	Oldfield et al., 2003; Trolldalen, 1997 (2)	Achenbach, 2012; Williams & Abad, 2005 (2)

General social behavior, including decreased problem behavior, decreased stereotypic behaviour, and acceptance of differences, was also in the minority when examining the effects of music therapy.

In conclusion, it seems that interaction in this data was described in a general way rather than in a more detailed way. It is mentioned that music therapy helps, supports, and creates interactions but more exact information was often not clearly forthcoming.

The analysis of data relating to emotions revealed four subcategories:

- Positive factors
- Supportive factors
- Expressing and regulating qualities
- Other factors

According to this data it seems that early childhood music therapy literature emphasizes the positive factors of music therapy. The importance of fun and enjoyment was underlined throughout all client groups.

Except for preventative interventions the target of music therapy is often to reduce symptoms whatever those symptoms with different client groups are. In this data, this area was clearly taken into account in only one research publication (Gold et al., 2001). Also, very specific areas like emotional synchronicity were rarely mentioned (Kim et al., 2009) and the texts remained commonly on a more general level.

Expressive and regulating qualities of music therapy were quite well represented. Both areas are important for the development of the child and regulation problems often emerge within the population of young children with difficulties. Regulation of emotions was mentioned primarily with pediatric patients (Aldridge, 1993; Ayson, 2008; Barrera, Rykov & Doyle, 2002; Hadley, 1996; Loewy, 2004) while with children with ASD it was mentioned in two cases (Berger, 2002; Lecourt, 1991), within the psychiatric field twice (Brackley, 2012; Hong et al., 1998) as well and in hospice settings (Lindenfelser et al., 2008; Lindenfelser et al., 2012).

Physical and academic skill areas were visible in only a relatively small amount of papers. For this reason, both of these areas, with 14 and 11 texts, were put together under the same category heading.

Motor abilities and language development were the largest subcategories in these areas. Motor skills were emphasized especially with children with developmental delays (Bruce & High, 2012; Duffy & Fuller, 2000; Wylie, 1996) while effects of music therapy in language development were emphasized with children with ASD and children with communication disorders (Gross, Linden & Ostermann, 2010; Guerrero & Turry, 2012; Lim, 2012; Lim & Draper, 2011).

Many of these subcategories were mentioned only once. There was only one paper written from a neurological viewpoint (Shoemark, 2004). Problems with eating were also mentioned only once (Dellatan, 2003). Language development and learning competences were more frequently written about but pre-writing and -reading compe-

Table 3. Social areas

Social areas	Definition	Reference
Interaction within family (40 different texts)	a. interaction among family members (26) b. parenting skills (i.e. parent´s mental health, skills to transfer abilities to another environments) (13) c. attachment (4) d. positive image (3) e. attunement (1)	a. Abad, 2007; Abad & Williams, 2006; Allgood, 2005; Bargiel, 2004; Bunt, 2002; Drake 2008; Drake, 2011; Dun, 1995; Gilboa & Roginsky, 2010; Hibben, 1992; Jonsdottir, 2002; Kelly, 2011; Ledger, 2011; Lindenfelser et al., 2012; McKenzie & Hamlett, 2005; Nall & Everitt, 2005; O´Callaghan & Jordan, 2011; Oldfield, 1993; Oldfield et al., 2003; Pasiali, 2012b; Shoemark, 1996; Shoemark, 2004; Shoemark, 2011; Thompson, 2012; Trolldalen, 1997; Woodward, 2004 b. Abad & Williams, 2006; Ayson, 2008; Cunningham, 2011; Dun, 1995; Edwards et al., 2007; Horvat & O´Neill, 2008; Muller & Warwick, 1997; Nicholson et al., 2008; Nicholson et al., 2010; Oldfield, 2006; Voigt, 2003; Walworth, 2009; Williams et al., 2012 c. Bargiel, 2004; Cunningham, 2011; Kelly, 2011; O´Callaghan & Jordan, 2011 d. Muller & Warwick, 1997; Oldfield, 2011 Thompson, 2012 e. Levinge, 2011
Interaction (29 different texts)	a. engagement (gaining attention, eye contact) (12) b. increased intentions and initiatives (choice making, active role, response time) (11) c. positive interaction (9) d. turn-taking and reciprocity (6) e. sustained attention (4	a. Bruce & High, 2012; Bunt, 2002; Finnigan & Starr, 2010; Hibben, 1992; Kim et al., 2009; Lecourt, 1991; Oldfield, 1991; Oldfield, 2006; Pasiali, 2012b; Robb, 2000; Salas & Gonzales, 1991; Tomlinson, 2010 b. Aasgaard, 2001; Bruce & Brown, 2012; Dun, 1999; Elefant & Wigram, 2005; Guerrero & Turry, 2012; Loth, 2008; Register, 2004; Muller & Warwick, 1997; Robb, 2000; Standley & Hughes, 1996; Williams, 2012 c. Bunt, 2002; Finnigan & Starr, 2010; Guerrero & Turry, 2012; Kim et al., 2008; Loth, 2008; Muller & Warwick, 1997; Pasiali, 2012b; Perry, 2003; Skewes & Thompson, 1998 d. Davies & Rosscornes, 2012; Drake, T. 2008; Dun, 1999; Levinge, 2011; Perry, 2003; Robb, 2000

Social areas	Definition	Reference
		e. Lecourt, 1991; Perry, 2003; Sussman, 2009; Tomlinson, 2010
Communication (29 different texts)	a. enabling and enhancing communication (14) b. medium for communication (vocalization, verbalization) (11) c. non-verbal communication (5)	a. Dun, 1999; Hall, 2012; Hibben, 1992; Lindenfelser et al., 2008; Loth, 2008; Nicholson et al., 2008; Oldfield, 1991; Pasiali, 2012b; Perry, 2003; Salas & Gonzales, 1991; Shoemark, 1999; Skewes & Thompson, 1998; Trevarthen et al., 1998; Woodward, 2004 b. Aasgaard, 2005; Beathard & Krout, 2008; Berger, 2002; Bunt 2002; Gilboa & Roginsky, 2010; Jones & Oldfield, 1999; Kennelly et al., 2001; Levinge, 1990; Oldfield, 2006; Robb, 2000; Tomlinson, 2010 c. Dun, 1995; Kim et al., 2008; Levinge, 2011; Oldfield, 2011; Skewes & Thompson, 1998
Social behavior (9 different texts)	a. decreased problem behavior (3) b. concentration (3) c. need of control reduced (1) d. decreased stereotypic behaviour (1) e. acceptance of differences (1)	a. de Mers et al., 2009; Oldfield, 1991; Register & Humpal, 2007 (3) b. Loth, 2008; Oldfield et al., 2003; Robb, 2003 c. Brown, 2002 d. Muller et al., 1997 e. Skewes & Thompson, 1998

tences were in the minority (Register, 2001; Standley & Hughes, 1997) as well as pain relief (Edwards, 1994; Sweeney-Brown, 2005).

These are the effects of early childhood music therapy, which did not fit into previous categories.

Assessment is an important part of therapy when setting goals for a process. There were five papers referring to this matter within this age group. Focus on this material was on experiences where music therapy could have provided some kind of information, which was not revealed through other assessment tools.

A very different kind of approach was introduced in two papers where the cost-effectiveness was the focus (Loewy et al., 2005; Walworth, 2005). Both researches examined the cost-effectiveness of music therapy in the pediatric healthcare setting aiming to reduce the amount of sedation for patients undergoing various procedures. This kind of research is rare within the music therapy field but might be one-direction researchers will be encouraged to take in the future.

Specific findings

In this section, the authors reflect on several aspects, which they found particularly interesting. This section is mainly descriptive rather than analytical and it is not part of the more structured analysis.

Table 4. Emotional areas

Emotional areas	Definition	References
Positive factors (36 different texts)	a. fun, joy, enjoyment, playfulness (20) b. atmosphere and positive attitude (7) c. new insights, memories (9) d. motivation (8) e. normalization and reduced symptoms (3)	a. Aasgaard 2005; Ayson, 2008; Barrera & Rykov, 2002; Bruce & High, 2012; Drake, 2008; Dun, 1999; Dun, 2007; Gfeller, 1990; Hadley, 1996; Hall, 2012; Hendon & Bohon, 2008; Kim et al., 2009; Lecourt, 1991; Lindenfelser et al. 2012; Loth, 2008; Oldfield, 1991; Oldfield, 1993; Oldfield, 2011; Shoemark & Dearn, 2008; Thompson, 2012 b. Dun, 1999; Dun, 2007; Edwards, 1994; Pasiali, 2012b; Schwartz, 2011; Shoemark, 1999; Shoemark, 2004 c. Allgood, 2005; Darnley-Smith, 2003; Dun, 2007; Lindenfelser et al., 2008; Nall & Everitt, 2005; O´Callaghan & Jordan, 2011; Rees, 2005; Schwartz, 2011; Shoemark, 2004 d. Dun, 1995; Elefant & Wigram 2005; Finnigan & Starr, 2010; Gfeller, 1990; Kim et al., 2009; Oldfield, 1991; Skewes & Thompson, 2009; Tomlinson, 2010 e. Ayson, 2008; Dun, 2007; Gold et al., 2001
Supportive factors (33 different texts)	a. emotional support and – sharing, nurture and comfort, soothing (17) b. feeling of mastery (6) c. resources and resilience (6) d. self confidence (5) e. coping skills (4)	a. Ayson, 2008; Barrera & Rykov 2002; Burke 1991; Cunningham, 2011; Davis, G. 2005; Drake, 2011; Dun, 1995; Dun, 1999; Dun, 2007; Jonsdottir, 2002; Levinge, 2011; Lindenfelser et al., 2012; O´Callaghan & Jordan, 2011; Salas & Gonzales, 1991; Shoemark, 1999; Sweeney-Brown, 2005; Trevarthen et al., 1998 b. Beer, 1990; Bruce & High, 2012; Edwards, 1994; Hadley, 1996; Oldfield, 1991; Trolldalen, 1997 c. Darnley-Smith, 2003; Dun, 1995; Dun, 1999; Irgens-Moller, 1999; O´Callaghan & Jordan, 2011; Shoemark, 2004 d. Aasgaard 2005; Davies & Rosscornes, 2012; Hall, 2012; Ledger, 2011; Woodward, 2004 e. Beer, 1990; Berger, 2002; Hadley, 1996; Shoemark, 2006
Expressive and regulating qualities (27 different texts)	a. expressing emotions, creativity (17)	a. Aasgaard, 2001; Aasgaard, 2005; Beer, 1990; Brackley 2012; Bunt,

Emotional areas	Definition	References
	b. regulation of emotions, calming and activating (13)	2002; Burke, 1991; Dun, 1995; Guerrero & Turry, 2012; Hong et al., 1998; Horvat & O´Neill, 2008; Irgens-Moller, 1999; Lecourt, 1991; Levinge, 2011; Tomlinson, 2010; Trevarthen et al., 1998; Salas & Gonzales, 1991; Warnock, 2011 b. Aldridge, 1993; Ayson, 2008; Bargiel, 2004; Barrera & Rykov, 2002; Berger, 2002; Brackley, 2012; Hadley, 1996; Hong et al., 1998; Lecourt, 1991; Loewy, 2004; Lindenfelser et al., 2004; Lindenfelser et al., 2012; Pasiali, 2012b
Other factors (13 different texts)	a. development of self, separation, and personal development (11) b. coherence (structuring and categorizing) (2) c. emotional synchronicity (1)	a. Beer, 1990; Brown, 2002; Cunningham, 2011; Darnley-Smith, 2003; Horvat & O´Neill, 2008; Levinge, 1990; Shoemark, 2011; Trevarthen et al., 1998; Trolldalen, 1997; Salas & Gonzales, 1991; Warnock, 2011 b. Lecourt, 1991; Salas & Gonzales, 1991 c. Kim et al., 2009

Table 5. Physical and cognitive areas

Physical / cognitive areas	Definition	References
Physical and motor areas (14 different texts)	a. relaxation (5) b. motoric abilities (4) c. pain relief (2) d. neurological development (1) e. eating behavior (1) f. linking sensory perceptions (1)	a. Aldridge 1993; Loewy, 2004; Loewy et al., 2005; Oldfield, 1991; Walworth, 2005 b. Beathard & Krout, 2008; Bruce & High, 2012; Duffy & Fuller, 2000; Wylie 1996 c. Edwards, 1994; Sweeney-Brown, 2005 d. Shoemark, 2004 e. Dellatan, 2003 f. Lecourt, 1991
Cognitive areas (11 different texts)	a. language development (5) b. competences, ability to learn (4) c. prewriting and – print concepts (2) d. reading competences (1) e. awareness (1)	a. Kennelly et al., 2001; Lim, 2012; Lim & Draper, 2011; Gross & Linden, 2010; Guerrero & Turry, 2012 b. Elefant & Wigram, 2005; Gold et al., 2001; Gross & Linden, 2010; Humpal, 2012 c. Register 2001; Standley, 1997 d. Register, 2001 e. Dun, 1999

Table 6. Other areas

Other areas	Definition	References
Assessment (5 different texts)	a. Tool for assessment (3) b. New information about child (2)	a. Hadley, 1996; Layman et al., 2002; O´Neill, 2012 b. Irgens-Moller, 1999; Wigram, 1995
Other dimensions (4)	a. Spirituality (2) b. holistic view (1) c. economical viewpoint (1)	a. Sweeney, 2003; Sweeney-Brown, 2005 b. Shoemark & Dearn, 2008 c. Loewy et al., 2005; Walworth, 2005

Books

Music Therapy in Children´s Hospices (Pavlicevic, 2005) is currently the only book in the field of music therapy in palliative care with children. Music therapy with children and their families (Oldfield & Flower, 2008) has been an important opening for future development of family work. The same applies to Edwards' book (2011), which focuses on the use of music therapy in promoting attachment across community, medical, and school based contexts. Music therapy in schools - working with children of all ages in mainstream and special education (Tomplinson et al., 2012) is an opening to the school world where small children and their carers are taken into consideration. Early childhood music therapy and autism spectrum disorders (Kern & Humpal, 2012) is relevant for this research because of its specific topic.

Large number of participants

There were several papers, which included a large amount of research participants, defined for the purposes of this review as 50 or more cases. In music therapy research in general, large numbers are the exception rather than the rule. In this study, there seem to be several papers with a large number of participants. This was particularly evident in the Sing&Grow reports (Abad, 2007; Abad & Williams, 2006; Nicholson et al., 2010; Nicholson et al., 2008; Williams et al., 2012). Participants numbers were 850 (Nicholsson et al., 2010) and 635 families (Abad, 2007) per paper. Other program or curriculum based interventions also seemed to have numerous participants. A preventive intervention *The Music Together Program* (MacKenzie & Hamlett, 2005) gathered information from 140 families. Another preventive program offered in schools was with 80 dyads participating a family-based music therapy program (Kelly, 2011). Eighty-six kindergarten children participated in a music therapy program designed to teach reading skills (Register, 2004) and 50 children participated in a research project where music therapy was designed to enhance prereading and writing skills (Register, 2001).

Previously introduced researches into cost-effectiveness (Loewy et al., 2005; Walworth, 2005) also included many participants. Walworth´s study included 166 patients between 6 months and 13 years and Loewy´s 60 patients from 1 month through 5 years of age. A pilot study explored the effectiveness of interactive music therapy of hospitalized children with cancer (Barrera et al., 2002). Sixty-five children participated, of which 33 were 0-5 years of age. Seventy infants under 2 years and their parents were examined regarding responsiveness and infant social development (Walworth, 2009). Hospitalized children´s mood was tested in an investigation where 60 children from 13 months to 12 years participated (Hendon & Bohon, 2007).

Typically, the papers that included a large number of participants seemed to describe quite a structured way of working. These papers often evaluated programs and curriculums, usually with groups. Music therapy was often a short-term intervention. Different questionnaires were often used as well as observational notes. This was un-

derstandable and often necessary given the large amount of data involved. However, this means that the data can often not be analysed in depth and in many cases the *why* questions remain unresolved. Generalizations can be made but specific information might be lacking. The meaning of such papers is important in situations where the benefits of music therapy need to become visible and convince the policymakers.

Length of music therapy processes

The sources revealed that early childhood music therapy is commonly accomplished as a short-term intervention with few services being provided for longer than a year. Only 10 papers were identified which mentioned that music therapy lasted at least a year. However, this information was not available in every paper.

The longest therapy processes mentioned lasted 4 or 5 years (Horvat & O´Neill, 2008; Warnock, 2011). Mostly longer work lasted 1 to 2 years (Brown, 2002; Bunt, 2002; Dun, 2007; Hong et al., 1998; Lecourt, 1991; Levinge, 1990; Oldfield, 2006; Shoemark, 1996; Trevarthen et al., 1998). Interestingly all of these papers were written before 2008. This result might be linked to the previous finding, which showed that individual music therapy was dominant at the same time. All the long-term work was individual or dyadic/family work.

Discussion

The main aim of this paper was to conduct an overview of the early childhood music therapy literature. The authors wanted to get a picture of the field worldwide an idea of groupings within the subject area and find possible trends but also gaps in literature. In addition, the target was to conceptualize the field, provide a context, and define a history of what has been done.

Reflection on most important findings

Based on the data analysis (both overall analysis and the analysis of the research data) the results showed that older children were more often written about. Once again based on the assumption that the amount of literature reflects clinical trends, the authors suggest that older children might be more likely to receive music therapy treatment than younger children. Although the exclusion of music therapy in neonatal care and with premature infants has affected the results. Also, it is possible that children under 2 years are not so often referred to music therapy because of the lack of necessary evaluation and diagnosis in such a young age.

According to the results, including the carer in therapy during the first year was almost as common as it was with 5-year-old children. Different types of therapy were quite the same in children with 3 years of age and individual music therapy was the most common therapy type with 5-year-old children.

Historically it seems that during the last 22 years there have been changes not only in amount of texts but also on the types of therapy presented. The dominance from individual work has been shifting to family/dyadic work. Conclusions might be that music therapy has grown as a profession and publishing both research and clinical material has increased. Also, there is a possibility that the interest in clinical practice has been changing somewhat in favour of small children.

The edited books undoubtedly affected the results. There were three books published in 2011-2012 (Edwards, 2011; Kern & Humpal, 2012; Tomlinson et al., 2012) of which 18 chapters matched the criteria for this research. The dominance of individual work between 2001 and 2005 cannot clearly be explained. Again there were edited books (Bunt & Hoskyns, 2002; Pavlicevic, 2005) affecting the data but not so obviously as mentioned earlier. It could be that during those years the awareness of music therapy with small children increased, resulting in more writing on the subject.

Some of the differences in types of therapy changing across the targeted time span could be related to legal and regulatory options for service for young children. In the

United States, focus for treatment moved significantly from individual, clinic based work to family and group based work due to changing emphasis under the Individual with Disabilities Education Act (IDEA). In Australia, the funding for Sing&Grow could be seen as a driving force in the changing types of practice.

Looking at types of intervention, active methods were most common with singing and playing with instruments the most prevalent. Only 66 texts (from 116 texts) reported using improvisation. This could be partly because the texts did not articulate details like this clearly enough. Also, music therapy programs or group work (Aldridge, 1993; Edwards et al., 2007; Nicholson et al., 2010), which might be well structured and planned in advance seemed not to use improvisation as much as other kinds of approaches. In addition, strict research design might have limited the use of different methods (i.e. Elefant & Wigram, 2005; Finnigan & Starr, 2010; Lim & Draper, 2011).

Despite the difficulties of categorizing client groups, it seemed that children with ASD were most strongly represented together with paediatric patients and children with developmental disabilities. Preventive music therapy approaches were well represented, whereas the services for children with mental disorders and children with communication disorders were smaller in number.

This research could not evaluate different music therapy approaches in a systematic way because many writers did not name or describe their exact approach. However, when looking at those authors' texts who mentioned some aspects, it would appear that psychodynamic approaches were in the minority and the focus when carrying out early childhood music therapy was usually on creative and improvisational music therapy. This could explain why the concepts of reflective function, mentalization, and parent´s representations were absent, even though these issues are currently an important focus for early interaction research worldwide (Fonagy, 2012; Pajulo et al., 2012; Philipp, 2012; Solbakken et al., 2011).

When analysing the data from the viewpoint of reported effects of music therapy (see tables 3,4,5,6), authors mentioned positive effects in four different areas: a) social areas, b) emotional areas, c) physical and academic skill areas, and d) other areas. Motor skills were emphasized especially with children with developmental delays, though only in a few papers, and only one text took a neurological viewpoint.

Interactions among family members were emphasized, and parenting skills were also quite well represented. Increased intentions and initiatives, engagement as well as turn-taking and reciprocity emerged quite strongly from the data. It was somewhat surprising that non-verbal interaction was only mentioned in a few texts. The authors' assumption had been that within the population of 0 to 5-year-old children it would have been more emphasized. According to this data it also appeared that countertransference was not commonly mentioned or focused on in the texts.

Decreased problem behavior, decreased stereotypic behaviour, and acceptance of differences, was in the minority when examining the effects of music therapy. One could assume that problems within this area are not so big in this age group. Also, it might be a matter of research design and targets, as research designs might not often identify measures where decreases of behavior could be detected.

Early childhood music therapy literature emphasized the positive factors. The importance of fun and enjoyment was underlined throughout all client groups. Resilience is currently a subject, which is frequently mentioned in the literature concerning children and families (Papousek, 2011; Pasiali, 2012a; Pearce, 2011; Sawyer & Burton, 2012). Both from the viewpoints of humanity and economy, it seems it would be beneficial to focus on the strengths of clients. In this data, six articles (Darnley-Smith & Patey, 2003; Dun, 1995; Dun, 1999; Irgens-Moller, 1999; O´Callaghan & Jordan, 2011; Shoemark, 2004) wrote about resources and resilience as well as about feelings of mastery.

Specific features of the research data were investigated only in high impact research publications. The freer the framework of writing was, the more general were the conclusions.

Limitations

Collecting data with such a broad inclusion criteria was very demanding and constituted a limitation to this investigation. Despite the systematic approach, it is still possible there are papers which met the criteria for inclusion but were not included in the research. On the other hand, the quite strict definition of music therapy limited the data and left some research papers out. However, the amount of data was substantive and it is reasonable to assume that single additional texts would not have impacted the overall results.

The quality of the research also suffered because of the large amount of texts. The controlled experiments and quantifiable data were not in focus, and the "critical reading" (Aveyard, 2010; Randolph 2009) was not carried out in this research. Because of the large amount of texts, the analysis was carried out more superficially than with a strictly selected, small amount of data. The qualitative data in particular, could have been analysed in a much more detailed and deeper way if the data had been less extensive.

The categorizing in this research has its limits because of overlaps between different categories (i.e. group work could be either for individual children but also for dyads or families). Also, geographical divergence of the terms and the classification regarding the clinical population has had an influence on the analysis and results. Though an objective standpoint was tried to be maintained, the authors´ own backgrounds, experiences, and standpoints have with some extent influenced the interpretations. The research would look different if the authors would have been different.

Despite the limitations of this research, the authors believe it gives an overall idea of early childhood music therapy practice and how this praxis is accomplished. It gives us guidelines of early childhood music therapy practice and a means of accomplishing it. It gives us guidelines of what kind of client groups early childhood music therapy takes place with and what the effects of this intervention are seen to be. We also gain an understanding of gaps in the literature, what is missing, and which area it would be beneficial to consider in more depth.

Guidelines for future

There are some issues for the future, which should be pointed out. From the researcher´s perspective it would be important that articles, both clinical and research articles, included precise information about a) the age of the target group (for example: "preschool"/"kindergarten student"/"school age" referring to different age groups in different countries), b) the definition of the intervention (for example: education or therapy), c) type of work (who was present in sessions), d) duration and frequency of therapy (how many times per week, how long the sessions lasted, how many sessions all together), e) methods used. In addition, the framework of therapy and the therapist (i.e. psychotherapeutic, creative or improvisational music therapy) would be important to define. All this information should be easy to find and the structure of the article should be logical. Ideally this information should be available in the abstract of the article.

Within the context of early childhood music therapy, children from birth to 2 years of age seemed to be in the minority. Research in the fields of communication disorders and psychiatric care were low incidence and hospice care, sensory impairment, and parenting issues minimal. The research from field of attachment was missing completely. The authors suggest these areas to be researched more and written about in future. Long-term processes were in a minority and deeper information was often lacking. It was decided, for the sake of simplicity, not to distinguish between group work for individual children and group work with families. In retrospect, this might have been useful to look at in more detail and is a recommendation for future research.

More specific information is needed. In this data, the interactional and the emotional areas were described in a general way (i.e. music therapy helps, supports, and creates interaction), but more exact information was mostly not forthcoming. The pro-

fession needs more detailed knowledge, which is something for future researchers to consider. In addition, related areas of research, cross-scientific viewpoints and common fields of interests could be taken into consideration. The current world effectiveness should also be examined as well as the effects of music therapy in everyday life.

Early childhood music therapy is a multifaceted field with different client groups, types of work, approaches, and areas of emphasis. General trends have been determined, maybe it is now time to investigate deeper and in a more focused way considering our clients, our profession, and our funders.

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References

Aasgaard, T. (2005). Song creations by children with cancer - process and meaning. In D. Aldridge (Ed.), *Case study designs in music therapy* (pp. 67-96). London, Philadelphia: Jessica Kingsley Publishers.

Aasgaard, T. (2001). An ecology of love: aspects of music therapy in the pediatric oncology environment. *Journal of Palliative Care*, *17*(3), 177-224.

Abad, V. (2007). Early intervention music therapy: Reporting on a 3-year project to address needs with at-risk families. *Music Therapy Perspectives*, *25*, 52-58, https://doi.org/10.1093/mtp/25.1.52.

Abad, V., & Williams, K. (2006). Early intervention music therapy for adolecsent mothers and their children. *British Journal of Music Therapy*, *20*(1), 31-38, https://doi.org/10.1177/135945750602000106.

Achenbach, C. (2012). Nordoff-Robbins music therapy in a nursery setting. Supporting music therapy students on placement. In J. Tomlinson, P. Derrington, & A. Oldfield (Eds.), *Music therapy in schools. Working with children of all ages in mainstream and special education* (pp. 47-59). London, Philadelphia: Jessica Kingsley Publishers.

Aldridge, K. (1993). The use of music to relieve pre-operational anxiety in children attending day surgery. *Australian Journal of Music Therapy*, *4*, 19-35.

Allgood, N. (2005). Parents´ perceptions of family-based group music therapy for children with autism spectrum disorders. *Music Therapy Perspectives*, *23*, 92-99, https://doi.org/10.1093/mtp/23.2.92.

Aveyard, H. (2010). *Doing a literature review in health and social care: A practical quide* (2nd ed.). Berkshire, GBR: Open University Press.

Ayson, C. (2008). Child-parent wellbeing in a paediatric ward. The role of music therapy in supporting children and their parents facing the challenge of hospitalisation. *Voices: A World Forum for Music Therapy*, *8*(1), https://doi.org/10.15845/voices.v8i1.449.

Bargiel, M. (2004). Lullabies and play songs. Theoretical considerations for an early attachment music therapy intervention through parental singing for developmentally at-risk infants. *Voices: A World Forum for Music Therapy*, *4*(1), https://doi.org/10.15845/voices.v4i1.149.

Barrera, M. E., Rykov, M. H., & Doyle, S. L. (2002). The effects of interactive music therapy on hospitalized children with cancer: A pilot study. *Psycho-Oncology*, *11*(5), 379-388, https://doi.org/10.1002/pon.589.

Bartram, P. (1991). Improvisation and play in the therapeutic engagement of a five-year-old boy with physical and interpersonal problems. In K. Bruscia (Ed.), *Case studies in music therapy* (2nd ed., pp. 137-152). Gilsum, NH: Barcelona Publishers.

Beathard, B. (2008). A music therapy clinical case study of a girl with childhood apraxia of speech: finding Lily´s voice. *The Arts in Psychotherapy*, *35*(2), 107-116, https://doi.org/10.1016/j.aip.2008.01.004.

Beer, L. E. (1990). Music therapy: sounding your myth. *Music Therapy*, *9*(1), 35-43, https://doi.org/10.1093/mt/9.1.35.

Berger, D. S. (2002). *Music therapy, sensory integration and the autistic child*. London, Philadelphia: Jessica Kingsley Publishers.

Brackley, J. (2012). Music therapy and the expression of anger and aggression. Working with aggressive behavior in children aged five to nine who risk mainstream school exclusion. In J. Tomlinson, P. Derrington, & A. Oldfield (Eds.), *Music Therapy in schools. Working with children of all ages in mainstream and special education* (pp. 89-102). London, Philadelphia: Jessica Kingsley Publishers.

Brown, S. (2002). "Hullo object! I destroyed you!". In L. Bunt & S. Hoskyns (Eds.), *The handbook of music therapy* (pp. 84-96). New York: Brunner-Routledge.

Bruce, A., & High, S. (2012). Multiple views of music therapy. In J. Tomlinson, P. Derrington, & A. Oldfield (Eds.), *Music therapy in schools. Working with children of all ages in mainstream and special education* (pp. 71-83). London, Philadelphia: Jessica Kingsley Publishers.

Bruscia, K. (1998). *Defining music therapy* (2nd ed.). London: Routledge.

Bunt, L. (2002). Suzanna´s story: music therapy with a pre-school child. In L. Bunt & S. Hoskyns (Eds.), *The handbook of music therapy* (pp. 71-83). New York: Brunner-Routledge.

Bunt, L., & Hoskyns, S. (Eds.). (2002). *The handbook of music therapy*. New York: Brunner-Routledge.

Burke, K. (1991). Music therapy in working through a preschooler´s grief: expressing rage and confusion. In K. Bruscia (Ed.), *Case studies in music therapy* (2nd ed., pp. 127-135). Gilsum, NH: Barcelona Publishers.

Carpente, J. (2012). DIR/Floortime model. Introduction and considerations for improvisational music therapy. In P. Kern & M. Humpal (Eds.), *Early childhood music therapy and autism spectrum disorders. Developing potential in young children and their families* (pp. 145-161). London, Philadelphia: Jessica Kingsley Publishers.

Cassidy, J. W., & Ditty, K. M. (2001). Gender differences among newborns on a transient otoacoustic emissions test for hearing. *Journal of Music Therapy*, *38*(1), 28-35, https://doi.org/10.1093/jmt/38.1.28.

Cassity, M. D., & Cassity, J. E. (2006). *Multimodal psychiatric music therapy for adults, adolescents, and children. A clinical manual* (3rd ed.). London, Philadelphia: Jessica Kingsley Publishers.

Cmap. (n.d.). Retrieved from http://cmap.ihmc.us

Cunningham, J. (2011). Music therapy to promote attachment between mother and baby in marginalized communities. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (pp. 115-126). Oxford: Oxford University press.

Darnley-Smith, R., & Patey, H. M. (2003). *Music therapy*. London: Sage Publications.

Davies, E., & Rosscornes, C. (2012). Setting up and developing music therapy at a children´s centre, for pre-school children and their families and carers. In J. Tomplinson, P. Derrington, & A. Oldfield (Eds.), *Music therapy in schools. Working with children of all ages in mainstream and special education* (pp. 19-32). London, Philadelphia: Jessica Kingsley Publishers.

Davis, G. (2005). Living community: Music therapy with children and adults in a hospice setting. In M. Pavlicevic (Ed.), *Music therapy in children´s hospices: Jessie´s Fund in action* (pp. 124-138). London, Philadelphia: Jessica Kingsley Publishers.

Dellatan, A. K. (2003). The use of music with chronic food refusal: A case study. *Music Therapy Perspectives*, *21*, 105-109, https://doi.org/10.1093/mtp/21.2.105.

DeMers, C. L., Tincani, M., van, R. K., & Higgins, K. (2009). Effects of music therapy on young children´s challenging behaviors: A case study. *Music Threrapy Perspectives*, *27*, 88-96, https://doi.org/10.1093/mtp/27.2.88.

Dileo, C. (2005). Reviewing the literature. In B. Wheeler (Ed.), *Research in music therapy quantitative and qualitative perspectives* (2nd ed., pp. 105-111). Gilsum, NH: Barcelona Publishers.

Drake, T. (2011). Becoming in tune: The use of music therapy to assist the developing bond between traumatized children and their new adoptive parents. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (pp. 101-114). Oxford: Oxford University press.

Drake, T. (2008). Back to basics. Community-based music therapy for vulnerable young children and their parents. In A. Oldfield & C. Flower (Eds.), *Music therapy with children and their families* (pp. 37-51). London, Philadelphia: Jessica Kingsley Publishers.

Duffy, B., & Fuller, R. (2000). Role of music therapy in social skills development in children with moderate intellectual disability. *Journal of Applied Research in Intellectual Disabilities*, *13*(2), 77-89, https://doi.org/10.1046/j.1468-3148.2000.00011.x.

Dun, B. (1999). Creativity and communication. Aspects of music therapy in a children´s hospital. In D. Aldridge (Ed.), *Music therapy in palliative care. New voices* (pp. 59-67). London, Philadelphia: Jessica Kingsley Publishers.

Dun, B. (1995). A different beat: Music therapy in children´s cardiac care. *Music Therapy Perspectives*, *13*, 36-44.

Dun, B. (2007). Journeying with Olivia: Bricolage as a framework for understanding music therapy in paediatric oncology. *Voices: A World Forum for Music Therapy*, *7*(1), https://doi.org/10.15845/voices.v7i1.464.

Edwards, J. (2011). *Music therapy and parent-infant bonding*. Oxford: Oxford University press.

Edwards, J., Scahill, M., & Phelan, H. (2007). Music therapy: Promoting healthy mother-infant relations in the vulnerable refugee and asylym seeker community. In J. Edwards (Ed.), *Music therapy: Promoting health and creating community in healthcare* (pp. 154-168). Cambridge: Cambridge Scholars Publishing.

Edwards, J. (1994). The use of music therapy to assist children who have severe burns. *Australian Journal of Music Therapy*, *5*(1), 3-6.

Edwards, J., & Kennelly, J. (2004). Music therapy in paediatric rehabilitation. *Nordic Journal of Music Therapy*, *13*, 112-126, https://doi.org/10.1080/08098130409478108.

Egger, H. (2009). Toddler with temper tantrums. A careful assessment of a dysregulated preschool child. In C. A. Galanter & P. S. Jensen (Eds.), *DSM-IV-TR casebook for child mental health* (pp. 365-384). Arlington: American psychiatric publishing, Ink.

Elefant, C. (2010). Unmasking hidden resources. Communication in children with severe developmental disabilities in music therapy. In V. Karkou (Ed.), *Arts Therapies in Schools* (pp. 243-258). London, Philadelphia: Jessica Kingsley Publishers.

Elefant, C., & Wigram, T. (2005). Learning ability in children with Rett syndrome. *Brain & Development*, *27*, 97-101, https://doi.org/10.1016/j.braindev.2005.03.020.

English Oxford living dictionaries. (n.d.). Retrieved from http://en.oxforddictionaries.com

Finnigan, E., & Starr, E. (2010). Increasing social responsiveness in a child with autism. A comparison of music and non-music interventions. *Autism*, *14*(4), 321-348, https://doi.org/10.1177/1362361309357747.

Fonagy, P. (2012). *Handbook of mentalizing in mental health practice*. Arlington, VA: American psychiatric publishing, Inc.

Galvan, J. L. (2009). *Writing literature reviews. A guide for students of the social and behavioral sciences* (4th ed.). Glendale, CA: Pyrczak Publishing.

Gfeller, K. (1990). A cognitive-linguistic approach to language development for the preschool child with hearing impariment: implications for music therapy practice. *Music Therapy Perspectives*, *8*, 47-51, https://doi.org/10.1093/mtp/8.1.47.

Gilboa, A., & Roginsky, E. (2010). Examining the dyadic music therapy treatment (DUET): The case of a CP child and his mother. *Nordic Journal of Music Therapy*, *19*, 103-132, https://doi.org/10.1080/08098131.2010.500742.

Gilliam, W., & Mayes, L. (2005). Developmental assessment of infants and toddlers. In C. H. Zeanah (Ed.), *Handbook of infant mental health* (2nd ed., pp. 236-248). New York: The Guildford Press.

Gold, C., Wigram, T., & Berger, E. (2001). The development of a research design to assess the effects of individual music therapy with mentally ill children and adolescents. *Nordic Journal of Music Therapy*, *10*, 17-31, https://doi.org/10.1080/08098130109478014.

Golos, A., Sarid, M., Weill, M., & Weintraub, N. (2011). Efficacy of and early intervention program for at-risk preschool boys: a two-group control study. *The American Journal of Occupational Therapy*, *65*(4), 400-408.

Gross, W., Linden, U., & Ostermann, T. (2010). Effects of music therapy in the treatment of children with dealyed speech development - results of a pilot study. *BMC Complementary and Alternative Medicine*, *10*, 39, http://dx.doi.org/10.1186/1472-6882-10-39.

Guerrero, N., & Turry, A. (2012). Nordoff-Robbins music therapy. An expressive and dynamic approach for young children on the autism spectrum. In P. Kern & M. Humpal (Eds.), *Early childhood music therapy and autism spectrum disorders. Developing potential in young children and their families* (pp. 130-144). London, Philadelphia: Jessica Kingsley Publishers.

Hadley, S. J. (1996). A rationale for the use of songs with children undergoing bone marrow transplantation. *Australian Journal of Music Therapy*, *7*, 16-27.

Hall, J. (2012). The school challenge. Combining the roles of music therapist and music teacher. In J. Tomlinson, P. Derrington, & A. Oldfield (Eds.), *Music therapy in schools. Working with children of all ages in mainstream and special education* (pp. 75-87). London, Philadelphia: Jessica Kingsley Publishers.

Haslbeck, F. (2012). Music therapy for premature infants and their parents: an integrative review. *Nordic Journal of Music Therapy*, *21*, 203-226, https://doi.org/10.1080/08098131.2011.648653.

Hayes, A., Lung, T., Wen, L., Baur, L., Rissel, C., & Howard, K. (2014). Economic evaluation of "healthy beginnings" an early childhood intervention to prevent obesity. *Obesity*, *22*(7), 1709-1715, https://doi.org/10.1002/oby.20747.

Hendon, C., & Bohon, L. M. (2007). Hospitalized children's mood differences during play and music therapy. *Child: Care, Health and Development*, *34*(2), 141-144, https://doi.org/10.1111/j.1365-2214.2007.00746.x.

Hibben, J. (1992). Music therapy in the treatment of families with young children. *Music Therapy*, *11*(1), 28-44, https://doi.org/10.1093/mt/11.1.28.

Holck, U. (2004). Interaction themes in music therapy: definition and delimitation. *Nordic Journal of Music Therapy*, *13*, 3-19, https://doi.org/10.1080/08098130409478094.

Hong, M., Hussey, D., & Heng, M. (1998). Music therapy with children with severe emotional disturbances in a residential treatment setting. *Music Therapy Perspectives*, *16*, 61-66, https://doi.org/10.1093/mtp/16.2.61.

Horvat, J., & O´Neill, N. (2008). `Who is the therapy for?`Involving parent or carer in their child´s music therapy. In A. Oldfield & C. Flower (Eds.), *Music therapy with children and their families* (pp. 89-101). London, Philadelphia: Jessica Kingsley Publishers.

Humpal, M. (2012). Strategies and techniques. Making it happen for young children with autism spectrum disorders. In P. Kern & M. Humpal (Eds.), *Early childhood music therapy and autism spectrum disorders. Developing potential in young children and their families* (pp. 162-180). London, Philadelphia: Jessica Kingsley Publishers.

Irgens-Moller, I. (1999). Music therapy in child psychiatry - a two-year project on a psychiatric unit for pre-school children. *Nordic Journal of Music Therapy*, *8*, 73-76.

Jones, A., & Oldfield, A. (1999). Sharing sessions with John. In J. Hibben (Ed.), *Inside music therapy: Client experiences* (pp. 165-171). Gilsum, NH: Barcelona Publishers.

Jonsdottir, V. (2002). Musicking in early intervention. *Voices: A World Forum for Music Therapy*, *2*(2), https://doi.org/10.15845/voices.v2i2.86.

Kelly, K. (2011). Supporting attachments in vulnerable families through an early intervention school-based group music therapy programme. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (pp. 22-41). Oxford, England: Oxford University press.

Kennely, J., Hamilton, L., & Cross, J. (2001). The interface of music therapy and speech pathology in the rehabilitation of children with acquired brain injury. *Australian Journal of Music Therapy*, *12*, 13-20.

Kern, P. (2006). Using embedded music therapy interventions to support outdoor play of young children with autism in an inclusive community-based child care program. *Journal of Music Therapy*, *43*, 270-294, https://doi.org/10.1093/jmt/43.4.270.

Kern, P., & Humpal, M. (Eds.). (2012). *Early childhood music therapy and autism spectrum disorders*. London, Philadelphia: Jessica Kingsley Publishers.

Kim, J., Wigram, T., & Gold, C. (2008). The effects of improvisational music therapy on joint attention behaviors in autistic children: a randomized controlled study. *Journal of Autism and Developmental Disorders*, *38*(9), 1758-1766, https://doi.org/10.1007/s10803-008-0566-6.

Kim, J., Wigram, T., & Gold, C. (2009). Emotional, motivational and interpersonal responsiveness of children with autism in improvisational music therapy. *Autism*, *13*(4), 389-409, https://doi.org/10.1177/1362361309105660.

Layman, D. L., Hussey, D. L., & Laing, S. J. (2002). Music therapy assessment for severely emotionally disturbed children: a pilot study. *Journal of Music Therapy*, *39*, 164-187, https://doi.org/10.1093/jmt/39.3.164.

Lecourt, E. (1991). Off-beat music therapy: A psychoanalytic approach to autism. In K. Bruscia (Ed.), *Case studies in music therapy* (2nd ed., pp. 73-98). Gilsum, NH: Barcelona Publishers.

Ledger, A. (2011). Extending group music therapy to families in schools: a reflection on practical and professional aspects. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (pp. 127-140). Oxford, England: Oxford University press.

Leckman, J. F., & March, J. S. (2011). Editorial: Developmental neuroscience comes of age. *The Journal of Child Psychology and Psychiatry*, *52*(4), 333-338, https://doi.org/10.1111/j.1469-7610.2011.02378.x.

Levinge, A. (1990). “The use of I and me”: Music therapy with an autistic child. *Journal of British Music Therapy*, *4*(2), 15-18, https://doi.org/10.1177/135945759000400204.

Levinge, A. (2011). “The first time ever I saw your face…”: music therapy for depressed mothers and their infants. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (pp. 42-57). Oxford, England: Oxford University press.

Lim, H. (2012). Communication and language development. Implications for music therapy and autism spectrum disorders. In P. Kern & M. Humpal (Eds.), *Early childhood music therapy and autism spectrum disorders. Developing potential in young children and their families* (pp. 199-213). London, Philadelphia: Jessica Kingsley Publishers.

Lim, H. (2010). Effect of “developmental speech and language training through music” on speech production in children with autism spectrum disorders. *Journal of Music Therapy*, *47*, 2-26, https://doi.org/10.1093/jmt/47.1.2.

Lim, H. A., & Draper, E. (2011). The effects of music therapy incorporated with applied behavior analysis verbal behavior approach for children with autism spectrum disorder. *Journal of Music Therapy*, *48*, 532-550, https://doi.org/10.1093/jmt/48.4.532.

Lindenfelser, K. J., Grocke, D., & McFerran, K. (2008). Bereaved parents´ experiences of music therapy with their terminally ill child. *Journal of Music Therapy*, *45*, 330-348, https://doi.org/10.1093/jmt/45.3.330.

Lindenfelser, K. J., Hense, C., & McFerran, K. (2012). Music therapy in pediatric palliative care: family-centered care to enhance quality of life. *American Journal of Hospice & Palliative Medicine*, *29*(3), 219-226, https://doi.org/10.1177/1049909111429327.

Loewy, J. (2004). A clinical model of music therapy in the NICU. In M. Nöcker-Ribaupierre (Ed.), *Music therapy for premature and newborn infants* (pp. 159-175). Gilsum, NH: Barcelona Publishers.

Loewy, J., Hallan, C., Friedman, E., & Martinez, C. (2005). Sleep/sedation in children undergoing EEG testing: A comparison of chloral hydrate and music therapy. *Journal of PeriAnesthesia Nursing*, *20*(5), 323-332, https://doi.org/10.1016/j.jopan.2005.08.001.

Lorenzato, K. I. (2005). *Filling a need while making some noice. A music therapist´s guide to pediatrics*. London, Philadelphia: Jessica Kingsley Publishers.

Loth, H. (2008). Music therapy groups for families with a learning-disabled toddler. Bridging some gaps. In A. Oldfield & C. Flower (Eds.), *Music therapy with children and their families* (pp. 53-69). London, Philadelphia: Jessica Kingsley Publishers.

MacKenzie, J., & Hamlett, K. (2005). The music together program: addressing the needs of "well" families with young children. *Australian Journal of Music Therapy*, *16*, 43-56.

MedicineNet.com. (n.d.). Retrieved from http://medicinenet.com

Muller, P., & Warwick, A. (1997). Autistic children and music therapy. The effects of maternal involvement in therapy. In M. Heal & T. Wigram (Eds.), *Music Therapy in Health and Education* (2nd ed., pp. 214-234). London, Philadelphia: Jessica Kingsley Publishers.

Nall, K., & Everitt, E. (2005). From hospice to home: Music therapy outreach. In M. Pavlicevic (Ed.), *Music therapy in children´s hospices: Jessie´s fund in action* (pp. 147-158). London, Philadelphia: Jessica Kingsley Publishers.

Nicholson, J. M., Berthelsen, D., Abad, V., Williams, K., & Bradley, J. (2008). Impact of music therapy to promote positive parenting and child development. *Journal of Health and Psychology*, *13*(2), 226-238, https://doi.org/10.1177/1359105307086705.

Nicholson, J. M., Berthelsen, D., Williams, K. E., & Abad, V. (2010). National study of early parenting intervention: Implementation differences on parenting and child outcomes. *Prevention Science*, *11*(4), 360-370, https://doi.org/10.1007/s11121-010-0181-6.

O'Callaghan, C., Baron, A., Barry, P., & Dun, B. (2011). Music´s relevance for pediatric cancer patients: A constructivist and mosaic research approach. *Support Care Cancer*, *19*(6), 779-788, https://doi.org/10.1007/s00520-010-0879-9.

O'Callaghan, C., & Jordan, B. (2011). Music therapy supports parent-infant attachments: In families affected by life threatening cancer. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (pp. 191-207). Oxford, England: Oxford University press.

O'Neill, N. (2012). Open doors, open minds, open music! The development of music therapy provision in an assessment nursery. In J. Tomlinson, P. Derrington, & A. Oldfield (Eds.), *Music therapy in schools. Working with children of all ages in mainstream and special education* (pp. 33-45). London, Philadelphia: Jessica Kingsley Publishers.

Oldfield, A. (2006). *Interactive music therapy: A positive approach: music therapy at a child development centre*. London, Philadelphia: Jessica Kingsley Publishers.

Oldfield, A. (1993). Music therapy with families. In M. Heal & T. Wigram (Eds.), *Music Therapy in Health and Education* (pp. 46-54). London, Philadelphia: Jessica Kingsley Publishers.

Oldfield, A. (2011). Parents´ perceptions of being in music therapy sessions with their children: What is our role as music therapists with parents? In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (pp. 58-72). Oxford: Jessica Kingsley Publishers.

Oldfield, A. (2008). Working in partnership and supporting parents. Music therapy for pre-school children and their parents at a child development centre. In A. Oldfield & C. Flower (Eds.), *Music therapy with children and their families* (pp. 19-36). London, Philadelphia: Jessica Kingsley Publishers.

Oldfield, A., Adams, M., & Bunce, L. (2003). An investigation into short-term music therapy with mothers and young children. *British Journal of Music Therapy*, *17*(1), 26-45, https://doi.org/10.1177/135945750301700105.

Oldfield, A. (1991). Preverbal communication through music to overcome a child´s language disorder. In K. Bruscia (Ed.), *Case studies in music therapy* (2nd ed., pp. 163-174). Gilsum, NH: Barcelona Publishers.

Oldfield, A. (2017). Music therapy with families in a psychiatric children´s unit. In S. Lindahl Jacobsen & G. Thompson (Eds.), *Music therapy with families. Therapeutic approaches and theoretical perspectives* (pp. 72-91). London, Philadelphia: Jessica Kingsley Publishers.

Oldfield, A., & Flower, C. (Eds.). (2008). *Music therapy with children and their families*. London, Philadelphia: Jessica Kingsley Publishers.

Pajulo, M., Pyykkönen, N., Kalland, M., Sinkkonen, J., Helenius, H., & Punamäki, R-L. (2012). Substance-abusing mother-baby-pairs in residential treatment: Importance of pre-and postnatal reflective functioning. *Infant Mental Health Journal*, *33*(1), 70-81, https://doi.org/10.1002/imhj.20342.

Papousek, M. (2011). Resilience, strengths, and regulatory capacities; Hidden resources in developmental disorders of infant mental health. *Infant Mental Health Journal*, *32*(1), 29-46, https://doi.org/10.1002/imhj.20282.

Pasiali, V. (2012). Supporting parent-child interactions: Music therapy as an intervention for promoting mutually responsive orientation. *Journal of Music Therapy*, *49*, 303-334, https://doi.org/10.1093/jmt/49.3.303.

Pasiali, V. (2012). Resilience, music therapy, and human adaption: Nurturing young children and families. *Nordic Journal of Music Therapy*, *21*, 36-56, https://doi.org/10.1080/08098131.2011.571276.

Pavlicevic, M. (2005). *Music therapy in children´s hospices: Jessie´s found in action*. London, Philadelphia: Jessica Kingsley Publishers.

Pearce, C. (2011). *A short introduction to promoting resilience in children*. London, Philadelphia: Jessica Kingsley Publishers.

Perry, M. M. R. (2003). Relating improvisational music therapy with severely and multiply disabled children to communication development. *Journal of Music Therapy*, *40*, 227-246, https://doi.org/10.1093/jmt/40.3.227.

Peters-Scheffera, N., Diddena, R., Korziliusd, H., & Matsone, J. (2012). Cost comparison of early intensive behavioral intervention and treatment as usual for children with autism spectrum disorder in the Netherlands. *Research in Developmental Disabilities*, *33*(6), 1763-1772, https://doi.org/10.1016/j.ridd.2012.04.006.

Philipp, D. A. (2012). Reflective family play: A model for whole family intervention in the infant and preschool clinical population. *Infant Mental Health Journal*, *33*(6), 599-608, https://doi.org/10.1002/imhj.21342.

Randolph, J. J. (2009). A guide to writing the dissertation literature review. *Practical Assessment, Research & Evaluation*, *14*(13), 1-13.

Rees, C. (2005). Brief encounters. In M. Pavlicevic (Ed.), *Music therapy in children´s hospices: Jessie´s fund in action* (pp. 81-93). London, Philadelphia: Jessica Kingsley Publishers.

Register, D. (2001). The effects of an early intervention music curriculum on prereading/writing. *Journal of Music Therapy*, *38*, 239-248, https://doi.org/10.1093/jmt/38.3.239.

Register, D. (2004). The effects of live music groups versus an educational children´s television program on the emergent literacy of young children. *Journal of Music Therapy*, *41*, 2-27, https://doi.org/10.1093/jmt/41.1.2.

Register, D., & Humpal, M. (2007). Using musical transitions in early childhood classrooms: Three case examples. *Music Therapy Perspectives*, *25*, 25-31, https://doi.org/10.1093/mtp/25.1.25.

Reynolds, A., Temple, J., White, B., Ou, S-R., & Robertson, D. (2011). Cost-benefit alysis of the child-parent center early education program. *Child Development*, *82*(1), 379-404, https://doi.org/10.1111/j.1467-8624.2010.01563.x.

Robb, S. L. (2000). The effect of therapeutic music interventions on the behavior of hospitalized children in isolation: Developing a contextual support model of music therapy. *Journal of Music Therapy*, *37*, 118-146, https://doi.org/10.1093/jmt/37.2.118.

Robb, S. L. (2003). Music interventions and group participation skills of preschoolers with visual impairments: raising questions about music, arousal, and attention. *Journal of Music Therapy*, *40*(4), 266-282, https://doi.org/10.1093/jmt/40.4.266.

Roth, L., & Sweatt, J. D. (2011). Epigenetic mechanisms and environmental shaping of the brain during sensitive periods of development. *Journal of Child Psychology and Psychiatry*, *54*(4), 398-408, https://doi.org/https:/dx.doi.org/10.1111/j.1469-7610.2010.02282.x.

Salas, J., & Gonzales, D. (1991). Like singing with a bird: Improvisational music therapy with a blind four-year-old. In K. Bruscia (Ed.), *Case studies in music therapy* (2nd ed., pp. 17-27). Gilsum, NH: Barcelona Publishers.

Santelices, M., Guzmán, G., Aracena, M., Farkas, C., Armijo, I., Pérez-Salas, C., & Borghini, A. (2011). Promoting secure attachment: evaluation of the effectiveness of an early intervention pilot programme with mother-infant dyads in Santiago, Chile. *Child Care Health Development*, *37*(2), 203-210, https://doi.org/10.1111/j.1365-2214.2010.01161.x.

Sawyer, E., & Burton, S. (2012). *Building resilience in families under stress. Supporting families affected by parental substance misuse and/or mental health problems* (2nd ed.). London, England: National Children´s Bureau (NCB).

Sayre, J. M., Pianta, R. C., Marvin, R. S., & Saft, E. W. (2001). Mothers´representations of relationships with their children: Relations with mother characteristics and feeding sensitivity. *Journal of Pediatric Psychology*, *26*(6), 375-384, https://doi.org/10.1093/jpepsy/26.6.375.

Schwartz, E. (2008). *Music therapy and early childhood: A developmental approach*. Gilsum, NH: Barcelona Publishers.

Schwartz, E. K. (2011). Growing up in music: a journey through early childhood music develepment in music therapy. In A. Meadows (Ed.), *Developments in music therapy practice: case study perspectives* (pp. 70-85). Gilsum, NH: Barcelona Publishers.

Shoemark, H. (2006). Infant-directed singing as a vehicle for regulation rehearsal in the medically fragile full-term infant. *Australian Journal of Music Therapy*, *17*, 54-63.

Shoemark, H. (2011). Translating “infant-directed singing” into a strategy for the hospitalized infant. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (pp. 161-178). Oxford, England: Oxford University press.

Shoemark, H. (2004). Family-centered music therapy for infants with complex medical and surgical needs. In M. Nöcker-Ribaupierre (Ed.), *Music therapy for premature and newborn infants* (pp. 141-157). Gilsum, NH: Barcelona Publishers.

Shoemark, H. (1996). Family-centred early intervention: Music therapy in the playground program. *Australian Journal of Music Therapy*, *7*, 3-15.

Shoemark, H. (1999). Indications for the Inclusion of music therapy in the care of infants with bronchopulmonary dysplasia. In T. Wigram & J. DeBacker (Eds.), *Clinical applications of music therapy in cevelopmental disability, paediatrics and neurology* (pp. 32-46). London, Philadelphia: Jessica Kingsley Publishers.

Shoemark, H., & Dearn, T. (2008). Keeping parents at the centre of family centred music therapy with hospitalised infants. *Australian Journal of Music Therapy*, *19*, 3-24.

Shoemark, H., & Grocke, D. (2010). The markers of interplay between the music therapist and the high risk full term infant. *Journal of Music Therapy*, *47*, 306-334, https://doi.org/10.1093/jmt/47.4.306.

Shonkoff, J. P., Lippitt, J. A., & Cavanaugh, D. A. (2005). Early childhood policy: Implications for infant mental health. In C. H. Zeanah (Ed.), *Handbook of infant mental health* (2nd ed., pp. 503-518). New York: The Guildford Press.

Schore, A. (1994). *Affect regulation and the origin of the self: the neurobiology of emotional development*. New Jersey: Lawrence Erlbaum Associates, Inc., Publishers.

Schore, A. N. (2014). Early interpersonal neurobiological assessment of attachment and autistic spectrum disorders. *Frontiers in Psychology*, *5*, 1049, https://doi.org/10.3389/fpsyg.2014.01049.

Skewes, K., & Thompson, G. (1998). The use of musical interactions to develop social skills in early intervention. *Australian Journal of Music Therapy*, *9*(1), 35-44.

Solbakken, O. A., Sandvik, R., & Monsen, J. T. (2011). Affect integration and reflective function: Clarification of central conceptual issues. *Psychotherapy Research*, *21*(4), 482-496, https://doi.org/10.1080/10503307.2011.583696.

Standley, J., Walworth, D., & Nguyen, J. (2009). Effect of parent/child group music activities on toddler development: A pilot study. *Music Therapy Perspectives*, *27*, 11-15, https://doi.org/10.1093/mtp/27.1.11.

Standley, J. M., & Hughes, J. E. (1996). Documenting developmentally appropriate objectives and benefits of a music therapy program for early intervention: A behavioral analysis. *Music Therapy Pespectives*, *14*, 87-94, https://doi.org/10.1093/mtp/14.2.87.

Standley, J. M., & Hughes, J. E. (1997). Evaluation of an early intervention music curriculum for enhancing prereading/writing Skills. *Music Therapy Perspectives*, *15*, 79-5, https://doi.org/10.1093/mtp/15.2.79.

Standley, J. (2012). Music therapy research in the NICU: An updated meta-analysis. *Neonatal Network*, *31*(5), 311-317, https://doi.org/10.1891/0730-0832.31.5.311.

Stern, D. (2010). *Forms of vitality. Exploring dynamic experience in psychology, the arts, psychotherapy and development*. Oxford, UK: Oxford University press.

Sussman, J. (2009). The effect of music on peer awareness in preschool age children with developmental disabilities. *Journal of Music Therapy*, *46*, 53-68, https://doi.org/10.1093/jmt/46.1.53.

Sweeney-Brown, C. (2005). Music and medicine: music therapy within a medical setting. In M. Pavlicevic (Ed.), *Music therapy in children´s hospices: Jessie´s fund in action* (pp. 48-61). London, Philadelphia: Jessica Kingsley Publishers.

Sweeney, C. (2003). "Couldn´t put Humpty together again": Symbolic play with a terminally ill child. In S. J. Hadley (Ed.), *Psychodynamic Music Therapy: Case Studies*. Gilsum, NH: Barcelona Publishers.

Thompson, G. (2012). Family-centered music therapy in the home environment: Promoting interpersonal engagement between children with autism spectrum disorder and their parents. *Music Therapy Perspectives*, *30*, 109-116, https://doi.org/10.1093/mtp/30.2.109.

Tomlinson, J., Derrington, P., & Oldfield, A. (Eds.). (2012). *Music therapy in schools. Working with children of all ages in mainstream and special education*. London, Philadelphia: Jessica Kingsley Publishers.

Tomlinson, J. (2010). Music therapy for children with autism in an educational context. In V. Karkou (Ed.), *Arts therapies in schools. Research and practice* (pp. 231-242). London, Philadelphia: Jessica Kingsley Publishers.

Trevarthen, C., Aitken, K., Papoudi, D., & Robarts, J. (1998). *Children with autism. Diagnosis and interventions to meet their needs* (2nd ed.). London, Philadelphia: Jessica Kingsley Publishers. pp. 172-202.

Trolldalen, G. (1997). Music therapy and Interplay. A music therapy project with mothers and children elucidated through the concept of "appreciative recognition.". *Nordic Journal of Music Therapy*, *6*(1), 14-27.

Tuomi, K. (2017). Music therapy and theraplay. Creating, repairing and strengthening the attachment bond in foster and adoptive families. In S. Lindahl Jacobsen & G. Thompson (Eds.), *Music therapy with families. Therapeutic approaches and theoretical Perspectives* (pp. 173-198). London, Philadelphia: Jessica Kingsley Publishers.

Voigt, M. (2003). Orff music therapy. *Voices: A World Forum for Music Therapy*, *3*(3), https://doi.org/10.15845/voices.v3i3.134.

Walworth, D. (2005). Procedural-support music therapy in the healthcare setting: a cost-effectiveness analysis. *Journal of Pediatric Nursing*, *20*(4), 276-284, https://doi.org/10.1016/j.pedn.2005.02.016.

Walworth, D. (2009). Effects of developmental music groups for parents and premature or typical infants under two years on parental responsiveness and infant social development. *Journal of Music Therapy*, *46*, 32-52, https://doi.org/10.1093/jmt/46.1.32.

Walworth, D., D, D., Register, D., & Nguyen, J. (2009). Using the SCERTS model assessment tool to identify music therapy goals for clients with autism spectrum disorder. *Journal of Music Therapy*, *46*, 204-216, https://doi.org/10.1093/jmt/46.3.204.

Warnock, T. (2011). Voice and the self in improvised music therapy. *British Journal of Music Therapy*, *25*(2), 32-47, https://doi.org/10.1177/135945751102500204.

Wigram, T. (1995). A model of assessment and differential diagnosis of handicap in children through the medium of music therapy. In T. Wigram, B. Saperston, & R. West (Eds.), *The art and science of music therapy: A handbook* (pp. 181-195). Chur: Harwood Academic Publishers.

Wildman, C. (1995). Music Therapist as case study: Examining counter-transference with a young child. *Nordic Journal of Music Therapy*, *4*, 3-10.

Williams, K., & Abad, V. (2005). Reflections on music therapy with indigenous families: Cultural learning put into practice. *Australian Journal of Music Therapy*, *16*(1), 60-69.

Williams, K. E., Berthelsen, D., Nicholson, J. M., Walker, S., & Abad, V. (2012). The effectiveness of a short-term group music therapy intervention for parents who have a child with a disability. *Journal of Music Therapy*, *49*, 23-44, https://doi.org/10.1093/jmt/49.1.23.

Woodward, A. (2004). Music therapy for autistic children and their families: a creative spectrum. *British Journal of Music Therapy*, *18*(1), 8-14, https://doi.org/10.1177/135945750401800103.

Wylie, M. E. (1996). A case study to promote hand use in children with rett syndrome. *Music Therapy Perspectives*, *14*, 83-86, https://doi.org/10.1093/mtp/14.2.83.

II

THEORETICAL PERSPECTIVES AND THERAPEUTIC APPROACHES IN MUSIC THERAPY WITH FAMILIES – AN INTERNATIONAL SURVEY STUDY

by

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Theoretical Perspectives and Therapeutic Approaches in Music Therapy with Families:

An International Survey Study

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Abstract

Music therapists have described the importance of working collaboratively with family members in various populations throughout the history of the profession. Despite the growing amount of literature, not enough is known regarding the scope of theoretical perspectives and therapeutic approaches that guide family centered music therapy. The aim of this international survey study was to better understand the professional perspectives and approaches of music therapists who work with families around the world. This article presents the results of the survey where a total of 125 responses were analysed. Participants' responses indicated that music therapy with families is well established as an important field of practice that includes a large range of populations across the life span. Music therapists working with families emphasise that the work is holistic and flexible, both in terms of the theoretical approaches that inform their work and the methods/techniques that are included in sessions. The participants in this study advocated for more continuing professional development opportunities to further deepen and develop their practice. In addition, the survey data offers priorities and recommendations for future research.

Keywords: *music therapy, family work, families, survey*

Background

Music therapists have acknowledged the importance of working with the whole family throughout the history of the profession. Pioneers such as Juliette Alvin (1978), who worked with children with disabilities and autism,[1] described the value of guiding parents to use music therapy strategies in the home and community. Since then, music therapy practitioners and researchers have continued to document and describe their work with families. The 1990s were a time where seminal research that included fam-

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ily perspectives, including case studies and theoretical frameworks, were published around the world (Hibben, 1992; Muller & Warwick, 1993; Oldfield, 1993; Shoemark, 1996; Trondalen, 1997). The growing amount of literature published over the past 10 years (Tuomi et al., 2017) indicates that 'music therapy with families' may now be considered a field of its own, influenced by ecological understanding (Williams et al., 2014), and the shifting descriptions of theoretical influences (Lindahl-Jacobsen & Thompson, 2017b). In light of this tendency, the *Music Therapy with Families Network* was founded at the 2011 Nordic Music Therapy Conference in Jyväskylä, where the first family centered symposium was presented (Thompson, 2017). Since then, the Network has continued to grow, and to date has attracted over 400 international members who are part of a professional social media group. The Network members collaborate regularly to present at international music therapy conferences.

Music therapy is, broadly speaking, a relational and contextual practice (Helle-Valle et al., 2017; Rolvsjord & Stige, 2015). Family centered practice in music therapy has been described as an ecological approach where the primary focus is on promoting health within and between family members (Bruscia, 1998). An ecological systems approach is a developmental viewpoint where the environmental conditions necessary for the development of human beings are considered and emphasised (Brofenbrenner, 1979, 1981; Crooke, 2015). From this viewpoint, the notion of "client" includes the whole family—the therapist may work to facilitate changes in one family member which will ultimately lead to changes in the whole family system and vice versa (Bruscia, 1998).

The first three authors have been working together in the *Music Therapy with Families Network* since 2011. They each have extensive clinical experience working with families in music therapy, have all conducted research in the field, and also have teaching and training experience. The fourth author has extensive experience in clinical work, consultation, training and research within various fields of music therapy. The authors come from Scandinavian, Middle Eastern and Australasian countries, which brought together a diverse range of perspectives to the research.

Literature Review

Many music therapists describe the importance of working collaboratively with family members in various populations, demonstrating the vast breadth of work that can be considered part of this field. Populations where there have been several publications include: neonates (i.e., Gooding & Trainor, 2018; Ettenberger et al., 2017; Haslbeck, 2012; Haslbeck et al., 2018; Loewy, 2015; Shoemark et al., 2015; Teckenberg-Jansson et al., 2011) autistic children (i.e., Blauth, 2016; Gottfried, 2016; Gottfried et al., 2018; Thompson, 2012; Thompson et al., 2014; Walworth, 2012), disabled children (i.e., Loth, 2008; Oldfield, 2008; Williams et al., 2012), hospitalized children and adults (i.e., Ayson, 2008; Baron, 2017; O'Callaghan & Jordan, 2011; Shoemark, 2004; Shoemark & Dearn, 2008), survivors of trauma (i.e., Colegrove et al., 2018; Drake, 2011; Hasler, 2008; Salkeld, 2008; Stuart, 2018; Tuomi, 2017), survivors of child abuse (i.e., Jacobsen & McKinney, 2015; Oldfield, 2017), people with life limiting conditions (i.e., Aasgaard, 2001; Lindenfelser et al., 2008; Lindenfelser et al., 2012; Savage & Taylor Johnston, 2013), refugees (i.e., Edwards et al., 2007; Oscarsson, 2017), and people with dementia (i.e., Beer, 2017; Raglio et al., 2016; Ridder, 2017).

While the number of publications focused on music therapy with families has steadily increased (Tuomi et al., 2017), little is known about the professional practice of qualified music therapists. Various workforce surveys have been conducted around the world that provide some insight into the professional profile of therapists working with families. For example, a national survey study in the United States of America (n = 328) documented the ways music therapists work with people on the autism spectrum (Kern et al., 2013). In Finland, approaches to early childhood music therapy was documented (n = 25; Tuomi & Ala-Ruona, 2011, 2013) and parent-infant music therapy was surveyed in the Netherlands (n = 106, from which 25 people identified as working

with families; Krantz, 2014). In the United Kingdom, a survey explored music therapy practice in children's hospices and attitudes towards the service ($n = 22$; Hodkinson et al., 2014). Most recently, music therapists working in neonatal intensive care unit in the USA participated a survey exploring the focus and approach of clinical work, as well as training factors ($n = 54$; Gooding & Trainor, 2018).

Looking across the results from these different studies indicated that collaboration in various forms was an important aspect of music therapy practice with families. For example, in the study from the USA, 78% of music therapists working with autistic people collaborated with family members or other caregivers (Kern et al., 2013). In the Netherlands, the most common practice was to include parents directly within the sessions (Krantz, 2014), and this tendency was also reported from children's hospice settings in the UK (Hodkinson et al., 2014).

Other common approaches to music therapy practice with families include consultation with family members and professionals or separate conselling sessions for different family members. In Finland, counselling sessions for parents are reported to be the most common way of approaching family centered practice (Tuomi & Ala-Ruona, 2013). In USA, 79.3% of music therapists working with people with autism spectrum include consultative services to families or other professionals (Kern et al., 2013). In addition, informal support for parents is provided by music therapists before and after sessions in children's hospice settings (Hodkinson et al., 2014).

In previous surveys of paediatric settings, music therapists indicated that they address the needs of parents in the NICU environment (Gooding & Trainor, 2018) and children's hospice environment (Hodkinson et al., 2014). However, only the first mentioned survey documented the music therapy methods and techniques most commonly used in music therapy, such as infant-directed singing, parent counseling, psychoeducation, music-assisted relaxation, musical recordings and information about how to use music at home (Gooding & Trainor, 2018).

More recently, a large survey study collected descriptive data about practice status, clinical trends and training needs of 2,495 music therapists from around the world (Kern & Tague 2017). Although this study did not include direct information concerning family centered practice per se, it is the only international study of this magnitude from the field of music therapy. The study findings revealed that communication, emotional support, and social skills were the predominant aims of music therapy sessions. Singing/vocalization, instrument play, and musical improvisation were the most frequently used music therapy techniques. Music therapists most commonly reported working with people with conditions such as autism (44.2%), developmental disabilities (32.4%) and depression (31%).

These surveys offer some insight into the working practices of qualified music therapists. However, in relation to working with families, the data is fragmented, local and in many cases concentrated on a specific client population. Additional information is therefore needed to better represent the breadth of theoretical perspectives and therapeutic approaches that guide music therapists who work with families around the world. Furthermore, not enough is known about the music therapy methods used in collaborative relationships with the family members during the sessions.

Aim of the Study

The aim of the study was to better understand the professional perspectives and approaches of music therapists who work with families around the world. In particular, the survey questions aim to map the main theoretical perspectives, therapeutic approaches, and practical considerations of this professional community. Not only will this information potentially help to plan future professional education/training and supervision, it will also provide a snapshot of the profession in order to track changes in the relevance of different therapeutic frameworks utilized by music therapists working with families.

Method

Design

The survey method was selected to hopefully capture a comprehensive international view of the professional perspectives and approaches of music therapists working with families. The survey questions were developed by the authors through a series of steps with the intention that responses could be completed anonymously by participants via an online platform. The first step involved a series of research meetings. The authors identified key issues (Smith et al., 2016) and discussed differences in terminology according to their own international perspectives and cultural contexts. Through these discussions, diverse definitions and experiences of educational and theoretical frameworks, clinical populations, and music therapy methods were explored. The multiple-choice questions were designed to be easy and quick to answer. Since there was no budget for translation to multiple lanugages, the questions needed to be clear and concrete, and written in accessible English language expression for a professional and multi-lingual audience who are experienced with accessing literature, training seminars and conference presentations in English (Smith et al., 2016).

The second step involved a pilot of the questions. Since the survey was targeted to professional music therapists who define themselves as working in a family-centered way, the authors approached several colleagues from an online support group *Music Therapy with Families Network* and asked them to complete the questions and provide feedback. The group consists of professional music therapists working with families, many of whom are also experienced researchers in the field, and whose first language is not necessarily English. Altogether, nine evaluations of the pilot questions were received between March and April 2018. The authors then worked to refine the questions into their final format taking into account the feedback provided. The final version of the survey consisted of 22 questions (see Table 1).

The third and final step involved the roll-out of the online survey via Webropol. The survey was open from 13.9.2018 until 7.1.2019. An invitation to participate in the survey was published in several closed Facebook groups[2] including the *Music Therapy with Families Network* (275 members), *Music Therapy in Child Welfare* (128 mememberss), *Music Therapists Unite!* (5901 members), *School Based Music Therapists* (335 members), *Music Therapists Working in Mental Health* (953 members), and *Music Therapy and Hospice & Palliative Care* (1112 members). In addition, national Facebook pages for professional music therapy associations were invited to post an invitation, including China, India, Latin America, Spain, Australia, Israel and Finland. E-mail invitations to participate were circulated to members by the World Federation for Music Therapy, European Music Therapy Confederation, and British Association for Music Therapy. All announcements and invitations were posted up to three times. Individuals were also encouraged to forward the invitation to other colleagues. Despite the high numbers of people in each professional group, it is likely that the same people were members of multiple networks/groups. Therefore, it is not possible to estimate the final invited sample size.

At the beginning of the survey, the respondents were asked to authorize that their data can be used by the research team for the purposes of the study. The study follows the ethical codes of the University of Jyväskylä, Finland. While the online platform did not collect names and contact information, any survey responses in the open comments were checked and deidentified prior to analysis. The survey questions are provided in Table 1.

Participants and Data

A total of 134 people responded to the survey. Of these, nine people indicated that they were not trained music therapists, and were therefore removed from the analysis. The final number of complete responses was 125.

Table 1
Survey questions

Question Number	Question
1	I confirm that I am a qualified music therapist.
2	I am willing to participate in this international survey of music therapy with families, and understand the purpose of the survey is for research.
3	I authorize the team of the researchers (xxxxxxxxxxx) to use the survey data for the research purposes according to the etchical guidelines of the University of Jyväskylä, Finland, which includes preserving the anonymity of the participants and secure storage of data.
4	What is your gender?
5	What is your age?
6	What is your highest level of education in music therapy?
7	In which country did you complete your first qualification in music therapy?
8	In what year did you start working as a music therapist?
9	In which country are you currently practicing music therapy?
10	In what year did you start working with family members in your music therapy practice?
11	With which clinical population do you work with families in music therapy? *
12	When working with families in music therapy, where do sessions take place? *
13	Please describe your theoretical framework when working with families *
14	What music therapy methods do you use when working with families in music therapy sessions? *
15	What non-music based therapy techniques do you use when working with families in music therapy sessions? *
16	There are various models for working with families in music therapy. Which of the following models best describe your work? *
17	If the family members are present in music therapy sessions, who typically attends with the child/adult client?
18	If family members participate in separate / additional counselling sessions, how frequently do these sessions occur? *
19	If family members participate in counceling sessions, which techniques / methods do you use with them? *
20	In general, how would you describe your role as a music therapist working with families?
21	To your knowledge, do any specialist music therapy training courses in working with families exist in your country?
22	What would you like to see included in music therapy training programs and updating education to help students and music therapy clinicians develop their skills in working with families? Please describe.

**Note:* These questions included "other" as part of the multiple choice answers, and respondents could provide more information as free text.

Of the 22 questions, 19 were multiple choice and three allowed a free open-text answer. The respondents were asked to answer every question, with several multiple choice questions including an "other" option that also allowed for further explanation via an open-text field (see Table 1). The complete survey is provided in Appendix 1.

Table 2
Age of respondents

Age	*n*	Percent
20-29	21	16.80 %
30-39	43	24.40 %
40-49	27	21.60 %
50-59	20	16 %
60-69	14	11.20 %
over 70	0	0 %

Analysis

The first step when analysing the data was to examine the "other – please describe" free-text answers to the multiple-choice questions. The first author read through the free text and determined if the answer could be incorporated into the existing categories. If it could not, a new category was proposed and discussed by all authors. In this case also those entries mentioned only once were categorised as their own, aiming to present the picture of the data as authentic as possible. The meaning of some answers were unclear, provided feedback on the survey question, or more conversational in nature and were excluded.

Next, the three open-ended questions which invited a free-text response underwent a qualitative content analysis (QCA). Using the guiding question "What is intended to be said?" (Bengtson, 2016; Bruscia, 2016), the first author worked to systematically analyse and classify the text into an organised and concise summary of key categories (Bruscia, 2016; Erlingsson & Brysiewicz, 2017). The systematic coding was carried out in an inductive way in order to identify meaningful themes that addressed the research questions (Bengtsson, 2016). The first round of coding was broad and aimed to stay faithful to the original text and expressions of the participant. Next, the codes were categorized by grouping related codes together, and discussed amongst all authors. Finally, the frequency of comments related to each category was descriptively analysed.

Results

Demographic Data

The respondents were mostly female (90%) and aged between 30-39-years-old. There were no participants over 70 years of age (Table 2).

Most respondents stated their highest qualification in music therapy to be Masters (44%), followed by Bachelors (21%) and Doctoral (18%). Only 2% of respondents indicated that they had a pre-Bachelor (sometimes called 'clinical training') qualification. Further, 19 respondents had aquired additional music therapy training, including GIM (Guided Imagery and Music Bonny Method; $n = 4$), NICU (Neonatal Intensive Care Unit music therapy; $n = 3$), NMT (Neurologic Music Therapy; $n = 3$) and APCI (Assessment of Parent-Child Interaction; $n = 1$).

Geographically, most respondents reported that their first qualification was undertaken in Europe ($n = 54$) and North America ($n = 43$), followed by Oceania ($n = 16$), Asia ($n = 9$) and Latin America ($n = 3$). There were no respondents from Africa. In response to the question "In which country are you currently practicing music therapy?" there was no significant difference compared to the respondents' country of qualification (Figure 1).

The highest number of respondents reported to have begun working as a music therapist within last 7 years (44%, $n = 55$), while 28% of the participants had been working for over 18 years ($n = 49$). Further, 72% ($n = 91$) of the respondents reported that they began working with families within 2006–2018. However, according to this

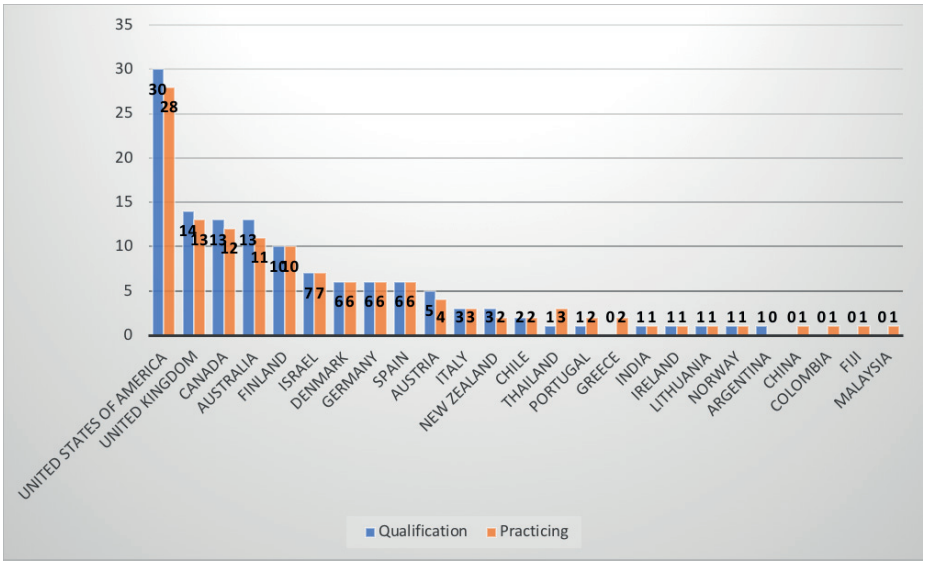

Figure 1

Geographical diversity of respondents' country of qualification and current country practicing music therapy

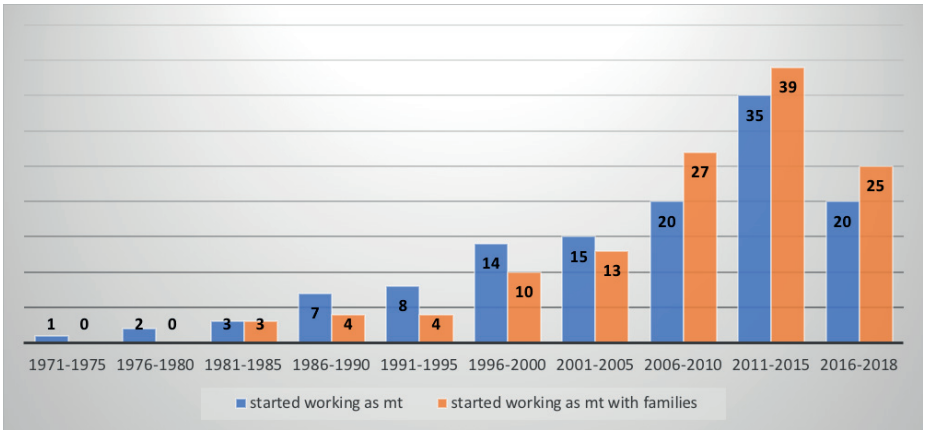

Figure 2

Compairing the years between starting to work as music therapist and starting to work with families in music therapy

sample, the more experienced music therapists reported working with families as early as the 1980s (Figure 2).

Clinical Population

Music therapy practice is often highly varied, and this trend was reflected in the data. Many of the respondents reported that they work with several clinical populations. Therefore, there was a total of 381 selected answers to question 11. When "other" responses were added retrospectively to the initial options, there 415 populations selected by 124 participants (Figure 3).

According to these results, disability was the largest clinical population in which music therapists work with families. Of these, 16.9% ($n = 70$) of the respondents work with preschool aged children with disabilities and 13.7% ($n = 57$) with school aged children with disabilities. Mental health was the next most common population for

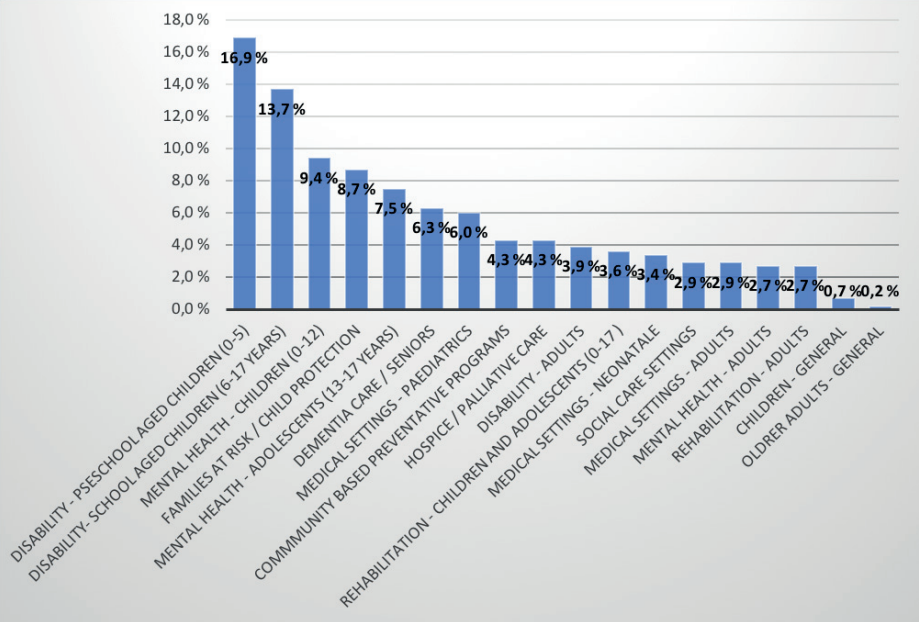

Figure 3
Clinical population

music therapists working with families, with 9.4% (n = 39) working with children, 7.5% (n = 31) working with adolescents, and 2.7% (n = 11) working with adults. Families at risk/child protection were also highly represented, with 8.7% (n = 36) of music therapists working with this population.

From the "other – please describe" comments, three new categories were constructed, including 4.3% (n = 18) of respondents who indicated that they worked with families in hospice or palliative care settings. However, other responses were more difficult to categorise where they did not refer to a specific clinical population, such as "special needs," "public school" or "mainstream children's center and school." The authors considered that these answers could be referring to children with behavioural problems, ADHD or learning disabilities or children with no specific diagnosis. Therefore, a "Children – general" category was established. In a similar way, "Older adults – general" was added as a category even though this was represented by only 0.2% of the respondents. Additionally, respondents indicated that they work with populations including emergency settings post-disaster and conflict, military families as well as asylum-seeking families.

While there is great variety, when clustering the results into broader categories, the dominance of certain populations became more apparent. According to these results, 35% of music therapists working with families work in the field of disability, and 20% in mental health (Figure 4). If the categories of families at risk/child protection and social care settings were combined, 12% of the respondents could be classified as working in this area. Similarly, 13% of participants work in medical settings with clients of all ages. Dementia care/seniors and hospice/palliative care may not be easily combined, since end-of-life care involves clients of multiple age groups.

Taking this broader view one step further, an approximate analysis of the age distribution could also be made. Based on the population descriptions, it seems that 79% of the respondents work with children and adolescents, while 21% of music therapists surveyed work with adults (Figure 5). To avoid ambiguity, the categories of hospice/palliative care, community based preventative programs, and social care settings were left out from this age analysis because the exact age was able to be determined.

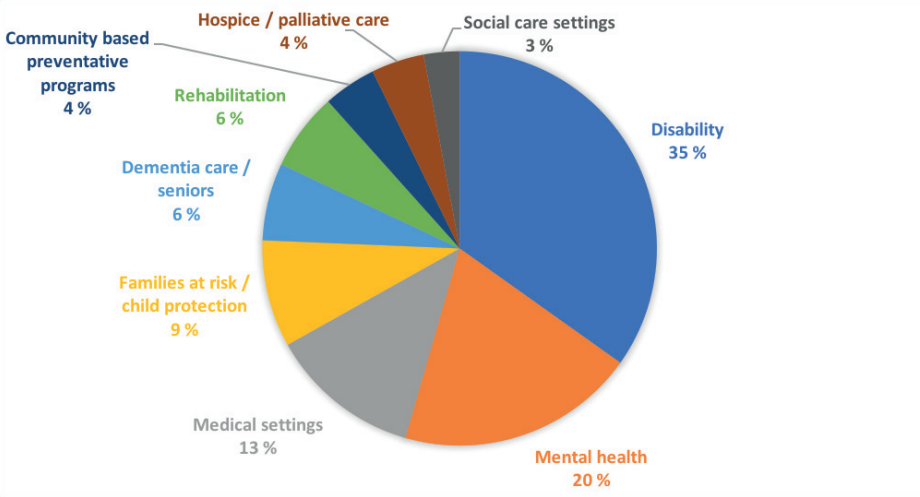

Figure 4
Clinical population clustered

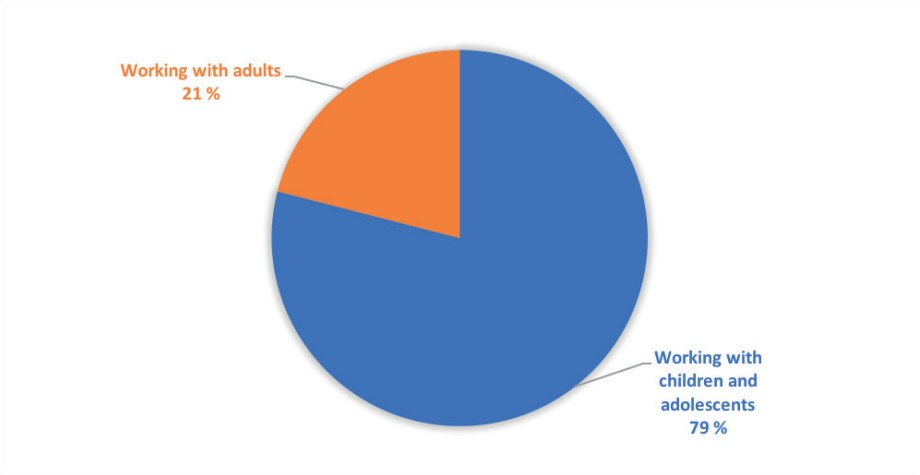

Figure 5
Working with children/adults

Clinical Setting

The survey findings revealed that music therapy with families commonly takes place in community settings ($n = 54$; Figure 6). This category included i.e., music centres, music schools, community centres, and libraries. Hospital/medical settings, including hospice units ($n = 53$) and music therapy taking place at the client's home ($n = 50$) were also common. Specialist multidiciplinary services clinics ($n = 24$) included i.e., family rehabilitation centres and centres specialized in pregnancy, birth and early parenting. From the "other – please describe" comments, one new category was constructed: "Residential care facility for older adults." This category includes rest homes, nursing homes, assisted living communities and seniors home.

Theoretical Framework

Respondents indicated there was a large variety of theoretical frameworks applied to working with families (Figure 7). The responses indicate that each music therapist on average has three theoretical influences in their work. The humanistic framework was

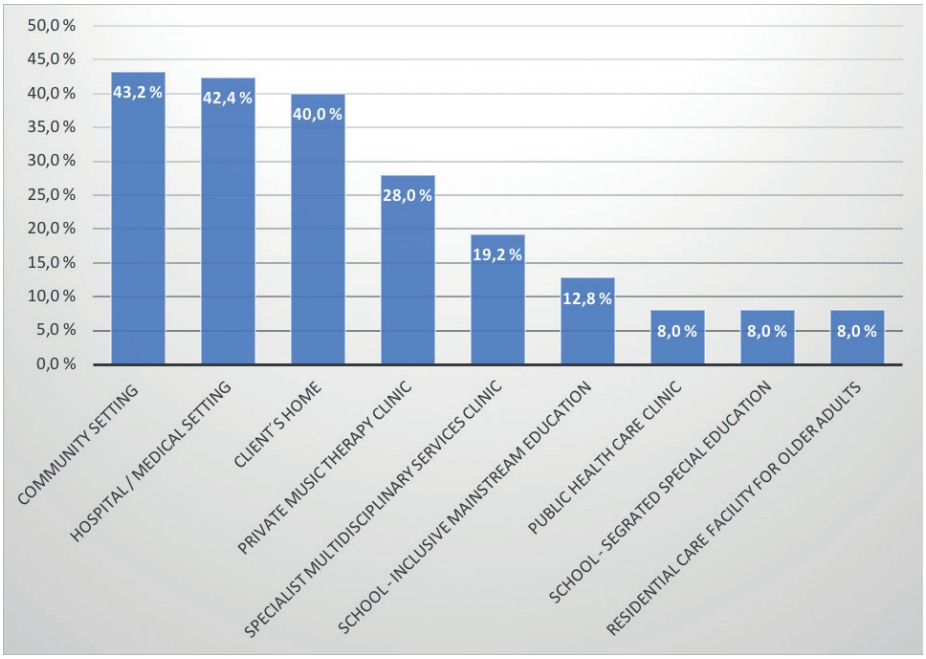

Figure 6

Where do sessions take place

the most salient with 72% (n = 90) of people indicating they align with this theory, including more specific approaches such as wellness based theories, validation therapy, and existential and phenomenological viewpoints. Developmental frameworks (n = 55) included play-based interventions and Floortime. Psychodynamic (n = 48) and resource oriented (n = 41) approaches were both well represented. Integrative (n = 39) and systems/ecological oriented (n = 34) were nearly equally often mentioned as well as neurological (n = 19) and behavioral (n = 19) approaches.

From the "other – please describe" comments, five new categories were constructed. Three respondents described their approach as based on attachment theory. The authors debated whether this approach could be considered part of psychodynamic theory, but ultimately could not be sure given that the participants had included this answer within the "other" response. The "narrative" framework (n = 3) was also included as a new category. Only one respondent described "mentalization," and similarly the authors debated whether this approach could be considered as belonging to the psychodynamic framework. However, it seemed important to emphasize this approach, especially when working with families, and therefore it remained as a separate category. "Music-centered" (n = 1) and "interactive" (n = 1) approaches were included as their own categories as well since both seemed to accent particular features of their framework.

Clinical Methods and Techniques

For question 14, "What music therapy methods do you use when working with families in music therapy sessions," multiple answers were possible resulting in 634 choices from the 125 participants. This equates to an average of 5 methods per person, suggesting that a large variety of music therapy methods are relevant to working with families. The most commonly reported methods were improvisation with instruments (n = 115), singing pre-composed songs (n = 101) and structured activities with musical instruments (n = 91). Also, improvisation with voice (n = 85), music listening (n = 79), music and movement (n = 78) and song writing (n = 63) were commonly reported.

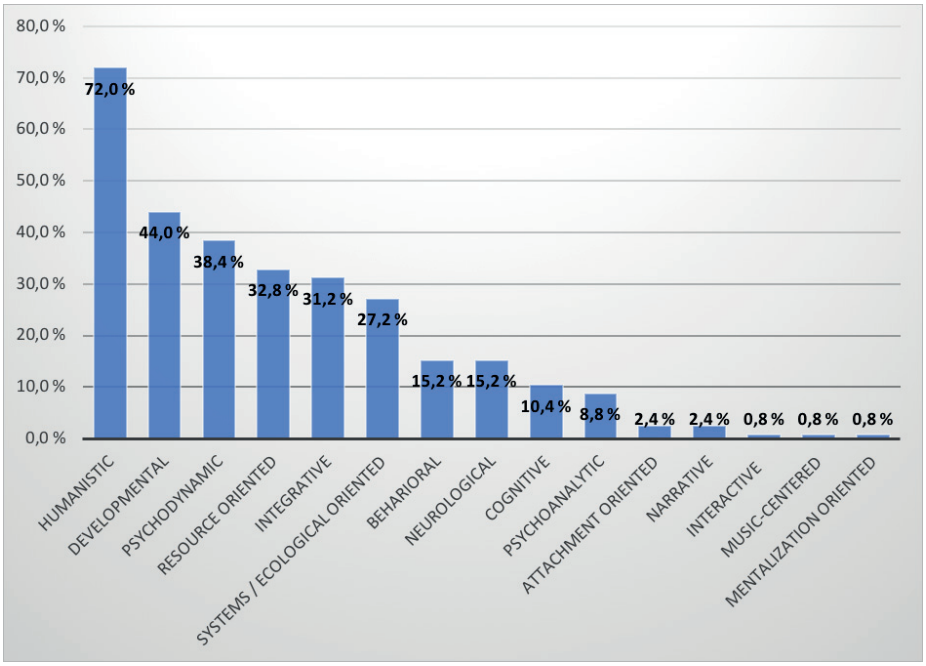

Figure 7
Theoretical frameworks

From the "other – please describe" comments, two new categories were constructed. The first was integrative methods and integrating musical activities, where different methods were used in a holistic and dynamic way depending on the needs of the family. The second was including other non-musial methods in music therapy sessions, such as the use of pictures, play, meditation, story telling, and Eye Movement Desensitization and Reprocessing (EMDR).

These results could also be clustered into broader categories as follows: 1) singing, including pre-composed songs and improvisation with voice; 2) playing instruments, including structured activities with musical instruments and improvising with instruments; 3) music listening, including Guided Imagery and Music (GIM); 4) music and movement; 5) song writing; and 6) other. When responses were analysed from this broader viewpoint, singing (29%) and playing instruments (33%) together accounted for 62% of the data (Figure 9).

According to this survey, "consultation and discussion" was the most popular non-music-based technique, with 82.2% ($n = 104$) of respondents stating they use this approach with families in music therapy sessions (Figure 10). This approach included several ways of working, including therapeutic discussion, verbal processing, reminiscing and life review. Imaginative play with toys ($n = 53$), art-based methods ($n = 48$), and playing games with rules ($n = 41$) were also used frequently.

"Techniques from other therapeutic approaches" was a new category developed during the analysis of the free-text responses. This category ($n = 9$) included approaches such as Theraplay®, narrative exposure therapy, Adaptive Mentalization-Based Integrative Treatment (AMBIT) and Mentalization Based Treatment (MBT), trauma-informed care approaches, and cognitive therapy. The integrative methods category was also retrospectively added to acknowledge the flexible, shifting and dynamic way of working described by one respondent. In addition, two other categories were added based on the free-text responses, including: multisensory activities ($n = 1$), meaning multisensory actions (lifting, waving); and interactive play ($n = 1$) including the use of early childhood play/games between the child and the carer.

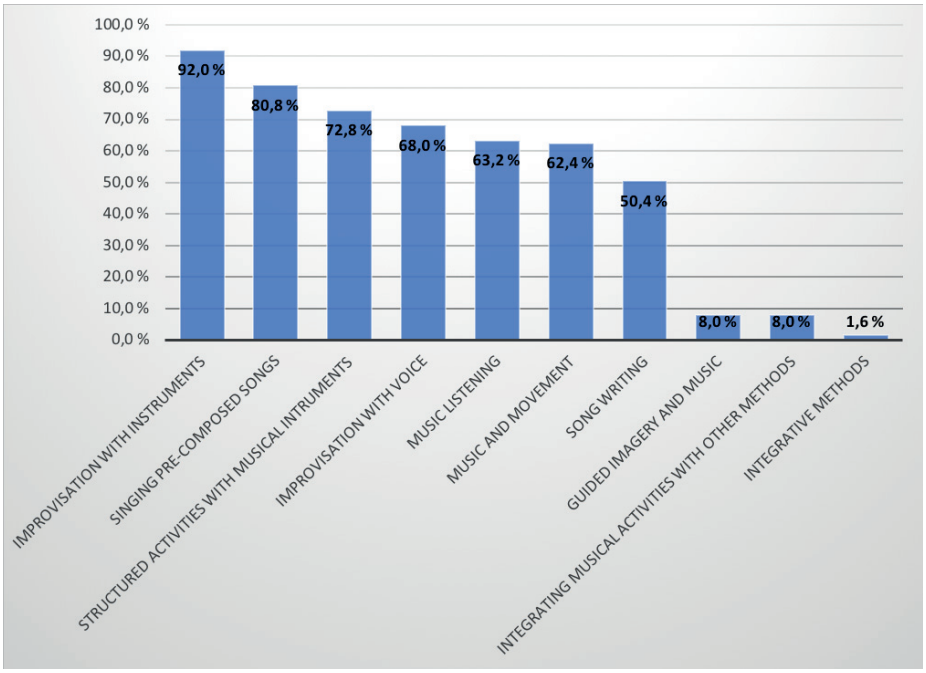

Figure 8

Music therapy methods used with families

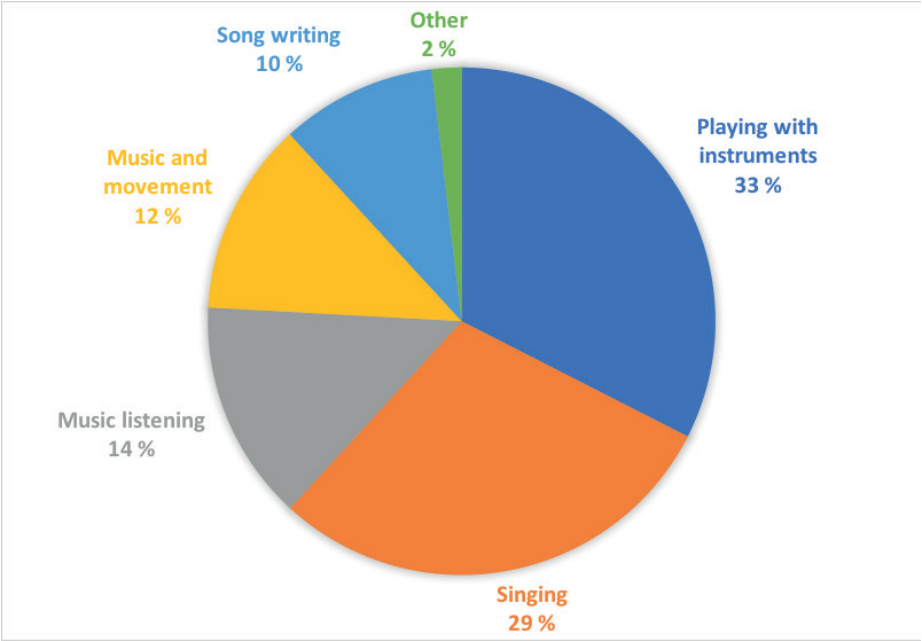

Figure 9

Music therapy methods clustered

Clinical Models

The most selected answer to question 16 "Which of the following models best describe your work", was "family members are active participants in music therapy sessions with the child/adult client" (93.6%, $n = 117$). Forty of the respondents (32%) reported that family members were present but not active in music therapy sessions. Taking

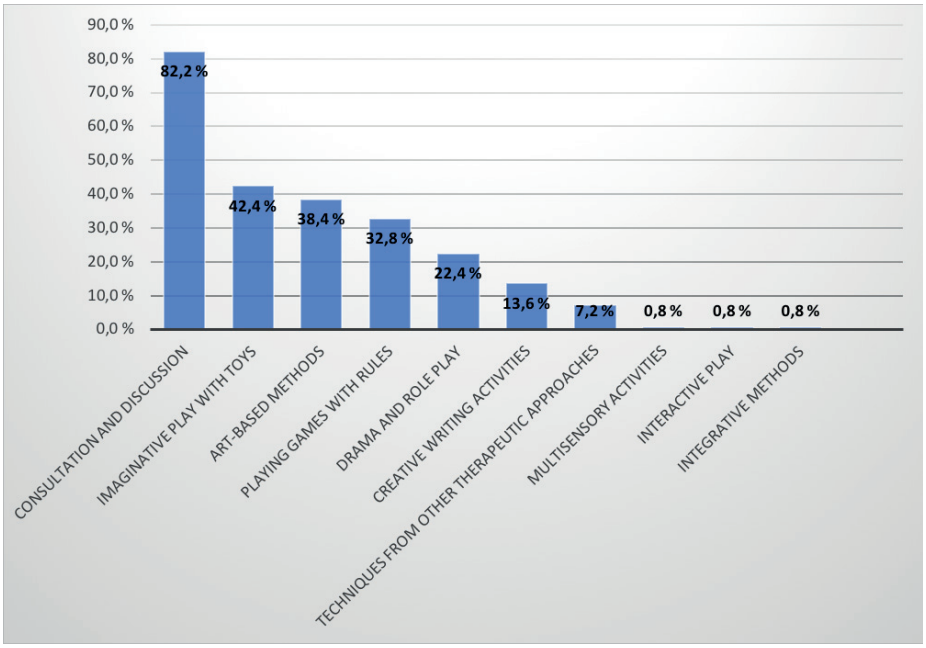

Figure 10

Non-music based therapy techniques used with families

these two categories together, it is therefore much more common for family members to be present in the music therapy session with the child/adult client than not. Even so, 33 participants (4.8%) reported that they conducted “separate/additional counselling sessions” for family members.

Analysis of the free-text responses highlighted that people also use a combination of models. Therefore, a new category of "integrative methods" was created to reflect this approach. Further, in the free-text response, one person described a model where family members participated in separate music therapy sessions provided by another music therapist. A new category was created to capture this reponse.

When these results were clustered into broader categories, results showed that 77.0% ($n = 157$) of respondents stated that family members pariticipate in music therapy sessions, either actively or more passively. Counselling sessions provided by the same music therapists in individual or group meetings appeared in 19.1% ($n = 39$) of the answers. Family members observing the session from outside the therapy room, along with family members’who received separate music therapy sessions, were clustered into the “Other” category and covered 3.9% ($n = 8$).

With the earlier clustered data from question 11 indicating that 79% of respondents work with children or adolescents, it is perhaps not surpising to see that 86.4% participants indicated that the parent(s) ($n = 108$) were most often present in music therapy sessions, followed by sibling(s) (43.2%, $n = 54$). For those music therapists working with adult clients, the data also shows that the partner/spose is included 32.8% of the time ($n = 41$). There may also be other extended family members ($n = 34$) and grandparent(s) ($n = 30$) included in music therapy sessions.

Counselling Sessions

The question concerning counselling aimed to map how frequently separate counselling sessions with family members occur. However, it should be noted that 54.4% ($n = 68$) of respondents stated that the question was not relevant to their work. Therefore, the actual analysis included only 59 answers (Figure 14). According to this data, separate sessions for family members typically take place less frequently than sessions

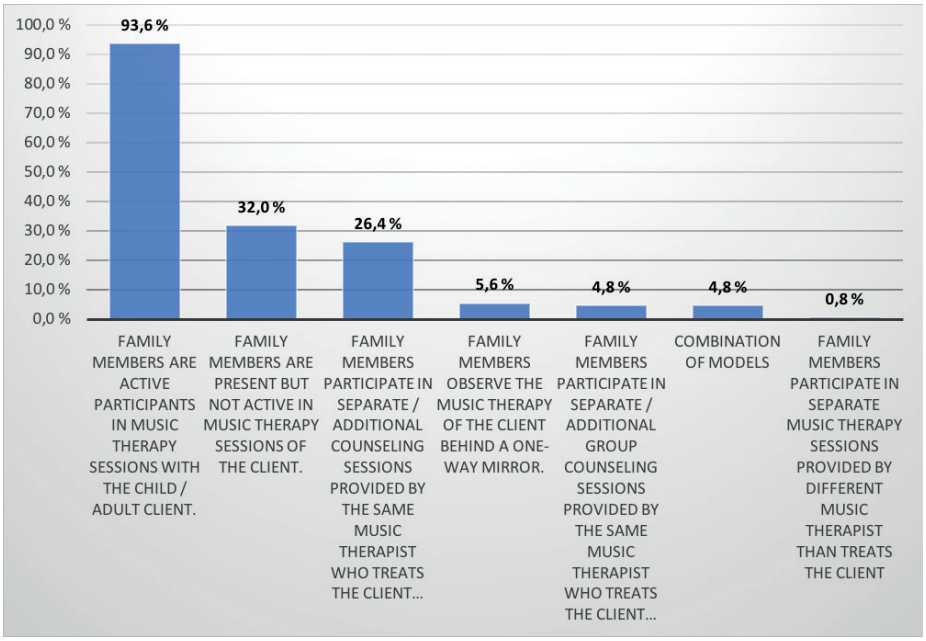

Figure 11

Models best describing work with families

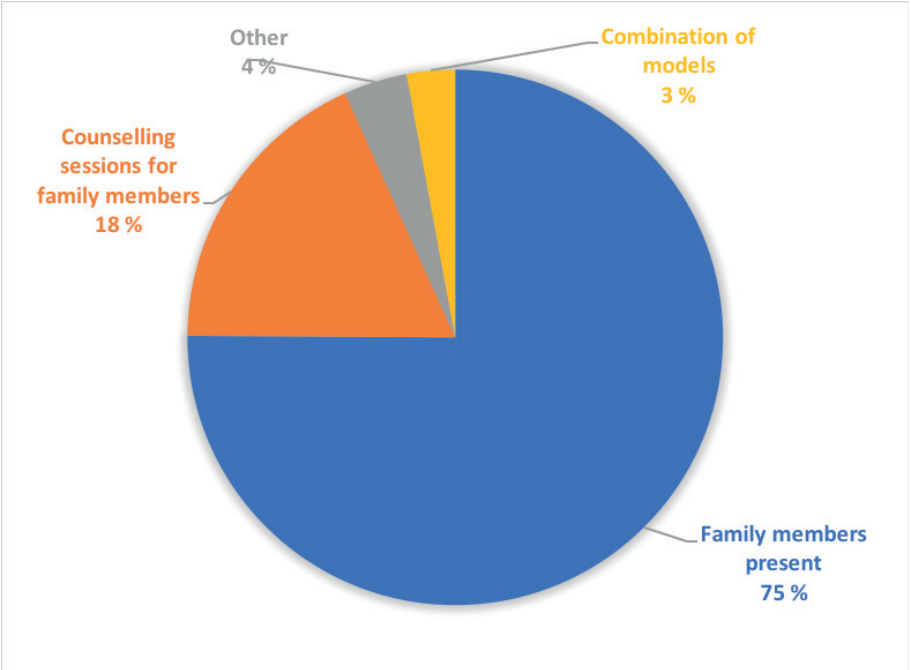

Figure 12

Music therapy models clustered

with the client ($n = 39$). Only one respondent ($n = 1$) mentioned that the counselling sessions take place more frequently than sessions with the child/adult client. One new category was constructed based on the free-text analysis: The frequency varies depending on the client's needs ($n = 6$). Again, in this question music therapists seemed to advocate for flexibility in their practice and explained that the frequency depends on the demands, goals, context and needs of different cases.

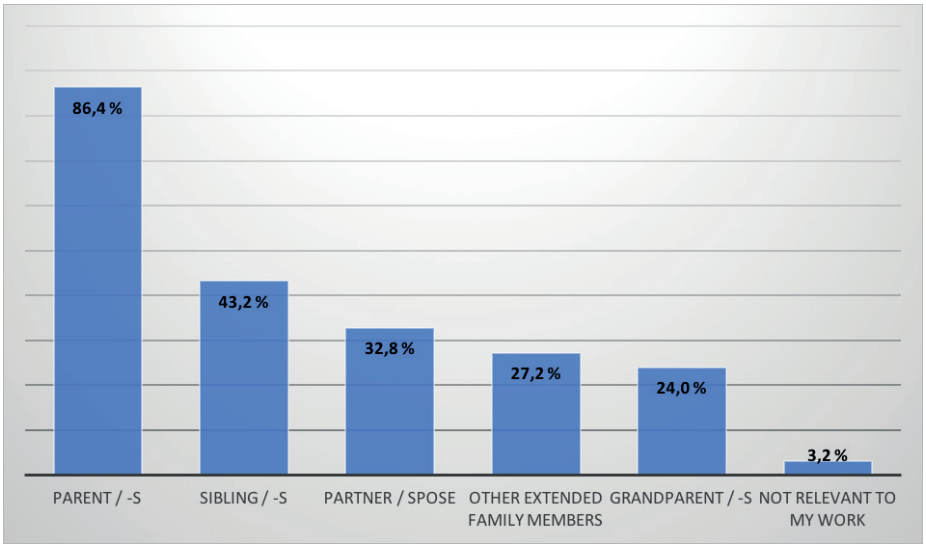

Figure 13

Who attends music therapy sessions with child/adult client?

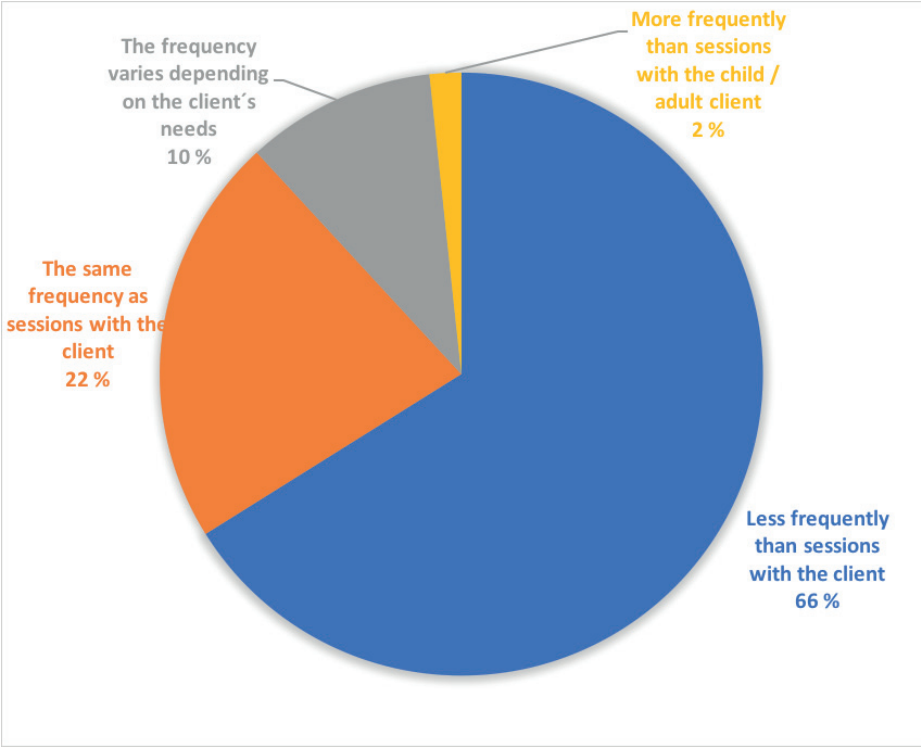

Figure 14

Frequency of counselling sessions (n = 59)

When asked about the most common techniques used in these separate counselling sessions, discussion and consultation was highly reported (n = 68; Figure 11). Music therapy methods were also used widely within counselling sessions. Improvisation with instruments (n = 38), music listening (n = 28), song writing (n = 24) and improvisation with voice (n = 22) were all mentioned. From the non-music-based techniques, the use of video feedback (n = 19) was most common. However, similar to

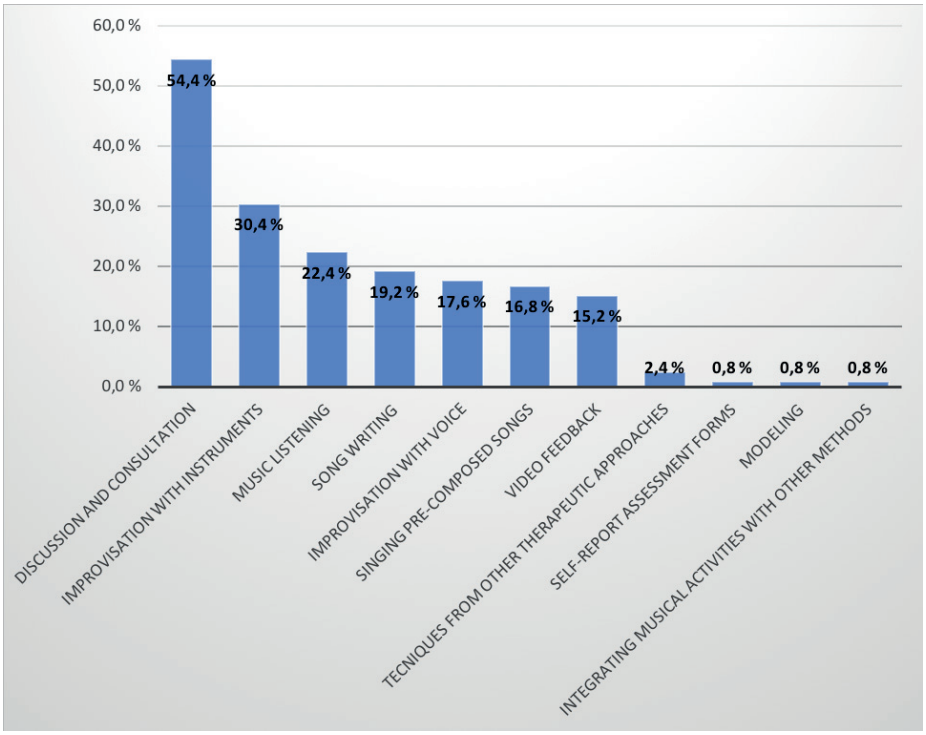

Figure 15
Techniques used in counselling sessions

the question above, 40% ($n = 50$) of respondents chose the option "not relevant to my work."

While analysing the free-text response, four new categories were constructed: techniques from other therapeutic approaches ($n = 3$) which included Mentalization Based Treatment (MBT) for families, breathing activities, and mindfulness. Modelling was formed as a category of its own ($n = 1$), including modelling Applied Behavior Analysis (ABA) techniques. The use of a self-report assessment form, Spence Children's Anxiety Scale (SCAS) for parents was placed in an idependent category of self-report assessment forms ($n = 1$). Using movement to music was categorized in the integrating musical experiences with other methods category ($n = 1$).

Role of the Music Therapist

Question 20 provided opportunity for a free-text response: "How would you describe your role as a music therapist working with families?" There were 105 responses to this question, which underwent a qualitative content analysis. The analysis generated 159 codes which were then further grouped into 12 categories. Table 3 shows the final categories along with the numbers of individual codes within each category and a summary description incorporating exemplars of the words used by the respondents.

A descriptive quantitative analysis revealed that the first category "To share their expertise: as a counsellor, teacher or guide" included 45.7% of the responses. The role of the music therapist was described as "to support" in 35.2% of answers, whereas the role "to provide, create, and offer" followed with 25.7% of responses.

Similar to responses to previous questions, some respondents described that their role varied depending on the context, clients and their needs ($n = 7$). A small number of respondents emphasised that their role is to be a therapist for the parents ($n = 3$) or both to the child and the parent ($n = 1$).

Overall, these 12 categories describing how music therapists view their role in working families could be further distilled in order to highlight the main features. The sur-

Table 3
The role of the music therapist when working with families (n = number of codes)

Category	Description of category
To share their expertise: as a counsellor, teacher or guide (*n* = 48)	The stance of the therapist is more on the expert level. The therapist knows something which they want to share with the family. It might be providing direct advice, modelling, techniques, or knowledge of i.e., disablity or trauma.
To support (n = 37)	Therapist is a supporter concerning development, interaction and relationship. They give support on an emotional level as well, i.e., in grief and in the form of debriefing.
To provide, create and offer (*n* = 27)	The role of the therapist is to provide a supportive and safe place and space. The therapist is a provider of music, contact and interaction, as well as new experiences. Therapist may also be a provider of memories and a bridge through loss. The therapist creates space and atmosphere in addition to contact and interaction with meaningful, shared experiences. The therapist offers room and space where music can be used as a bridge or to make memories.
To facilitate (*n* = 22)	The role of the therapist is to facilitate i.e., engagement, interaction and communication, development, attachment and bonding. In addition, they may facilitate normalization, space, understanding, solutions, and emotions.
To care and help (*n* = 21)	The therapist takes care and helps with emotions, answers to the needs of the family. Also the therapist may help to build new understandment and knowledge.
To empower, encourage and give positive insights (*n* = 18)	The therapist's role may be to empower the family and give new positive viewpoints of the child. The therapist can help the family to find and be aware of their strengths and resources and reinforce the identity of the clients. The role of the therapist is to encourage and challenge the family.
To enable (*n* = 15)	Therapist enables connection, interaction and communication. In addition, the therapist can enable peer support, new ways of seeing the child, performace for parents and memory making.
To promote (*n* = 11)	The role of the therapist is to promote integration from therapy to everyday life. The therapist promotes wellbeing, relationships and communication.
To be a companion (*n* = 6)	The therapist is a companion, co-worker, collaborator and contributor with the family. The therapist may see their role to be part of the group.
To collaborate with networks (*n* = 5)	The therapist may be seen as a collaborator by liasing with other professionals, and handling referrals. They may be a mediator for the client's wishes or providing material for fund-raising.
To collect information (*n* = 4)	The therapist may have a role to explore or identify issues conserning development or emotions. Also, the therapist can be a receiver of information.
To regulate (*n* = 4)	The therapist's role may be seen as a regulator of emotions. The therapist helps the family to cope with difficult emotions and may serve as a container.

vey results showed that the role of the music therapist was most often related to: 1) Supporting family members to interact and communicate; 2) containing, regulating and holding emotions; 3) promoting family relationships by fostering attachment and bonding; 4) facilitating accessible music experiences; 5) empowering and supporting parent; and 6) fostering and supporting development.

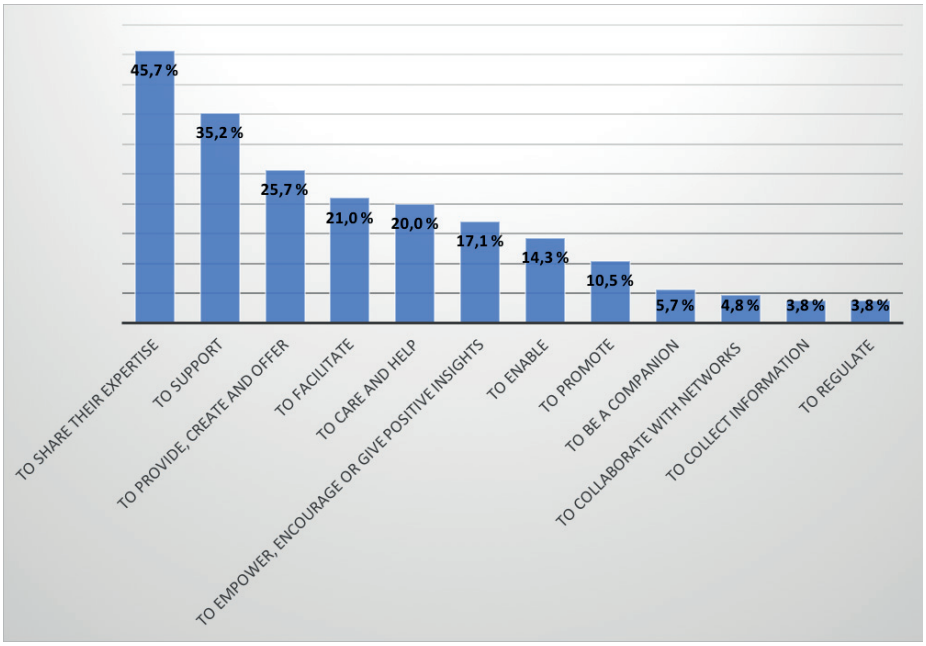

Figure 16

Role of music therapist when working with families (n = 105)

Existing Training Courses in Working with Families

In response to question 21, respondents identified that there are some specialist training courses in working with families in different countries. The free-text responses included the following training courses: assesment of parent-child interaction (APCI) by Lindahl-Jacobsen (i.e., Jacobsen et al., 2014) originally developed in Denmark; a short course in family centered music therapy and dialogic parent counselling by Tuomi and Jordan-Kilkki from Finland (Jordan-Kilkki & Tuomi, 2016); specialist courses focused on music therapy in hospice settings (no trainers or names were provided); a short course in music therapy and families from Spain; neonatal intensive care unit (NICU) music therapy training (www.nicumusictherapy.com); and the "Sprouting Melodies" training model available in the USA (www.sproutingmelodies.com). In addition, respondents broadly described workshops, visiting lecturers and short courses taking place in various locations around the world for music therapists working with families.

Perspectives on Future Content for Training in Music Therapy with Families

In response to question 22, there were 92 participants who provided their perspective, insights and ideas. The high level of engagement in this question perhaps indicates the passion these respondents have for promoting further skills and training in music therapy with families. From these 92 responses, 120 codes were identified through a Qualitative Content Analysis, and from these codes 11 categories were formed. Some respondents indicated that short courses ($n = 5$) and advanced training seminars ($n = 5$) for qualified music therapists are needed; however, others indicated that training should also take place within clinical placements ($n = 4$) and as part of initial music therapy qualification courses ($n = 3$).

The categories describing the focus of future training courses in music therapy with families could be clustered into three main themes: Theory, Practice and Context (Table 4).

Table 4
What should be included in music therapy training programs and continuing education (n = 92)

Main themes		
Theory (*n* = 85)	Practice (*n* = 74)	Context (*n* = 12)
Theoretical knowledge (*n* = 47)	Techniques and methods (*n* = 40)	Contextual features (*n* = 8)
Family work (*n* = 31)	Verbal facilitation (*n* = 23)	Working collaboratively (*n* = 4)
Parental support (*n* = 7)	Music methods (*n* = 7)	Relevant supervision (*n* = 3)
	Working in the home & community (*n* = 4)	

Theory

Overall, theoretical knowledge ($n = 47$) was emphasised as an important part of training and continuing education. Respondents specifically mentioned the need to include theoretical perspectives around cultural issues ($n = 2$), child developmental ($n = 2$), philosophy ($n = 2$), attachment issues ($n = 1$) and community-oriented work ($n = 1$).

Family centered theory ($n = 31$) was a prominent category that suggests respondents consider that music therapists need to be better informed about working within these principles. This category includes the specific examples of family dynamics ($n = 7$), the role of family members and the therapist ($n = 5$), and the value of family inclusion ($n = 4$). Family therapy approaches more specifically were mentioned by three respondents.

Similarly, parental support was described specifically by seven participants. The repondents expressed the need to have more specific information about how to work with parents ($n = 2$), understand parental stress ($n = 1$), promote parental responsiveness ($n = 1$) and support parental relationship in musical communication ($n = 1$).

Practice

The respondents expressed a need for more training in specific techniques and methods relevant to working with families ($n = 31$). Further, they saw value in receiving detailed practical guidance, excercises, activities and interventions ($n = 8$), while techniques and strategies ($n = 6$), assessment tools ($n = 4$), and video assisted work ($n = 4$) were also described. In the more specific answers, some respondents expressed a desire to develop specific techniques and skills such as drama and role play ($n = 3$), documentation skills ($n = 1$), and self-care ($n = 1$).

Another important practice skill identified by participants related to the need to develop their verbal facilitation skills ($n = 23$). More specifically, respondents identified the need for training in conversational techniques, such as consultation and counselling skills ($n = 15$), feedback techniques ($n = 2$), reflective and reflexive practices ($n = 2$) and interviewing skills ($n = 1$).

Seven respondents specifically mentioned the need for more training in music skills. Of these, music improvisation ($n = 2$), supporting interactive music interventions between family members ($n = 2$) and information about typical musical development ($n = 1$) were described.

Four respondents stated that training should also include information about how to best work outside of more traditional clinical spaces, such as in the home or other community settings ($n = 4$).

Context

The theme “contextual features” ($n = 8$) captured responses where the participants highlighted the need to better understand ethics in special educational ($n = 2$), ther-

apeutic relationships with disabled people ($n = 2$), coping with needs of family members ($n = 1$) and the policies and procedures of child protection systems ($n = 1$). Further, respondents also saw a need to better understand how to work collaboratively with other professionals and networks involved with the family ($n = 4$). Lastly, respondents expressed the need for more opportunities for supervision of family-based clinical work in future training and education ($n = 3$).

Discussion

The 125 music therapists who participated in this survey indicated that working with families is a substantial part of their practice. While it was difficult to estimate the expected sample size, the demographic characteristics of the participants reflect those of other music therapy surveys. For example, female participants represented 90% of the respondents, which is similar to the demographics of a large international workforce survey of music therapists (81.6% female; Kern & Tague, 2017). The age distribution in this survey showed that 24.4% of respondents were between 30–39-years-old, which was similarly aligned with the demographics reported by Kern and Tague (2017) of 29.4% of respondents within the same age group.

The majority of respondents began working with families between 2006-2018, which may indicate that this is a developing field in music therapy practice. The growing body of music therapy literature and research suggests there is an increasing emphasis on family centred and relation-oriented approaches (i.e., Edwards, 2011; Kern & Humpal, 2012; Lindahl-Jacobsen & Thompson, 2017a; Tomlinson et al., 2012; Trondalen, 2016; Tuomi et al., 2017). With 18 different clinical populations described by participants, the results indicate that working with families is a practice approach that is becoming more relevant across the life span. While music therapy practice in neonatal care has had a long standing focus on working with families (i.e., Gooding & Trainor, 2018; Haslbeck, 2012; Haslbeck et al., 2018; Ettenberger et al., 2017; Loewy, 2015; Shoemark et al., 2015; Teckenberg-Jansson et al., 2011), music therapy with older adults (i.e., Beer, 2017; Raglio et al., 2016; Ridder, 2017) and within end of life care also has an increasing emphasis on working with the whole family (i.e., Aasgaard, 2001; Lindenfelser et al., 2008; Lindenfelser et al., 2012; Savage & Taylor Johnston, 2013). However, the results from this survey suggest that music therapy with families is still dominated by work with children and their parents, with 79% of respondents describing their work with children and adolescents.

Respondents reported that they draw upon a variety of theoretical frameworks, methods, techniques and models in their music therapy practice, and they incorporate these influences in a flexible and holistic way. These findings were similar to earlier surveys which found that humanism is the most commonly reported framework in the NICU (Gooding & Trainor, 2018). While previous literature and research in music therapy with families has not emphasised psychodynamic theory within practice (Tuomi et al., 2017), 40% of respondents selected this option. These findings are similar to the results from a broader international survey (Kern & Tague, 2017) where 33.6% of participants reported drawing upon this theory. Similarly, common music therapy methods such as improvisation were highly reported in work with families (31.6%) reflecting the broader music therapy literature which highlights improvisation as being key to supporting, enhancing or promoting interpersonal interaction (i.e., Haire & McDonald, 2019; Jacobsen & McKinney, 2015; James et al., 2015; McFerran & Wigram, 2002; Ridder & Gummesen, 2015). The improvisation literature also highlights the way this method can heighten emotional and relational qualities between players, which is perhaps reflected in the way these respondents described their role as being to promote relationships and contain emotions.

Some of the literature in this field describes how verbal interactions and support to parents and other family members often take place in short, informal encounters before, during and/or after the music therapy sessions rather than in separate individual or group meetings (Blauth, 2016; Gooding & Trainor, 2018; Hodkinson et al.,

2014; Oldfield, 2011; Loth, 2008). The current study supports the literature, with only 18.1% of respondents indicating that they offer separate counselling sessions for family members. While some recent studies report benefits to parents who received separate conselleing sessions (Blauth, 2016; Gottfried 2016; Tuomi, 2017), only one respondent reported providing separate counselling sessions to family members more frequently than sessions with the child/adult client. The opportunities for different models of work are likely to be highly contextual, since the results from the survey of NICU music therapists in the USA found that 35.85% of respondents worked exclusively with parents (Gooding & Trainor, 2018). There may also be differences in how respondents understood who the "client" is when working with families. For example, an ecological framework typically assumes the family is the client (Bruscia, 1998, p. 299) and therefore the therapist may take a broader environmental and contextual perspective (Brofenbrenner, 1979,, 1981; Crooke, 2015; Helle-Valle et al., 2017; Rolvsjord & Stige, 2015). In this survey, 27.2% of respondents reported being influenced by systemic and ecological orientations to practice, which was lower than expected. This result may indicate that respondents more commonly focus on the individual child/adult client rather than the family as a whole.

The Role of the Music Therapist When Working with Families

The results identify that the role of music therapists working with families is broad and versatile. Lindahl-Jacobsen & Thompson (2017b) mapped out a model for the therapist's role (also described as their "stance" or "position"), to encourage music therapists to consciously consider their approach when working with families. Their model proposed that there are three continua interacting together that the therapist might reflexively consider, including: 1) the way the therapist guides and challenges the family, ranging from a more expert position through to an equal partner; 2) the way the therapist shares knowledge and assists the family, ranging from a more directive approach through to more supportive problem solving; and 3) the degree to which the therapist engages with the family, ranging from a more distant outsider to a close insider. Rather than a protocol for how to work with families, Lindahl-Jacobsen and Thompson (2017b) stress that there is no "best" stance but merely a "best fit" for each family and context.

In reflecting on the analysis of the free-text responses to question 20, the 12 categories could be mapped within the first two dimensions of Lindahl-Jacobsen & Thompson's (2017b) model when they are presented as four quadrants. When considering the results through the lens of this model, music therapists adopting a more supportive–expert role are in the majority ($n = 95$), followed by the directive-expert role ($n = 57$). However, the work cannot be interpreted in a binary way as any model might imply. The respondents in this study frequently highlighted how their approach is more likely to be dynamic and responsive to the context.

Limitations

With music therapists belonging to numerous professional groups and no single international registry for qualified music therapists available, it was difficult to estimate the expected sample size. The lack of statistical data for the profession may contribute to challenges with validity and have implications for study replication. While a variety of countries are represented in the sample, the fact that the survey was only available in English may have been a barrier to participation. Future studies should include funding to enable translation of surveys to several international lanuauges to promote participation. In addition, funding would have enabled access to resources to support recruitment and advertising which may have increased accessibility and the number of responses.

Formulating multiple choice questions for an international audience is also challenging. Despite careful consultation in the pilot stage, different traditions, terminology and cultural considerations might not have been adequately included. This

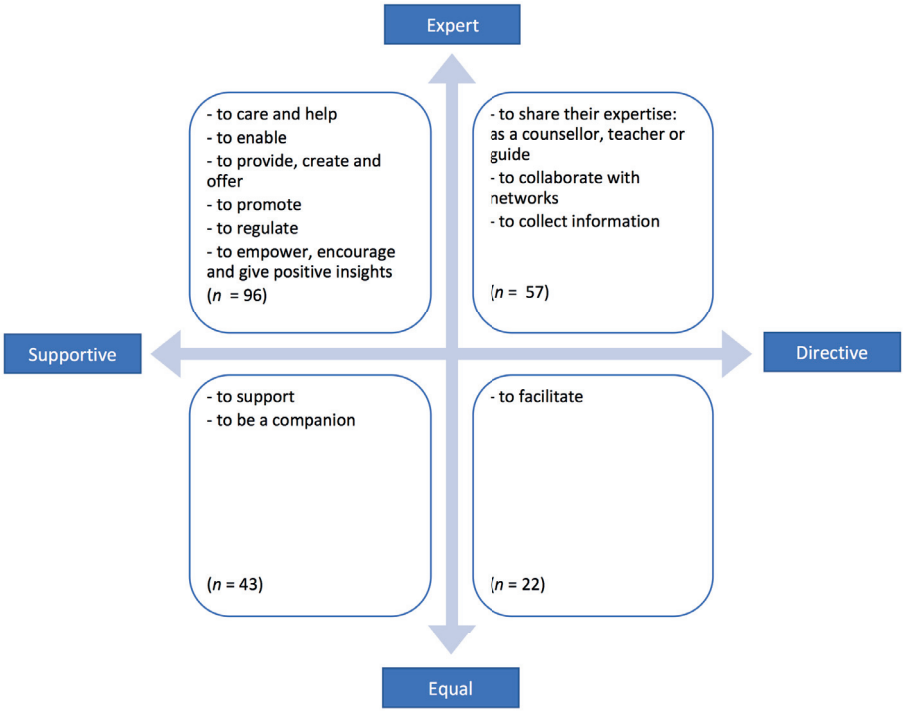

Figure 17

Mapping the role of the therapist

challenge may be reflected in the need to add new categories during the analysis of the free-text answers to the multiple choice questions.

Future Guidelines

While surveys are useful in collecting a breadth of persectives, depth is limited. For example, the results do not explain when, how and why (or why not) particular music therapy methods are used with families or how they are put into action. A follow up interview study could further explore these deeper questions.

Within the data, there are valuable suggestions for future training and education of music therapists who wish to work with families. For example, within the non-music-based methods, verbal facilitation skills are commonly used, yet respondents see this area of practice as needing further training. These results are echoed in previous research from NICU settings (Gooding & Trainor, 2018). While there is some music therapy literature exploring the use of verbal facilitation skills (i.e., Amir, 1999; Gooding, 2017; Lindblad, 2016; Nolan, 2005) more research is needed.

Beyond the profession of music therapy, the importance of therapists adopting mentalization approaches to increase the family's capacity for reflective functioning is highlighted in the broader research into family work across clinical populations (i.e., Dimitrova et al., 2016; Fonagy, 2012; Fossati & Somma, 2018; Kalland et al., 2016; Pajulo et al., 2012; Philipp, 2012; Solbakken et al., 2011). The ability to mentalize is seen as a crucial part of parenting and is especially important when there are challenges in the child's development. In this survey, only one respondent mentioned including mentalization theory as part of their approach. Within the music therapy literature, mentalization is more commonly described in work with adults with mental health issues (Hannibal, 2014; Hannibal & Schwantes, 2017; Strehlow, 2016). In the field of music therapy with families, there have only been preliminary discussions about incorporating mentalization theory as part of recent conference presentations (Lindahl-Jacobsen et al, 2018; Tuomi, 2018, 2019). It is important to acknowledge that working

in this way requires advanced training and/or counsultation with other professionals from this field, such as family therapists. In addition, given that the broader field of family therapy includes mentalization as a key theoretical framework, there is scope for further research in this area in music therapy.

In terms of the role of the therapist in working with families, this survey only provides the therapists' perspective. Studies exploring the outcomes of family-centred sessions have demonstrated that parents and family members often gain knowledge and skills from participating in the sessions (Thompson, 2018; Schwartzberg & Silverman, 2017; Warren & Nugent, 2010), or from receiving parallel counselling sessions (Blauth, 2017; Gottfried, 2016). In either approach, the music therapist's facilitation style was important to the perceived success of the sessions (Edwards, 2014; Nicholson et al., 2008; Thompson, 2018). Future studies should consider researching the role of the the therapist from the family's perspective.

In addition, the survey results cannot provide a deeper insight into who is considered the "client" in family-centered music therapy sessions. In other words, is the focus on the child/adult client, on the parent/carer or on the whole family? When reflecting on the analysis to the open-text questions, it seems that the participants conceptualised their work with families as involving a child/adult client who are accompanied by others who share the session with them. This topic needs further research to better understand practice, since there are flow on ethical implications for determining the goals/focus of therapy, and for raising awareness about the potential benefits of music therapy with families. Further, more research exploring how music therapists interact with family members who are not present within the client's session, and who are not receiving parallel services, is needed.

Conclusion

Music therapy with families is well established as an important field of practice that includes a large range of populations across the life span. Music therapists working with families emphasise that the work is holistic and flexible, both in terms of the theoretical approaches that inform their work and the methods/techinques that are included in sessions. In order to ensure that this field continues to deepen and develop, music therapy training courses may need to reflect more family-centred and relational-orientated frameworks. In addition, participants in this study strongly advocated for more continuing professional development opportunities to continue to deepen their practice.

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Appendix 1

The questionnaire is available from the following link: https://voices.no/index.php/voices/article/view/2952/3218

Notes

1. We have chosen to use "identity first" language in this article our of respect for disability advocacy groups who express a preference for this terminology.
2. All member numbers are from the time the survey was distributed.

References

Aasgaard, T. (2001). An ecology of love: Aspects of music therapy in the pediatric oncology environment. *Journal of Palliative Care, 17*(3), 177–224.

Alvin, J. (1978). *Music therapy for the autistic child*. Oxford University Press.

Amir, D. (1999). Musical and verbal interventions in music therapy: A qualitative study. *Journal of Music Therapy, 16*(2), 144–175. https://doi.org/10.1093/jmt/36.2.144

Ayson, C. (2008). Child-parent wellbeing in a paediatric ward. The role of music therapy in supporting children and their parents facing the challenge of hospitalisation. *Voices: A World Forum for Music Therapy, 8*(1). https://doi.org/10.15845/voices.v8i1.449

Baron, A. (2017). Working with families in the acute pediatric medical setting. In S. Lindahl-Jacobsen & G. Thompson (Eds.), *Music therapy with families. Therapeutic approaches and theoretical perspectives* (pp. 45–71). Jessica Kingsley Publishers.

Beer, L. (2017). The role of the music therapist in training caregivers of people who have advanced dementia. *Nordic Journal of Music Therapy, 26*(2), 185–199. https://doi.org/10.1080/08098131.2016.1186109

Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *NursingPlus Open, 2*, 8–14. https://doi.org/. https://doi-org.ezproxy.jyu.fi/10.1016/j.npls.2016.01.001

Blauth, L. (2016). Improving mental health in families with autistic children: Benefits of using video feedback in parent counselling sessions offered alongside music therapy. *Health Psychology Report, 5*(2), 138–150. https://doi.org/10.5114/hpr.2017.63558

Bronfenbrenner, U. (1979). *The ecology of human development. Experiments by nature and design.* Cambridge, Massachusetts, London: Harvard University Press.

Bronfenbrenner, U. (1981). Children and families: 1984. *Society, 18*(2), 38–41. https://doi.org/10.1007/BF02694667

Bruscia, K. (1998). *Defining music therapy* (2nd ed.). Barcelona Publishers.

Bruscia, K. (2016). Types of interpretivist research. In B. Wheeler & K. Murphy (Eds.), *An introduction to music therapy research* (3rd ed., pp. 163–178). Barcelona Publishers.

Colegrove, V., Havighurst, S., Kehoe, C., & Lindahl-Jacobsen, S. (2018). Pilot randomized controlled trial of Tuning Relationships with Music: Intervention for parents with a trauma history and their adolescent. *Child Abuse and Neglect, 79*, 259–268. https://doi.org/10.1016/j.chiabu.2018.02.017

Crooke, A. H. D. (2015). Music therapy, social policy and ecological models: A located example of music in Australian schools. *Voices: A World Forum for Music Therapy, 15*(2). https://doi.org/10.15845/voices.v15i2.829

Dimitrova, N., Turpin, H., Borghini, A., Ansermet, F., Urben, S., & Muller-Nix, C. (2016). 6.129 lower early parental mentalization as a risk factor for child mentalization abilities in early adolescence in preterm-born children: A longitudinal study. *Journal of the American Academy of Child & Adolescent Psychiatry, 55*(10), S245–S245. https://doi.org/10.1016/j.jaac.2016.09.445

Drake, T. (2011). Becoming in tune: The use of music therapy to assist the developing bond between traumatized children and their new adoptive parents. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (pp. 101–114). Oxford University Press.

Edwards, J. (Ed.). (2011). *Music therapy and parent-infant bonding*. Oxford University Press.

Edwards, J. (2014). The role of the music therapist in promoting parent-infant attachment. *Canadian Journal of Music Therapy, 20*(1), 48–48. Retrieved from https://www-proquest-com.pva.uib.no/scholarly-journals/role-music-therapist-promoting-parent-infant/docview/1562002705/se-2?accountid=8579

Edwards, J., Scahill, M., & Phelan, H. (2007). Music therapy: Promoting healthy mother-infant relations in the vulnerable refugee and asylym seeker community. In J. Edwards (Ed.), *Music: Promoting health and creating community in healthcare contexts* (pp. 154–168). Cambridge Scholars Publishing.

Erlingsson, C., & Brysiewicz, P. (2017). A hands-on guide to doing content analysis. *African Journal of Emergency Medicine, 7*(3), 93–99. https://doi.org/https://doi-org.ezproxy.jyu.fi/10.1016/j.afjem.2017.08.001

Ettenberger, M., Rojas Cárdenas, C., Parker, M., & Odell-Miller, H. (2017). Family-centred music therapy with preterm infants and their parents in the Neonatal Intensive Care Unit (NICU) in Colombia – A mixed-methods study. *Nordic Journal of Music Therapy, 26*(3), 207–234. https://doi.org/10.1080/08098131.2016.1205650

Fonagy, P. (Ed.). (2012). *Handbook of mentalizing in mental health practice*. American Psychiatric Association Publishing.

Fossati, A., & Somma, A. (2018). Improving family functioning to (hopefully) improve treatment efficacy of borderline personality disorder: An opportunity not to dismiss. *Psychopathology, 52*(2), 149–159. https://doi.org/10.1159/000486603

Gooding, L. F. (2017). Microskills training: A model for teaching verbal processing skills in music therapy. *Voices: A World Forum for Music Therapy, 17*(1). https://doi.org/10.15845/voices.v17i1.894

Gooding, L., & Trainor, B. (2018). Working with parents in the neonatal intensive care unit: An analysis of music therapy practice in the United States of America. *The Arts in Psychotherapy, 59*, 1–6. https://doi.org/10.1016/j.aip.2017.12.005

Gottfried, T. (2016). *Creating bridges: Music-oriented counseling for parents of children with autism spectrum disorder*. Aalborg Universitet. https://doi.org/10.5278/vbn.phd.hum.00042

Gottfried, T., Thompson, G., Elefant, C., & Gold, C. (2018). Reliability of the music in everyday life (MEL) scale: A parent-report assessment for children on the autism spectrum. *Journal of Music Therapy, 55*(2), 133–155. https://doi.org/10.1093/jmt/thy002

Haire, N., & MacDonald, R. (2019). Humor in music therapy: A narrative literature review. *Nordic Journal of Music Therapy, 15*(1), 1–18. https://doi.org/10.1080/08098131.2019.1577288

Hannibal, N. (2014). Implicit and explicit mentalisation in music therapy in the psychiatric treatment of people with borderline personality disorder. In J. de Backer & J. Sutton (Eds.), *The music in music therapy. Psychodynamic music therapy in Europe: Clinical, theoretical and research approaches* (pp. 211–223). Jessica Kingsley Publishers.

Hannibal, N., & Schwantes, M. (2017). Mentalization based treatment (MBT): A possible theoretical frame for music therapy practice in clinical psychiatry. *Voices: A World Forum for Music Therapy, 17*(2). https://doi.org/https://dx.doi.org/10.15845/voices.v17i2.897

Haslbeck, F. (2012). Music therapy for premature infants and their parents: An integrative review. *Nordic Journal of Music Therapy, 21*, 203–226. https://doi.org/10.1080/08098131.2011.648653

Haslbeck, F., Nöcker-Ribaupierre, M., Zimmer, M.-L., Schrage-Leitner, L., & Lodde, V. (2018). Music therapy in neonatal care: A framework for german-speaking countries and Switzerland. *Music and Medicine (Online), 10*(4), 214–224. https://search-proquest-com.ezproxy.jyu.fi/docview/2157468926?accountid=11774

Hasler, J. (2008). A piece of the puzzle. Music therapy with looked-after teenagers and their carers. In A. Oldfield & C. Flower (Eds.), *Music therapy with children and their families* (pp. 159–175). Jessica Kingsley Publishers.

Helle-Valle, A., Binder, P.-E., Anderssen, N., & Stige, B. (2017). Is restlessness best understood as a process? Reflecting on four boys' restlessness during music therapy in kindergarten. *International Journal of Qualitative Studies on Health and Well-Being, 12*(1). https://doi.org/10.1080/17482631.2017.1298266

Hibben, J. (1992). Music therapy in the treatment of families with young children. *Music Therapy, 11*(1), 28–44.

Hodkinson, S., Bunt, L., & Daykin, N. (2014). Music therapy in children's hospices: An evaluative survey of provision. *The Arts in Psychotherapy, 41*(5), 570–576. https://doi.org/10.1016/j.aip.2014.10.006

Jacobsen, S. L., & McKinney, C. (2015). A music therapy tool for assessing parent-child interaction in cases of emotional neglect. *Journal of Child & Family Studies, 24*(7), 2164–2173. https://doi.org/10.1007/s10826-014-0019-0

Jacobsen, S. L., McKinney, C., & Holck, U. (2014). Effects of a dyadic music therapy intervention on parent-child interaction, parent stress, and parent-child relationship in families with emotionally neglected children: A randomized controlled trial. *Journal of Music Therapy, 51*(4), 310–332. https://doi.org/10.1093/jmt/thu028

James, R., Sigafoos, J., Green, V., Lancioni, G., O'Reilly, M., Lang, R., Davis T., Carnett, A., Achmadi, D., Gevarter, C. & Marschik, P. (2015). Music therapy for individuals with autism spectrum disorder: A systematic review. *Review Journal of Autism and Developmental Disorders, 2*(1), 39–54. https://doi.org/10.1007/s40489-014-0035-4

Jordan-Kilkki, P., & Tuomi, K. (2016). Perhekeskeinen musiikkiterapia ja dialoginen perhetyö -koulutuksen esittely [Family centered music therapy and dialogical parent couseling - Introduction to the training model]. *Musiikkiterapia, 31*(1–2), 70–75.

Kalland, M., Fagerlund, Å., von Koskull, M., & Pajulo, M. (2016). Families first: The development of a new menatlization-based group intervention for first-time parents to promote child development and family health. *Primary Health Care Research and Development, 1*(3–17). https://doi.org/10.1017/S146342361500016X

Kern, P., & Humpal, M. (Eds.). (2012). *Early childhood music therapy and autism spectrum disorders.* Jessica Kingsley Publishers.

Kern, P., Rivera, N., Chandler, A., & Humpal, M. (2013). Music therapy services for individuals with autism spectrum disorder: A survey of clinical practices and training needs. *Journal of Music Therapy, 50*(4), 274–303. https://doi.org/10.1093/jmt/50.4.274

Kern, P., & Tague, D. B. (2017). Music therapy practice status and trends worldwide: An international survey study. *Journal of Music Therapy, 54*(3), 255–286. https://doi.org/10.1093/jmt/thx011

Krantz, B. (2014). *Parent-infant music therapy: Effects, effectiveness and practice of music therapy for young children and their caregivers*. Catholic University of Applied Sciences. https://doi.org/10.13140/RG.2.2.25500.08321

Lindahl Jacobsen, S., & Thompson, G. (Eds.). (2017a). *Music therapy with families. Therapeutic approaches and theoretical perspectives*. Jessica Kingsley Publishers.

Lindahl-Jacobsen, S., & Thompson, G. (2017b). Working with families. Emerging characteristics. In S. Lindahl-Jacobsen & G. Thompson (Eds.), *Music therapy with families. Therapeutic approaches and theoretical perspectives* (pp. 309–331). Jessica Kingsley Publishers.

Lindahl-Jacobsen, S., Gottfried, T., & Thompson, G. (2018). Families with children with special needs: A seminar to develop music therapy practice. In *9th Nordic music therapy congress*. Stockholm.

Lindblad, K. (2016). Verbal dialogue in music therapy: A hermeneutical analysis of three music therapy sessions. *Voices: A World Forum for Music Therapy, 16*(1). https://doi.org/10.15845/voices.v16i1.842.

Lindenfelser, K.J. & Grocke, D. & McFerran, K. (2008). Bereaved parents' experiences of music therapy with their terminally ill child. *Journal of Music Therapy, 45*(3), 330–348. https://doi.org/10.1093/jmt/45.3.330

Lindenfelser, K. J., Hense, C., & McFerran, K. (2012). Music therapy in pediatric palliative care: Family-centered care to enhance quality of life. *American Journal of Hospice & Palliative Medicine, 29*(3), 219–226. https://doi.org/10.1177/1049909111429327

Loewy, J. (2015). NICU music therapy: Song of kin as critical lullaby in research and practice. *Annals of the New York Academy of Sciences*, 178–185. https://doi.org/10.1111/nyas.12648

Loth, H. (2008). Music therapy groups for families with a learning-disabled toddler. Bridging some gaps. In A. Oldfield & C. Flower (Eds.), *Music therapy with children and their families* (pp. 53–69). London, Philadelphia: Jessica Kingsley Publishers.

McFerran, K., & Wigram, T. (2002). A review of current practice in group music therapy improvisations. *British Journal of Music Therapy, 16*(1), 46–55. https://doi.org/10.1177/135945750201600107

Muller, P., & Warwick, A. (1993). Autistic children and music therapy. The effects of maternal involvement in therapy. In M. Heal & T. Wigram (Eds.), *Music therapy in health and education* (pp. 214–234). Jessica Kingsley Publishers.

Nicholson, J. M., Berthelsen, D., Abad, V., Williams, K., & Bradley, J. (2008). Impact of music therapy to promote positive parenting and child development. *Journal of Health and Psychology, 13*(2), 226–238. https://doi.org/10.1177/1359105307086705

Nolan, P. (2005). Verbal processing within the music therapy relationship. *Music Therapy Perspectives, 23*, 18–28. https://doi.org/10.1093/mtp/23.1.18

O'Callaghan, C., & Jordan, B. (2011). Music therapy supports parent-infant attachments: In families affected by life threatening cancer. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (pp. 191–207). Oxford University Press.

Oldfield, A. (1993). Music therapy with families. In M. Heal & T. Wigram (Eds.), *Music therapy in health and education* (pp. 46–54). Jessica Kingsley Publishers.

Oldfield, A. (2008). Working in partnership and supporting parents. Music therapy for pre-school children and their parents at a child development centre. In A. Oldfield & C. Flower (Eds.), *Music therapy with children and their families* (pp. 19–36). Jessica Kingsley Publishers.

Oldfield, A. (2011). Parents' perceptions of being in music therapy sessions with their children: What is our role as music therapists with parents? In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (pp. 58–72). Jessica Kingsley Publishers.

Oldfield, A. (2017). Music therapy with families in a psychiatric children's unit. In S. Lindahl Jacobsen & G. Thompson (Eds.), *Music therapy with families. Therapeutic approaches and theoretical perspectives* (pp. 72–91). Jessica Kingsley Publishers.

Oscarsson, S. (2017). To create hope and dignity: Music therapy with refugee children with pervasive refusal syndrome. In S. Lindahl Jacobsen & G. Thompson (Eds.), *Music therapy with families. Therapeutic approaches and theoretical perspectives* (pp. 247–268). Jessica Kingsley Publishers.

Pajulo, M., Pyykkönen, N., Kalland, M., Sinkkonen, J., Helenius, H., & Punamäki, R.-L. (2012). Substance-abusing mother-baby-pairs in residential treatment: Importance of pre-and postnatal reflective functioning. *Infant Mental Health Journal, 33*(1), 70–81. https://doi.org/10.1002/imhj.20342

Philipp, D. A. (2012). Reflective family play: A model for whole family intervention in the infant and preschool clinical population. *Infant Mental Health Journal, 33*(6), 599–608. https://doi.org/10.1002/imhj.21342

Raglio, A., Fonte, C., Reani, P., Varalta, V., Bellandi, D., & Smania, N. (2016). Active music therapy for persons with dementia and their family caregivers. *International Journal of Geriatric Psychiatry, 31*, 1084–1090. https://doi.org/10.1002/gps.4421

Ridder, H. M. (2017). Partners in care. A psychosocial approach to music therapy and dementia. In S. Lindahl Jacobsen & G. Thompson (Eds.), *Music therapy with families. Therapeutic approaches and theoretical perspectives* (pp. 269–289). Jessica Kingsley Publishers.

Ridder, H. M., & Gummesen, E. (2015). The use of extemporizing in music therapy to facilitate communication in a person with dementia: An explorative case study. *Australian Journal of Music Therapy, 26*, 6–29. Retrieved from https://www-proquest-com.pva.uib.no/scholarly-journals/use-extemporizing-music-therapy-facilitate/docview/1705958547/se-2?accountid=8579

Rolvsjord, R., & Stige, B. (2015). Concepts of context in music therapy. *Nordic Journal of Music Therapy, 24*(1), 44–66. https://doi.org/10.1080/08098131.2013.861502

Salkeld, C. E. (2008). Music therapy after adoption. The role of family music therapy in developing secure attachment in adopted children. In A. Oldfield & C. Flower (Eds.), *Music therapy with children and their families* (pp. 141–157). Jessica Kingsley Publishers.

Savage, R., & Taylor Johnston, E. (2013). Hospice family caring behaviours during music therapy. *New Zealand Journal of Music Therapy*, (11), 81–103. ISSN: 1176-3264

Schwartzberg, E. T., & Silverman, M. J. (2017). Parent perceptions of music therapy in an on-campus clinic for children with autism spectrum disorder. *Musicae Scientiae, 21*(1), 98–112. https://doi.org/10.1177/1029864916644420

Shoemark, H. (1996). Family-centred early intervention: music therapy in the playground program. *Australian Journal of Music Therapy, 7*, 3–15. ISSN: 1036-9457

Shoemark, H. (2004). Family-centered music therapy for infants with complex medical and surgical needs. In M. Nöcker-Ribaupierre (Ed.), *Music therapy for premature and newborn infants* (pp. 141–157). Barcelona Publishers.

Shoemark, H., & Dearn, T. (2008). Keeping parents at the centre off family centred music therapy with hospitalised infants. *Australian Journal of Music Therapy, 19*, 3–24.

Shoemark, H., Hanson-Abromeit, D., & Stewart, L. (2015). Constructing optimal experience for the hospitalized newborn through neuro-based music therapy. *Frontiers in Human Neuroscience, 9*, 487. https://doi.org/10.3389/fnhum.2015.00487

Smith, M., Sanderson, S., Brothers, K., Myers, M., & McCormick, J. (2016). Conducting a large, multi-site survey about patients' views on board consent: Challenges and solutions. *BMC Medical Research Methodology, 16*(162). https://doi.org/10.1186/s12874-016-0263-7

Solbakken, O. A., Sandvik Hansen, R., & Monsen, J. T. (2011). Affect integration and reflective function: clarification of central conceptual issues. *Psychotherapy Research, 21*(4), 482–496. https://doi.org/10.1080/10503307.2011.583696

Strehlow, G. (2016). Update mentalization in music therapy. *Nordic Journal of Music Therapy, 25*(Supplement 1: 10th European music therapy conference), 73. https://doi.org/10.1080/08098131.2016.11783620

Stuart, K. (2018). Musical ripples and reflections: The story of Charlie, his music and his new foster family. *Voices: A World Forum for Music Therapy, 18*(4). https://doi.org/10.15845/voices.v18i4.2604

Teckenberg-Jansson, P., Huotilainen, M., Pölli, T., Lipsanen, J., & Järvenpää, A.-L. (2011). Rapid effects of neonatal music therapy combined with kangoroo care on prematurely-born infants. *Nordic Journal of Music Therapy, 20*(1), 22–42. https://doi.org/10.1080/08098131003768123

Thompson, G. (2012). Family-centered music therapy in the home environment: Promoting interpersonal engagement between children with autism spectrum disorder and their parents. *Music Therapy Perspectives, 30*(2), 109–116. https://doi.org/10.1093/mtp/30.2.109

Thompson, G. (2017). The "Music therapy with families network": Creating a community of practice via social media. *British Journal of Music Therapy, 31*(1), 50–52. https://doi.org/10.1177/1359457517690070

Thompson, G. (2018). Long-term perspectives of family quality of life following music therapy with young children on the autism spectrum: A phenomenological study. *Journal of Music Therapy, 54*(4), 432–459. https://doi.org/10.1093/jmt/thx013

Thompson, G., McFerran, K., & Gold, C. (2014). Family-centered music therapy in the home environment: Promoting interpersonal engagement between children with autism spectrum disorder and their parents. *Child: Care, Health and Development, 40*(6), 840–852. https://doi.org/10.1111/cch.12121

Tomlinson, J., Derrington, P., & Oldfield, A. (Eds.). (2012). *Music therapy in schools. Working with children of all ages in mainstream and special education.* Jessica Kingsley Publishers.

Trondalen, G. (1997). Music therapy and interplay. A music therapy project with mothers and children elucidated through the concept of "appreciative recognition." *Nordic Journal of Music Therapy, 6*(1), 14–27. https://doi.org/10.1080/08098139709477890

Trondalen, G. (2016). *Relational music therapy: An intersubjective perspective*. Barcelona Publishers.

Tuomi, K. (2017). Music therapy and theraplay. Creating, repairing and strengthening the attachment bond in foster and adoptive families. In S. Lindahl Jacobsen & G. Thompson (Eds.), *Music therapy with families. Therapeutic approaches and theoretical Perspectives* (pp. 173–198). Jessica Kingsley Publishers.

Tuomi, K. (2018). Nurture and play for foster families—A mentalization based group intervention. In *9th Nordic music therapy congress*. Stockholm.

Tuomi, K. (2019). Nurture and play intervention for foster families—To promote well-being and reduce inequality. In *11th European music therapy conference*. Aalborg.

Tuomi, K., & Ala-Ruona, E. (2011). Music therapy for young children in Finland. *Imagine – Early Childhood Music Therapy Online Magazine, 2*(1), 78–79.

Tuomi, K., & Ala-Ruona, E. (2013). Varhaisiän musiikkiterapia Suomessa [Early childhood music therapy in Finland]. *Musiikkiterapia, 28*(1), 6–23.

Tuomi, K., Ala-Ruona, E., & Oldfield, A. (2017). Literature review of early childhood music therapy between 1990–2012. *Voices: A World Forum for Music Therapy, 17*(2). https://doi.org/https://doi.org/10.15845/voices.v17i2

Walworth, D. (2012). Family-centered practice. Integrating music into home routines. In P. Kern & M. Humpal (Eds.), *Early childhood music therapy and autism spectrum disorders. Developing potential in young children and their families* (pp. 233–244). Jessica Kingsley Publishers.

Warren, P., & Nugent, N. (2010). The Music Connections Programme: Parents' perceptions of their children's involvement in music therapy. *New Zealand Journal of Music Therapy, 8*, 8–33. https://doi.org/1176-3264

Williams, K. E., Berthelsen, D., Nicholson, J. M., Walker, S., & Abad, V. (2012). The effectiveness of a short-term group music therapy intervention for parents who have a child with a disability. *Journal of Music Therapy, 49*(1), 23–44. https://doi.org/10.1093/jmt/49.1.23

Williams, K., Teggelove, K., & Day, T. (2014). Contemporary cultures of service delivery to families: Implications for music therapy. *Australian Journal of Music Therapy, 25*, 148–173.

III

NURTURE AND PLAY FOR FOSTER FAMILIES WITH YOUNG CHILDREN: FOSTER PARENTS´ REFLECTIONS ON ATTACHMENT – FOCUSED GROUP INTERVENTION

by

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ARTICLE

Nurture and play for foster families with young children: Foster-parents' reflections on attachment-focused group intervention

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ABSTRACT

An insecure attachment history puts foster children at risk for many kinds of difficulties, which may include psychopathology. Nurture and Play (NaP) for foster families–intervention for children aged one to five years of age aims to help the new attachment relationship between foster parents and their young children develop in a secure direction. The aim of this study is to gain deeper understanding on how foster parents use their mentalization skills to reflect the different meanings of the NaP for foster families–intervention . A stimulated recall method was chosen to correspond to these research targets. It was revealed that parents' reflections were evidently focused on the child, the importance of safety and the meaning of change during the process. Emotional qualities concerning both the child and the adult were also emphasised. The foster parents were able to utilise their reflections within a wider context of place, relationships, and time. The results of the study and the core concepts of attachment theory are strongly related to each other. Furthermore, the study and its outcomes offer suggested priorities and suggestions for future research.

KEYWORDS

foster children,
young children,
family centred music therapy,
Theraplay,
mentalisation,
stimulated recall

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INTRODUCTION

Foster children have, in almost every case, been exposed to neglect, abuse, trauma, emotional and/or physical violence, and abnormality in close relationships. Insecure attachment histories with developmental trauma put children at risk for psychopathology, which may include difficulties with social relationships, anxiety disorders, challenges in coping with stress, depression, controlling behaviour, personality disorders or developmental problems (McDonald et al., 2008; Prior & Glaser, 2006; Putnam, 2005; Rubin et al., 2010; Schofield & Beek, 2006; Weinfield et al., 2008).

When the child is placed outside the biological home the remedial experiences in a new family are of crucial importance. Fortunately, neurological research has demonstrated that the brain is "plastic" and mouldable (Siegel & Bryson, 2012). Further, nurturing, warm and non-defensive caregivers are often able to develop trusting, secure attachments (Baylin, 2015; Dozier et al., 2001).

The Nurture and Play (NaP) for foster families–intervention (Salo & Tuomi, 2008; Tuomi, 2018) is preventive and guiding as well as a rehabilitative group approach. Its aim is to help the new attachment relationship between foster parents and children aged one to five years old develop toward a secure direction. The group´s target is to promote joyful engagement and trust between the foster parent and the child. In addition, the goal is to increase parental sensitivity, mentalization capacity and emotional availability as well as empower the parents (Tuomi, 2017, 2018).

This research is focusing on how foster parents reflect different meanings of the NaP–intervention, emphasising both child and parent's perspectives, thoughts, and feelings. Meaning making is a goal for the parents who participate in the intervention. Stimulated recall method is used to achieve the aforementioned goals.

THEORETICAL BASIS FOR THE INTERVENTION

The first author who developed the Nurture and Play (NaP) intervention together with Saara Salo who in cooperation published a workbook for families (Salo & Tuomi, 2008). NaP–intervention combines three approaches: 1) Theraplay, 2) music therapy and 3) mentalization based techniques.

Theraplay is an evidence-based model which is supported by current research and theory (Booth et al., 2014; Wardrop & Meyer, 2009). Theraplay recreates the early attachment process for the child and parent with its emphasis on the child´s emotionally younger needs (Finnell, 2013; Mroz Miller et al., 2010) and helps the child to feel safe and develop trust (Booth et al., 2014; Lindaman & Lender, 2009; Rubin et al., 2010). Theraplay helps the child to accept the care provided from the foster or adoptive parent by offering concrete physical care (Booth et al., 2014; Finnell, 2013; Mroz Miller et al., 2010; Rubin et al., 2010). In order to develop feelings of being competent and valued, Theraplay accepts the child as she/he is in a warm, caring, attentive manner (Mroz Miller et al., 2010). In summary, Theraplay aims to reduce behavioural, externalising problems with children (Booth et al., 2014; Finnell, 2013; Mäkelä & Vierikko, 2004).

Music therapy´s techniques and methods, especially singing, are used in the intervention (Tuomi 2017; 2018). Because of the non-verbal nature of music, the use of music in therapy presents as a non-threatening and inviting medium for children with a history of neglect and abuse (Burkhardt-Mramor, 1996; Drake, 2011; Hong et al., 1998; Layman et al., 2002; Robarts, 2014). Music is also seen as a possible way to connect family members with a new and encouraging way of engagement

(Salkeld, 2008) and in that way increases the generalisation of the benefits of music therapy to other environments (Layman et al., 2002). Music therapy can provide an environment for the children to explore positive and creative connections with others (Drake, 2011; Hong et al., 1998; Layman et al., 2002; Salkeld, 2008). Music can facilitate a well-attuned, contained mother-infant interaction even at later stages of development (Drake, 2011; Salkeld, 2008). Further, the nurturing and self-soothing aspects of music are mentioned in literature (Herman, 1996; Hong et al., 1998). Music, with its therapeutic qualities, is considered as a secure base or safe haven from which a child is able to explore (Drake, 2011) and regulate emotions (Hasler, 2008; Robarts, 2014). The music therapist is seen as a facilitator in building healthy relationships within the family (Salkeld, 2008) and being present (Hasler, 2008; Robarts, 2014).

A well-developed capacity to mentalize is critically connected to the capacity to create safe attachment relationships (Fonagy & Target, 1997; Fonagy et al., 2012; Pajulo et al., 2015; Slade et al., 2005). Mentalisation is described as understanding one´s own and others´ behaviour in terms of underlying mental states and intentions (Fonagy et al., 2012; Slade, 2005). This understanding not only helps a person to regulate emotions but also promotes communication between family members and creates stability in relationships (Pajulo et al., 2015; Slade, 2005). The concept of reflective function (RF) is used in conjunction with the concept of mentalization especially when it comes to research studies (Kalland, 2014, 2017; Slade, 2005). Reflective function, RF, is a conscious act based on conscious cognitive processes and efforts. Parental reflective function refers to the parent's capacity to represent and understand the breadth of his/her child's internal experience and is intrinsic to sensitive parenting (Slade, 2005). Parental embodied mentalizing (PEM) refers to parenting which is not only verbalising but also a bi- directional communicative channel of desires, feelings, or thoughts, based on nonverbal, and often unconscious, body movements of the entire body (Shai et al., 2011).

Reflective functioning is especially central when it comes to foster parenting. The ability to handle negative emotions of the child and the ability to “step back” when parent´s own negative emotions arise are key elements when attuning sensitively to the child´s emotions and understanding the motivational factors behind the behaviour. In this way the reflective functioning, RF, helps the foster parent to maintain a holistic, many-sided, and integrated image of the child in a positive manner of engagement (Baylin, 2015).

NURTURE AND PLAY FOR FOSTER FAMILIES: INTERVENTION PROTOCOL

NaP for foster families is provided in a group setting consisting of 4-6 foster children with their foster parent(s). Altogether, the intervention consists of 15 sessions, divided into two periods, an intensive period, and a follow-up period (Table 1). The intensive period takes place over the course of one term (August-December or January-May) and includes seven weekly or bi-weekly sessions led by two tutors. For the first 45 minutes, children and their foster parent(s) are together for the intervention, followed by another 45-minute discussion group for the parents while the children may play in another room. Four additional meetings with the parents are provided, two in the beginning, one in the middle, and one at the end of the process. After the intensive period, there are three follow-up sessions, one every other month during the following term. During the follow-up, families also receive individual meetings with their social worker to discuss their child´s unique situation (Tuomi, 2018).

Session	Nurture and play process
1	Meeting with the parents, information about the intervention and the process (90 mins)
2	Meeting with the parents, reflective questions about the arrival of the child (120 mins)
3	1st session with children and parents together, focus on child (45 + 45 mins)
4	2nd session with children and parents together, focus on child (45 + 45 mins)
5	3rd session with children and parents together, focus on dyads, lyrics of plays and songs given to take home (45 + 45 mins)
6	Meeting with the parents, feedback with the help of video excerpts of positive episodes in interaction from session 1-3, reflective questions about good and challenging situations and moments with child, "observe the child" – homework (120 mins)
7	4th session with children and parents together, focus on dyads (45 + 45 mins)
8	5th session with children and parents together, focus on peers (45 + 45 mins)
9	6th session with children and parents together, focus on peers (45 + 45 mins)
10	Meeting with the parents, video feedback from sessions 7-9, reflecting "observe the child" – homework, reflective questions about parents' coping and their own strengths, feedback from the tutors – two standpoints of strengths and progression of dyad and one point for future pondering (120 mins)
11	7th session with children and parents together, intensive period ends, diploma for participating, extra sweets, dyad gets NaP – bag to be taken home (45 + 45 mins)
12	1st follow-up session (45 + 45 mins)
13	2nd follow-up session (45 + 45 mins)
14	Individual meetings with the parent(s) and the social worker of the child (45 mins)
15	3rd follow-up session, the whole intervention ends (45 + 45 mins)

Table 1: Nurture and Play (NaP) for foster families–intervention manual (Tuomi et al., under preparation)

The structure of the sessions includes familiar and foreseeable elements but, at the same time, always introduces something new (Table 2). The two tutors must be sensitive in situations and capable to attune to each dyad and the group as a whole. This also means a capacity to make quick changes to the plan and react to the here and now situation in a responsive and yet safe manner.

Arrival and departure songs provide exact frames for the meetings. The chairs are placed in a circle in a sparsely furnished room. There is one chair for every dyad and the child sits on his or her parent´s lap. This is to maximise the physical time together. The caring activities are included in every session in at least three different activities by stroking, applying lotion, and feeding. In addition, parents are asked to find two lovely features of the child with the help of which the lyrics of the song "Twinkle, twinkle little star" are rewritten and the child´s "own song" created. The play activities are chosen to support the positive interaction between the child and the parent. Mutual and shared joy and the experiences of success are in focus and therefore the activities must be challenging but not too hard to achieve. The regulation of emotions is important during play activities by both stimulating and calming down. The small accessories (i.e., lotion, cotton ball, soap bubbles, egg maracas) are

collected in little paper bags. Bags are waiting for the dyads after every session and after the last session the bag may be taken home. The purpose of the take home bag is to enhance the transfer effect from therapy session to everyday life.

Session plan
Arrival song
Hello song
Taking care of little hurts with gentle massage with body lotion (including a song)
Three-four play activities (e.g. blowing bubbles or cotton balls, playing with balloons, playing with egg shake rs, engaging in action songs including clapping and other motions)
Calming down (stroking with a cotton ball/ feather/ by hand while singing gently)
Nurture by feeding with little delicacies and child's own song (child is settled down in the lap and suitable tr eats are provided by the parents while singing gently)
Goodbye song
Departure song (same as in the beginning but with different words)

Table 2: Nurture and Play (NaP) for foster families–intervention protocol

DEVELOPMENT AND PRELIMINARY FINDINGS OF THE NAP–INTERVENTION FOR FOSTER FAMILIES

Because the NaP–intervention for foster families was new, an ongoing assessment was needed. The purpose of the questionnaire (Tuomi et al., under preparation) was to redefine the methods of the intervention to support the new attachment relationship in the best way possible. In addition to the intervention development, the idea was to provide a framework for forthcoming research.

The questionnaires, created by the authors, were based on attachment focused interviews such as Parent Developmental Interview (PDI) (Aber et al., 1999) and Working Model of the Child Interview (WMCI) (Zeanah et al., 1994). The intention was to map parents´ subjective experiences of the intervention with a numeral one to five scale. The viewpoints of mental coping of the child and parent, attachment between the child and parent regarding both standpoints, the capacity of parenting with this child, and the amount of play and sing activities used at home were considered. In addition, some questions were focused on the parent´s view on how much she or he felt that the child was a source of joy and how they estimated the child´s social abilities. Five groups of children aged one to five years completed the NaP for foster families–intervention prior to this research; 21 foster parent participants from these groups returned both pre- and post- questionnaires which served as a starting point for the actual research project. Simple quantitative analysis was completed by counting average values from the questionnaire answers and comparing the pre- and post-figures with each other. The intention was to provide descriptive statistics for the overview purposes.

Based on the average values of the parental feedback (N = 21), the NaP for foster families–intervention had effects on the qualities detailed in Figure 1. The use of play activities and songs used

at home showed the greatest positive change from before and after intervention; a +0.66 increase in mean value indicates that the NaP–intervention can be implemented in the family's everyday life. According to the questionnaires the results concerning the child's attachment to the parent and the parent's attachment to the child showed improvement as well. The child´s attachment to the parent increased by +0.61 and the parents´ attachment to the child increased by +0.57 after the intervention. The child´s social abilities as well as the child's engagement with the parent also showed some improvement, at an increase of +0.38. Other measured areas, such as the child´s social abilities and parental capacity, showed some improvement as well but the difference between pre- and post-responses to the questionnaire items were minor.

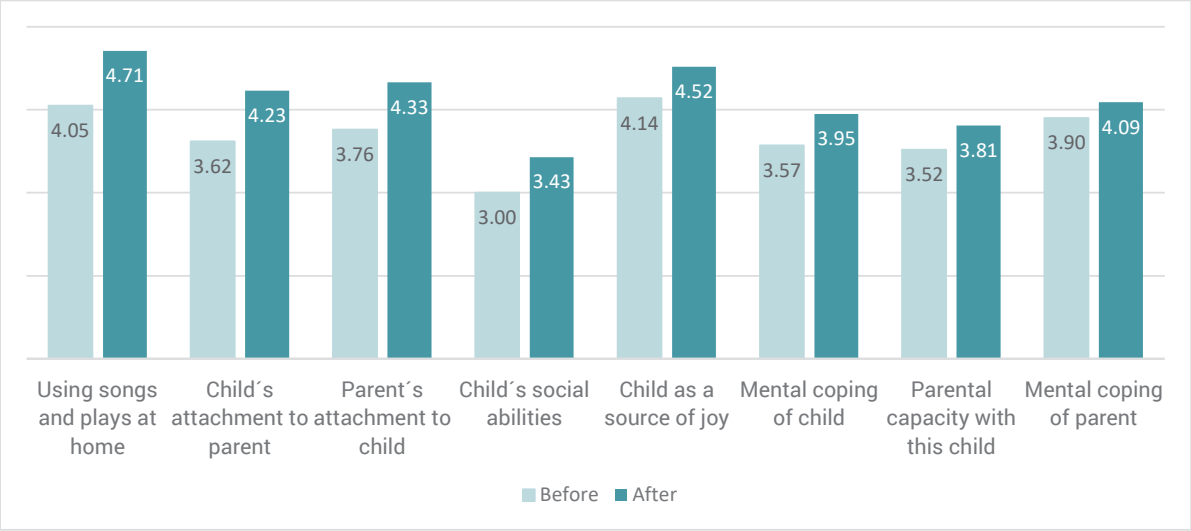

Figure 1: Average results from pre- and post-intervention questionnaires (scale 1-5, *N* = 21)

These results encouraged further and deeper study of what subjective meanings foster parents offer to the NaP–intervention. NaP–intervention has been studied as a group intervention for prenatally depressed mothers in a randomised controlled trial (Salo et al., 2019). The results showed that the intervention group displayed higher maternal sensitivity and RF and more reduction in depressive symptoms than the control group. However, the research concerning children from age one to five is lacking and the context of foster families is new.

RATIONALE FOR THE SELECTION OF THE RESEARCH METHOD

A client´s subjective viewpoint serves as a valuable standpoint for the evaluation of a therapeutic process and its meanings. In recent music therapy literature, the parent´s viewpoint has been taken widely into consideration (i.e., Flower, 2014; Kehl et al., 2021; Lindenfelser et al., 2008; Oldfield et al., 2003; Oldfield, 2011; Savage et al., 2020; Thompson & McFerran, 2015; Thompson et al., 2019). Videos have been used as a tool in music therapy research interviews to help informants memorise past situations more accurately. Video recall was used with music therapy and art therapy students to map out how learning occurs in different domains of knowledge (Langan & Athanasou, 2002). An unusual

perspective was utilised in a participatory action research project where the child client joined as a co-researcher (Hakomäki, 2013). Video elicitation interviews were used with a target to explore the ways in which the parent and therapist describe their experiences of music therapy (Flower, 2014).

Stimulated recall interview, SRI, method has been used in the therapy research context for almost 60 years (Kagan et al., 1963). SRI offers a good and inbuilt resource for practice-oriented research by promoting meaningful, flexible interplay between clinical practice and scientific research (Vall et al., 2018). It provides participants with maximum cues for reliving the therapeutic experience by means of video-tape playback and may therefore be used as an arena to gain new insights about clients themselves or for therapists to find new ideas about how to proceed in therapy (Kagan et al., 1963; Vall et al. 2018). In addition, the researchers may tap into underlying processes that may not be accessible otherwise (Huang, 2014). Stimulated recall allows the families to become analysts of their own activity (Carayon et al., 2014). In music therapy, stimulated recall method has been used in research with music therapists when the focus was to detect which elements of music therapy are responsible for its positive effects (Pater et al., 2019).

The stimulated recall method was selected for this study for several reasons:

1. The time between the intervention and interview was over two years which would have made remembering detailed information from the sessions challenging.
2. Supporting parents´ ability of mentalization is one key target in NaP–intervention. Stimulated recall method highly supports this goal.
3. It may be difficult to translate the process into words since a large part of the intervention occurs on an experimental level (Pater et al., 2019). Videos may assist in verbalising thoughts and feelings of the intervention.
4. Honouring and respecting the clients´ subjective perspectives when evaluating meanings of an intervention is the therapist-researcher´s leading clinical guideline. Therefore, accomplishing research in the same way was ethically sustainable and without contradictions.
5. Music therapy research contains a limited amount of literature concerning video recall. With the population in question (foster parents) this approach was possible and the opportunity unique especially within social and child protective services.

Study design and ethical considerations

The research process and study design were multi-dimensional and included several phases (Figure 2). The recruiting of the informants was strongly based on voluntary undertakings. Participation in the study did not influence receiving the NaP–intervention. Also, the informants had a right to withdraw from participating in the study at any time throughout the research process. The overall intention was to avoid any kind of power dynamics caused by the fact that the researcher was also the therapist.

Data gathering was completed in six months, after which the data rested for one year. During that time the original idea of doing qualitative video analysis to develop client centered evaluation and meaning making was changed; the STR method was selected as the actual research method. At this

point the final aim of the study was developed: to gain a deeper understanding on how foster parents use their mentalization skills to reflect the different meanings of the NaP for foster families–intervention. The preliminary findings were delivered to the participants before this paper was submitted for publication.

The study design strictly follows the ethical instructions of the University of Jyväskylä. Receiving compulsory consent forms from different parties, including biological and foster parents and the authorities, was a long but essential process both ethically and legally. The anonymity of the children and parents has been strictly protected. This had an effect on both the process of analysis and the presentation of the results since the data was not analysed on a case-based manner.

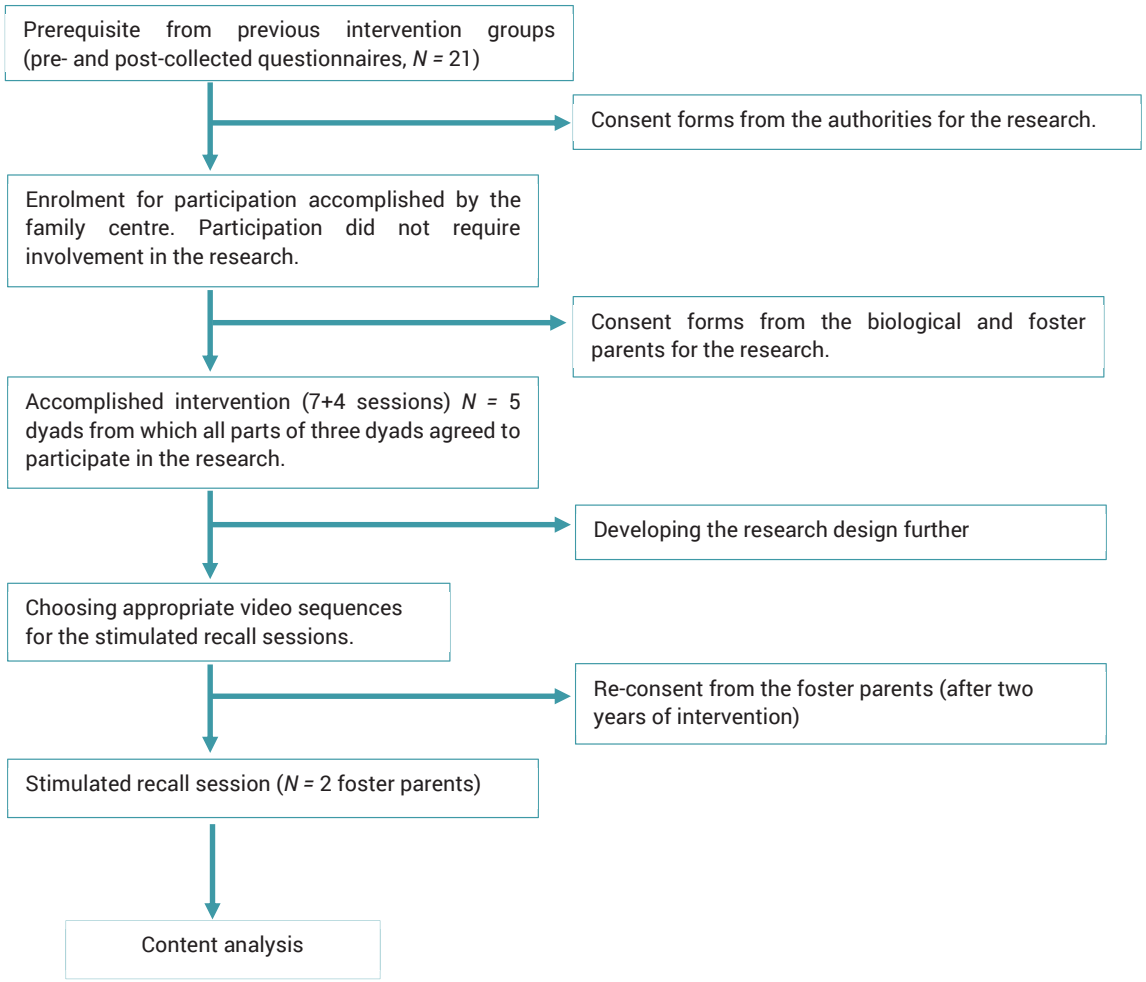

Figure 2: Study design

DATA ANALYSIS

The secondary data of this research were the video recordings from the group sessions. There were two different cameras in the room, each placed accordingly to record from opposite sides of the room. The cameras were standing alone which meant that there were no cameramen shooting or moving the

cameras. There were five dyads in this group and the authorisation from all parties involved in the intervention (biological parents, foster parents, and the social authorities) was finally received for two children.

Initially, the researcher became familiar with the reflective notes made by the two instructors of the group. However, since the reflective notes did not seem sufficiently detailed for sampling purposes, the video data was also utilised to stimulate recall. The video recordings of the whole process were watched two times (one time per child) providing detailed transcriptions from the video material. With the help of these transcriptions the video clips for the stimulated recall session were identified. The researcher looked carefully over different criteria for sampling the data (Plahl, 2007; Scholtz et al., 2007). The sequences chosen had to fulfil the following criteria:

1. The child and the parent were fully visible and could be seen with a direct facial view.
2. Something happened for the first time – the event was somehow meaningful and unique and the integrity of the NaP process as many-sided as possible.

The duration of each chosen video clip was two to six minutes and altogether six to seven excerpts were chosen for the purposes of the two SRI sessions.

The primary data of the research included recordings from the stimulated recall interview sessions which took place after two years and three months of the end of the actual intervention. One separate stimulated recall session was actualised for both parents with the duration of 120 minutes each. The preliminary findings were sent to the parents, and they were able to comment, add and/or remove the material as they wanted. In this way the parents´ opinions and viewpoints were highly valued through the whole research process and the co-researcher partnership was emphasised.

The following instructions were given in the beginning of the SRI sessions:

> The reflections may be focused on *what the child thinks or feels* during the NaP sessions and *why might that be.* In addition, the reflection might be focusing on *what do you think and feel* during those sessions and *why might that be.* You may also reflect *what do you think about all that now*, after two years of the intervention. If something else comes into your mind, please feel free to share that. There is no right or wrong way to reflect – just do it in your own way. The most important thing is that you are able to share all the essential matters which you think are relevant.

The role of the interviewer in the sessions was to keep the focus of the discussion in alignment with the above-mentioned instructions. The instructions were repeated as necessary but otherwise the target was to give as much space for a free reflective talk as possible.

The stimulated recall sessions were audio and video recorded and transcribed by the first author. Video recordings were not used in transcribing because the audio recordings were detailed and unambiguous enough. The phenomenological paradigm´s intention was to examine the data as openly and fairly as possible by considering what the data reflected about the phenomena on hand. The qualitative and inductive content analysis took place with the help of Atlas.ti program (https://atlasti.com/product/what-is-atlas-ti/). First the irrelevant data was removed including the

notifications of other children or the overall remarks of the current situation (i.e. weather or covid-19). The systematic coding was carried out in an inductive way in order to identify meaningful themes that addressed the research questions (Bengtsson, 2016). The first round of coding was broad and aimed to stay faithful to the original text and expressions of the participant. Codes were grouped by moving back and forth between grouping the codes and the original text and the expressions. Next, the codes were categorised by grouping related codes together (Tuomi et al., 2021). Finally, categories were formed and translated to English for categories, subcategories, and descriptive comments.

Conceptualising took place when the results were compared with the attachment theory. These considerations are reflected in the Discussion. The presented quantitative figures demonstrate the volumes of the appearance and may be classified as descriptive statistics.

RESULTS

The presentation of the results has been divided so that tables which summarize the results are placed in the middle of the explanatory text.

The thorough content analysis of interviews resulted in 218 codes from which seven categories were developed. The categories reflect the main themes around which the foster parents´ interviews were constructed. The categories are: 1) Emotions of child; 2) Emotions of parent; 3) Actions of child; 4) Actions of parent; 5) Relationship between child and parent; 6) Group functioning and activities; and 7) Benefits of NaP–intervention. In the categories, the word "parent" refers to the foster parents.

When observing the categories with simple quantitative analysis it seems that the child is the focus of the parents' reflections (Figure 3). The *Emotions of child* (*N* = 61) and *Actions of child* (*N* = 47) categories are most often presented. Further, the category of *Emotions of parent* (*N* = 40) is prominent whereas the rest of the categories are clearly of minor importance.

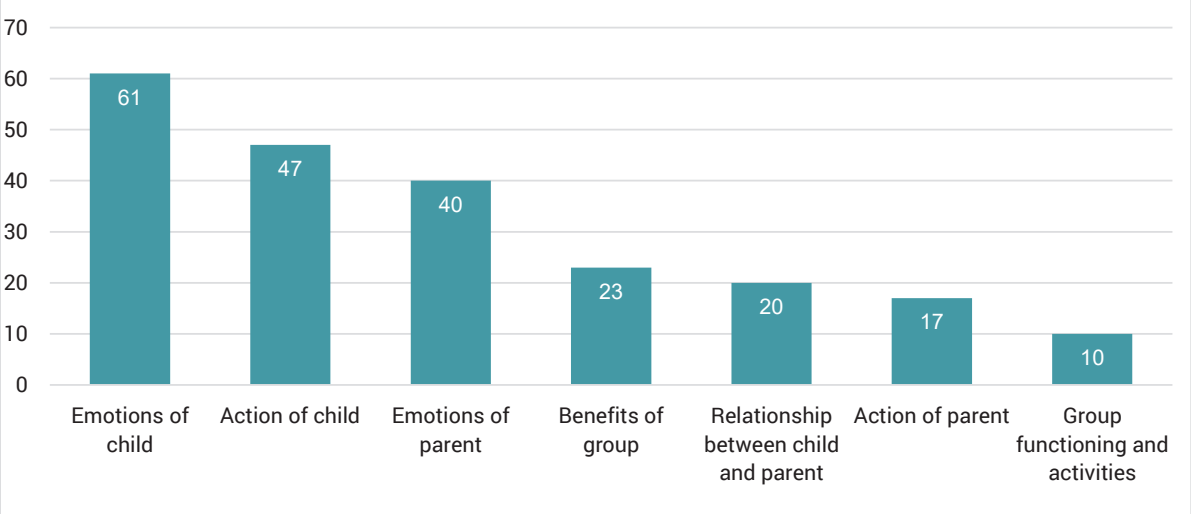

Figure 3: Quantitative appearance of categories

Next the categories are represented, focusing first on the child, then the parent, the relationships between them and finally the NaP–intervention.

Emotions and actions of child

According to the findings, the category Emotions of child (*N* = 61) is displayed in multifaceted ways (Table 3). Again, if we look at the results with simple numbers the most often mentioned features of emotions are concerning Safety and trust (*N* = 12), in addition to Cheeriness and fun (*N* = 10), Relaxation and good feeling (*N* = 8), Interested and expectant (*N* = 6) and, Satisfied and pleased (*N* = 6). The Safety and trust subcategory may be seen as a head category for the others. The feeling of safety is required in order that the child can be cheerful and relaxed, interested in the environment and feeling satisfied (Ainsworth, 1974; Bowlby, 1988). Categorising was helpful to maintain sufficient detail and to present data as authentically as possible without moving to meta levels (Tuomi et al. 2021).

Category (*N* = number of codes)	Subcategory	Description of subcategory (direct quotes from interviews)
Emotions of child (*N* = 61)	Safety and trust (*N* = 12)	Feeling of safety; Familiar structure because of which more trusting; Situation is familiar, and child is accustomed to it
	Cheeriness and fun (*N* = 10)	Child is cheerful; Joyful; Looks like child is having fun
	Relaxation and good feeling (*N* = 8)	Feeling nice and comfortable; Seems to be relaxed; Calms down
	Interested and expectant (*N* = 6)	Interested and curious; Excited and expectant
	Satisfied and pleased (*N* = 6)	Child is satisfied and enjoys; Child is delighted and pleased
	Feeling of mastery and capability (*N* = 6)	I can, and I am able; I can decide and manage; Boldness to try
	Uncertainty and confusion (*N* = 6)	Face looks serious; Confusion and uncertainty in the beginning of the process
	Shyness and foreignness (*N* = 3)	Shy towards new people; The foreignness of the situation
	Stressed and doubtful (*N* = 3)	Doubtful about what is going to happen; Stress of the first meeting
	Turmoil caused by placement (*N* = 1)	Placement to our family happened just 1.5 months ago

Table 3: Emotions of child

When looking at the timeline, the parents´ reflections of the above-mentioned emotions are present in the later phases of the process. Earlier phases of the process are evident with the following subcategories: *Uncertainty and confusion* (*N* = 6), *Shyness and foreignness* (*N* = 3), *Stressed and doubtful* (*N* = 3), and *Turmoil caused by placement* (*N* = 1). These emotions, mostly present in reflections of the beginning of the process, might even be connected to insecure emotions. The main category for these subcategories would be more difficult to determine since, for example, uncertainty and doubtfulness is also a normative demonstration of secure behaviour in new situations (Ainsworth, 1974; Bowlby, 1988) in addition to which shyness might relate to the personality of the child.

One important task of the NaP for foster families–intervention is to create experiences of success for the child which are connected to positive self-esteem and self-image. Parents bring this viewpoint up in the subcategory of *Feeling of mastery and capability* (*N* = 6). They refer to these kinds of emotions in a positive manner like "I can, and I am able" and can detect pride in their child´s appearance.

The *Actions of child* category (*N* = 47) seems to be quite many-sided as well. The parents suggested that the children are *Interested and willing to explore* (*N* = 13) and, on the other hand, *Settled down and focused* (*N* = 9). The categories might be even seen as opposite to each other but also reflect and support the NaP for foster families–intervention's important task of regulating the emotions through exploratory and calming functions (Schore 1994, 2001). In addition, the content of both categories appears to be positively displayed (i.e., "Open to explore" and "Settles down peacefully") which might refer to the foster parent´s feeling of success with this target. It should be noted that these subcategories are not present in parents' reflections until later phases of the NaP process.

Category (*N* = number of codes)	Subcategory	Description of subcategory (direct quotes from interviews)
Actions of child (*N* = 61)	Interested and willing to explore (*N* = 13)	Interested in the environment and other people; Alertness in the situation; Wants to try things eagerly; Open to explore
	Settled down and focused (*N* = 9)	Child can focus and concentrate; Settles down peacefully; Behaviour is nice and smooth
	Behaviour in NaP and elsewhere (*N* = 9)	Behaviour is different than at home / at this moment; Behaviour is the same as at this moment
	Personality of child (*N* = 7)	Child makes jokes and has good sense of humour; Good memory; Vigilant; Temperamental
	Contact and touch (*N* = 3)	Child is satisfied and enjoys; Child is delighted and pleased
	Meaning of situation familiarity (*N* = 3)	Child holds my hand; More daring to be in contact with the instructor
	Behaviour changes during NaP–intervention (*N* = 3)	Child´s behaviour has changed positively

Table 4: Actions of child

The subcategory *Behaviour in NaP and elsewhere* (*N* = 9) reveals that foster parents´ can see both similarities and differences in a child´s behaviour compared to other situations. Parents reflect on past and present times as well as different environments and can, in this way, link the behaviour in NaP both by timeline and context.

The parents´ reflections reveal that the most important component in the categories *Emotions of child* and *Actions of child* are issues around safety. This is apparent while cross analysing the categories with each other. Actually, *Emotions of child* category´s subcategory *Safety and trust* (*N* = 12) may be linked to every subcategory under the *Action of child* category. The same phenomena may be seen with the subcategory *Meaning of situation familiarity* (*N* = 3) which could be connected to every subcategory concerning *Emotions of child*. This reveals the importance of safety within this context and this population according to foster parents themselves.

Another central issue seems to be the change from category to category. The *Behaviour changes during NaP–intervention* subcategory may be combined with every subcategory concerning the *Emotions of child* as well. Though, the actual change is not mentioned so often by parents since the number of codes is quite low (*N* = 3).

Emotions and actions of parents

When looking at the category *Emotions of parent* (*N* = 40), it seems that many kinds of feelings are related to participating in the NaP–intervention (Table 5). Parents describe that their emotions are connected to *Relaxed and peaceful* (*N* = 11) emotions which include a natural and easy-going way of being. Parents describe that the feeling is nice and calm which help them to be relaxed. The link between the aforementioned feelings and the subcategory of *Trust to people and environment* (*N* = 5) may be seen quite clearly. In order to be relaxed and peaceful one has to be able to trust and feel secure. According to parents this is possible because the environment and situation gets more familiar over time. Trusting refers both to the child and other adults, i.e., trusting that the child will manage or trusting that other adults are on the same wavelength and "on the same boat". *Comfortable, and intimate feeling* (*N* = 4) is referred to in connection to nurturing activities during which the intimacy and warm and gentle touch appeared. On the other hand, finding one's own inner child and laughing freely is important to adults as well; this is apparent in the subcategory of *Fun and excitement* (*N* = 4). All the above-mentioned subcategories are present at the later stages of the NaP process.

According to the parents, participating in the NaP–intervention is not always easy or fun. This is evident in the subcategories *Mixed feelings, and tired* (*N* = 7) in addition to the *Tensed and suspect* (*N* = 5). Attending the group is considered compulsory, viewed both negatively and positively. It is good to be forced to step outside the home and meet other people but sometimes it feels very tiring. The parents sometimes feel overloaded, and this causes mixed feelings concerning the NaP group. Further, meeting new people in a new situation might be stressful and cause tension and even a feeling of panic. It appears that these reflections take place with respect to the beginning of the process.

Memory is different from video (*N* = 4) subcategory refers both to the child´s feelings and parents' own feelings. Parents´ reflections reveal that the memory of the situation is more negative than emotions observed on the video. *Experience of success* (*N* = 1) is something which is brought up only

once concerning parents themselves. This notion is connected to a situation where the child´s strong reaction did not change the parent´s way of being or doing things.

When it comes to the category *Actions of parent* (*N* = 17) it seems that parents´ reflections are concerned with power related issues (Table 6). Related to the subcategory *Adult / child directed action* (*N* = 5) the foster parents are consciously both directive and non-directive in their actions toward the child. The subcategory of *Changing way of doing* (*N* = 1) is related to this because reflections include the consideration of what would have happened if the adult had behaved differently.

Different perspectives around *Foster parenting* (*N* = 4) are also discussed. In this subcategory parents reflect on the differences between foster and biological parenting and discuss foster parenting from the perspective of a work role. Further, the *Future* (*N* = 3) of the child and child-adult relationship is considered in terms of the child's life path (i.e., is the child´s life path going to be different from her/his parents) as well as future emotional and therapeutic support the child will be needing.

When cross analysing the categories of *Emotions of parent* and *Actions of parent* it seems that connections between them are quite hard to find. The *Actions of parent* subcategories are not so tightly connected to emotions but merely more meta-reflective considerations. *Actions of child* subcategories are connected more directly to the child´s behaviour whereas *Actions of parent* subcategories are more widely examined through causal connections which expanded the discussion into a meta-level. Actually, only the subcategories *Adult / child directed action* and *Difficult to concentrate* are connected with the actual action in the groups.

Category (*N* = number of codes)	Subcategory	Description of subcategory (direct quotes from interviews)
Emotions of parents (*N* = 40)	Relaxed and peaceful (*N* = 11)	Feels relaxed and peaceful; Looks easy-going
	Mixed feelings, and tired (*N* = 7)	Semi-forced to attend (both good and bad thing); Mixed feelings; Feeling tired and overloaded
	Trust to people and environment (*N* = 5)	Others at the same level; Environment and people have become familiar; Feeling more confident
	Tensed and suspect (*N* = 5)	New situation and meeting new people caused tension and suspense; I was a bit panicky
	Comfortable, and intimate feeling (*N* = 4)	Warm and comfortable; Gentle, and intimate feeling
	Memory is different from video (*N* = 4)	Nice to watch afterwards; Memory was more negative than how it looks in video
	Fun and excitement (*N* = 4)	Playful and fun, one gets excited herself; It´s aloud to laugh and be emancipated
	Experience of success (*N* = 1)	Feeling that we did the right thing at that point was an experience of success

Table 5: Emotions of parents

Category (*N* = number of codes)	Subcategory	Description of subcategory (direct quotes from interviews)
Actions of parents (*N* = 17)	Adult / child directed action (*N* = 5)	Now we just do like this and don't ask any questions; I give freedom to the child and do not guide so much
	Foster parenting (*N* = 4)	It's different to be in a work role than as a foster parent; Foster parenting is different compared to biological parenting
	Future (*N* = 3)	In this relationship the conflicts will be continuing; Hopefully the life of the child will be different from the biological parents; What kind of treatment will the child need in the future?
	Changing way of doing (*N* = 1)	How would the child had reacted if I had done something differently.
	Difficult to concentrate (*N* = 1)	Strong reactions of the child caused me difficulties in concentration
	Expectations (*N* = 1)	I didn't come to look for the answers.

Table 6: Actions of parents

RELATIONSHIP BETWEEN CHILD AND PARENT

The category of *Relationship between child and parent* (*N* = 20) is built depending on two main themes: Contact and attachment.

The subcategory *Contact and position* (*N* = 8) include different kinds of remarks concerning both the adult´s and child´s way to be with each other. Parents pay attention to the child´s eye contact both by consciously seeking it and, on the other hand, giving the child the freedom to look at the other. These positions are noticed in the same way; all the positions are interpreted to reflect that the child felt good. *Contact and position* subcategory seems to be linked with the earlier subcategory of *Adult / Child directed action* in addition to the *Power* (N = 2) subcategory which points out that this theme is somewhat present within this kind of setting and with this population. In addition, it should be noticed that these reflections are present throughout the NaP process.

The *Attachment and trust* subcategory's comments are related to the later phases of the NaP process. Foster parents note that the relationship has changed during the NaP process; the familiarity, feeling of security and trust has grown. In addition, matching moments could be detected, and the relationship is brought up in terms of novelty. The placement was very recent (approximately 1-2 months) which the parents reflect on. This subcategory is strongly connected to the earlier mentioned *Turmoil caused by placement* concerning child´s emotions. One note is made about *How other person´s emotions affect the other* (*N* = 1); in this case, how the child's negative emotions effect the adult´s emotions.

Category (*N* = number of codes)	Subcategory	Description of subcategory (direct quotes from interviews)
Relationship between child and adult (*N* = 20)	Contact and position (*N* = 8)	Child approaches the face of parent and seeks eye contact; Did not consciously try to turn the child towards myself; Position shows that child feels comfortable
	Attachment and trust (*N* = 7)	The chemistry between us seems to have matched; Attachment and smooth proximity; Familiarity and trust towards child
	Power (*N* = 2)	Who is in charge; Flexibility in guiding
	New relationship (*N* = 2)	We are new for each other; Fresh relationship
	How other person´s emotions affects the other (*N* = 1)	Emotions of child affects adult

Table 7: Relationship between child and parent

Comments concerning NaP–intervention

The parents articulate different kinds of remarks concerning NaP–intervention's special features (*N* = 10) (Table 8). They point out that NaP is a *Different kind of group* (*N* = 2) compared to other groups targeted to families. NaP is more participatory with children than just talk between adults. Two basic components of the intervention are also brought up by parents: *Structure and predictability* (*N* = 3) and *Playful and cheerful atmosphere* (*N* = 2). Directed situations are seen as positive since the predictability increases the feeling of safety. Both the playful way of doing and the cheerful ambiance help the child and the parent to join the activities.

Category (*N* = number of codes)	Subcategory	Description of subcategory (direct quotes from interviews)
Functioning and activities of NaP (*N* = 10)	Structure, and predictability (*N* = 3)	Structured, and directed situation; Predictability in proceeding with functions; Doing things not just being
	Activities did not transfer to everyday life (*N* = 3)	I couldn't use the methods directly at home; At home there is more freedom and less structure
	Playful and cheerful atmosphere (*N* = 2)	Easy to go with the playfulness; Cheerful being
	Different kind of group (*N* = 2)	More child-adult and adult-child guiding and doing than just chatting in coffee table

Table 8: Functioning and activities of NaP

Benefits of NaP–intervention category (*N* = 23) was developed because the parents seem to enjoy several advantages while attending the group (Table 9). Parents feel that participating in the group makes the attachment bond develop faster and has a positive effect on the interaction of the child and parent compared to just being at home. In addition, *Attachment, connection, and interaction* subcategory (*N* = 6) includes the ideas of deepening the connection and helping the child to "find" a new adult (parent) in his or her life. This is somewhat connected to the subcategory of *Being and doing together* (*N* = 5) which is considered positive. NaP meetings "forces" the adult to be present for the child and enables an intimate connection. Even if coming to the group is sometimes hard (compared to the earlier subcategory of *Mixed feelings, and tired* in the category of *Emotions of parent)* it is perceived as important to be alone with the child, be focused on him/her and leave the house.

Two subcategories were formed based on the meaning of the NaP: *Important for parent* (*N* = 6) and *Important for child* (*N* = 2). The parents emphasise the importance of the group more for themselves than for the children. Peer support is considered meaningful as a means of shared experience in life. Further, the new placement and therefore a fresh relationship is supported in NaP. When it comes to children, the parents are not so specific but overall point out that attending the group is important and positive effects can be detected. Connection between these subcategories and the subcategory of *Being and doing together* (5) is quite clear. Parents feel that the group gives them important time and space to be with this child, concentrating just on him or her and being close to each other.

Category (*N* = number of codes)	Subcategory	Description of subcategory (direct quotes from interviews)
Benefits of NaP–intervention (*N* = 23)	Attachment, connection, and interaction (*N* = 6)	NaP helped to build connection and attachment; Interaction got better; Child "found" a new adult
	Important for parent (*N* = 6)	Support for functioning with an unfamiliar child; Peer support from other parents; Helpful for adult
	Being and doing together (*N* = 5)	Being just the two of us; Doing together: Being present and near each other
	Adult directedness (*N* = 3)	Adult doesn't get startled about child's strong reactions; Child cannot define situations by shouting and raging but situations are led to end
	Important for child (*N* = 2)	Positive influence; Important for child
	Rhythm to everyday life (*N* = 1)	NaP gives structure and rhythm to everyday life

Table 9: Benefits of NaP–intervention

Structure is brought up in two other subcategories: *Adult directedness* (*N* = 3) and *Rhythm to everyday life* (*N* = 1). Parents´ sentiment include the concept of who is in charge. Can the child define how situations continue? Can the adult be secure and stable even if the child´s reactions are very strong? On the other hand, one comment concerns the perception that NaP gives additional structure to their everyday life because of regularly occurring group meetings.

DISCUSSION

Parental attendance has increased in recent years within the music therapy service (Flower, 2019). The growing amount of literature published since 1990 (Tuomi et al., 2017) indicates that music therapy with families may now be considered a field of its own (Tuomi et al., 2021). NaP for foster families supports this ecological thinking and the importance of including family in the intervention.

When re-examining the selected research method in this study, it seems that stimulated recall interview (SRI) holds its place as a relevant method for evaluating the meanings of this intervention. There were several points in reflections where parents were repeatedly able to combine the emotions or actions of the child within a wider context with respect to place (i.e., this group, home, daycare, earlier placement homes), relationships (biological parents, foster parents, siblings, ex foster parents), and time (before and after this situation, historical and new perspectives). In these ways the reflection about various situations seemed to rise to a new level where the meanings were explored in a wider context of the child´s life, not just in the group.

In addition, the use of videos seems to have served the parents well. In this study it appeared that the memory of the situation was more negatively loaded than it was in the SRI interview. Looking at the videos later seemed to bring up more positive views of the intervention. Therefore, this kind of study design might be seen as a therapeutic intervention with families.

However, there were occasions in the SRI interview where the interpretation of the child's way of being was contradictory between the foster parent and therapist-researcher. The parent might interpret the child´s behaviour as if the child was tired or bored whereas the therapist-researcher´s viewpoint might have been related to, for example, some defensive kind of avoidance. There is no right or wrong answer here, but the link with mentalizing capacity comes to mind. Our reactions to other´s actions (i.e., turning the head away and not being in eye contact) are very different if we think that the child is bored or if we think that it might be hard for the child to look at your face because of his or her earlier trauma history. From the child´s viewpoint, the "wrong" interpretations might cause serious challenges in the family´s everyday life. In therapeutic situations these kinds of contradictions might play a key role and would be important to detect for open discussion.

One core of reflective functioning is in evaluating one's own behaviour and how it affects others (Fonagy et al., 2012; Slade, 2005). There were several subcategories developed based on this viewpoint in this study. The reflections highlighted the *Experience of success* when being firm with the child despite the child´s strong reactions and, on the other hand, considerations about what would have happened if the parent would have done differently (*Changing way of doing*). Similarly, we see the pondering about the Foster parenting when comparing it to other roles and on *How other person´s emotion effects the way the parent is feeling or behaving*. However, the number of these considerations was not large enough to emphasise in this writing.

Instead, according to this study, the parents' reflections focused very clearly on children. Looking at the results by numbers, we see that from 218 codes, 108 were directly related to the child. It might be relevant to compare this phenomenon to "primary maternal preoccupation" (Winnicott, 1958) even though the concept originally refers to the first weeks of the child´s life and the parent's mental preoccupation during that time; it may be also seen as the primary caregiver´s emotional state to adapt to the child´s needs in a 'good enough' way.

Another forthcoming concept of parenting is emotional availability which is known to be one of the most important capacities of parenting (Biringen et al., 2014; Salo et al., 2019). The core of this availability lays on reading the infant´s emotional cues and the child´s reciprocity of emotional responding. Therefore, it was important that most of the foster parents´ reflections focused on the child´s emotions (*N* = 61) and, on the other hand, on the parent´s own emotions (*N* = 40). It might be right to state that according to the parents, NaP for foster families–intervention may be called an emotion focused intervention. However, this conclusion must also take into account that the instructions in the beginning of the SRI sessions might also have led to this kind of thinking.

Though not particularly instructed, parents evaluated the NaP for foster families–intervention quite widely in the interviews. *Activities did not transfer to everyday life* (*N* = 3) subcategory was formed by comments which stated that the NaP activities did not directly transfer into the home environment. Parents felt that the way of being at home was so different from group situations that the activities as such could not be used at home. This outcome is different compared to the pilot information from the questionnaires. According to the pilot study, Play activities and songs used at home showed the greatest improvement indicating that the NaP–intervention can be implemented in the family's everyday life (Figure 3). There might be several explanations for this including individual differences and preferences. The everyday life in foster families may be quite demanding because of both internal and external factors including the complex networks. On the other hand, it might be challenging to evaluate one´s behaviour at home after two years of the intervention.

Despite this outcome it seems that the overall results support the findings from the pilot study. Pilot results articulated that both the child´s attachment to the parent and the parents´ attachment to the child were considered to be higher after the intervention. In the study on hand these entities were brought up in several categories when evaluating the NaP–intervention. *Attachment, connection, and interaction* and *Being and doing together* subcategories relate to this. In addition, the parents brought up the importance of the intervention to both the parent and child.

Results in context of attachment theory

The NaP for foster families–intervention's main target is to enhance and strengthen a healthy and secure attachment relationship between child and adult (Tuomi, 2018). Having this goal in mind, it is relevant to focus on the relationship between the tenets of attachment theory and the results of the study on hand. However, it has to be noted that this contextualisation is only directional and gives merely an idea of the link. Interpretation of the meanings behind the formulated subcategories and their connection to the attachment theory are intended to provide insight and therefore engage practice with theory and vice versa.

The basic and core concepts of the attachment theory may be defined as: 1) Secure base; 2) Safe haven; 3) Internal working model; 4) Separation distress; and 5) Proximity maintenance (i.e., Ainsworth, 1974; Bowlby, 1988; Bretherton & Munholland, 2008; Pally, 2005; Schofield & Beek, 2006). Every child needs a person who is the child´s secure base (Bowlby, 1988). This person can be any gender and does not need to be biologically related to the child. In times of stress or danger, the child knows he or she can return to this person, where he or she is nourished physically and

emotionally, comforted, and reassured if distressed or frightened (Bowlby, 1988; Schofield and Beek, 2006).

When comparing the concept of secure base and the subcategories of this research it seems that the link between them is strong (Table 10). Direct notions of security and trust are easily traceable, including both the child´s and parent´s viewpoints. In addition, there are emotion regulation-based entities associated with secure base (Ainsworth, 1974; Bowlby, 1988; Hughes, 2009; Hughes & Baylin, 2012; Prior & Glaser, 2006). Those include the capability to freely express emotions and the capability to calm down and relax. Naturally attachment figure availability and the activated care giving system is also required for the feeling of secure base (Prior & Glaser, 2006) which was brought up in several subcategories of this research.

When the child has an experience of a secure base, it is possible for him or her to have an experience of a safe haven as well. Safe haven gives the child the space and possibility to explore the world and then return to a secure base (Bowlby, 1988; Schofield and Beek, 2006). When looking at the results of this study it seems that the explorative function is also somewhat forthcoming (Table 11). The parents notice this kind of behaviour several times both in terms of their child´s emotions and actions related to that are children´s positive conceptions of themselves. For example, experiencing mastery and success for the children are important achievements. Further, experiencing capability is not possible without being first interested and willing to try and explore (Prior & Glaser, 2006; Thompson, 2008).

Core concept Secure base (*N* = 96)	Concepts associated with core concept
Secure base (*N* = 35) • Safety and trust (E of C) • Meaning of situation familiarity (A of C) • Trust to people and environment (E of P) • Attachment and trust (R) • Contact and position (R)	Capability to freely express emotions (*N* = 20) • Cheeriness and fun (E of C) • Satisfied and pleased (E of C) • Fun and excitement (E of P) Capability to calm down and relax (*N* = 32) • Relaxation and good feeling (E of C) • Settled down and focused (A of C) • Relaxed and peaceful (E of P) • Comfortable, and intimate feeling (E of P) Attachment figure availability (*N* = 9) • Contact and touch (A of C) • New relationship (R) • Foster parenting (A of P)

Table 10: Secure base compared with subcategories (*N* = number of codes)

A developing child learns patterns when being in contact with his or her primary caregiver. The child learns to predict how to best engage the parent in responding to his or her needs and what he or she needs to do to keep connected, be soothed, or avoid being overstimulated. This learning activates neurotransmitters that lead to growth of neural circuitry, which forms the basis for how these events

are represented in the brain (Pally, 2005). These expectations are called 'internal working models' (Bowlby, 1988; Bretherton & Munholland, 2008).

Core concept Safe haven (*N* = 26)	Concepts associated with core concept
Safe haven (*N* = 19) • Interested and expectant (E of C) • Interested, and willing to explore (A of C)	Experiencing mastery and success (*N* = 7) • Feeling of mastery and capability (E of C) • Experience of success (E of P)

Table 11: Safe haven compared with subcategories (*N* = number of codes)

According to the results of this study it seems that internal working models are mostly traced concerning the child. The parents state that the situation familiarity and the structure of the sessions help the child to predict what is going to happen next which make it possible for the child to be interested and open for the activities. Related to expectations for the accessibility and responsiveness of the care giver, there are considerations about "reciprocal dance" of power relations, i.e., how the child has learned to trust that the adult is going to lead the situation safely through (Hughes, 2009; Thompson, 2008). In addition, parents themselves seem to consider their internal working models in context of the foster parenting.

Core concept Internal working model (*N* = 42)	Concepts associated with core concept
Internal working model (*N* = 27) • Interested and expectant (E of C) • Meaning of situation familiarity (A of C) • Uncertainty and confusion (E of C) • Stressed and doubtful (E of C) • Behaviour changes during NaP • Intervention (A of C)	Power relations (*N* = 7) • Adult / child directed action (A of P) • Power (R) Parent's reflections on their behaviour (*N* = 5) • Foster parenting (A of P) • Changing way of doing (A of P) New attachment relationship • Shyness and foreignness (E of C) 3 • Turmoil caused by placement (E of C) 1 • New relationship (R) • Tensed and suspense (E of P)

Table 12: Internal working model compared with subcategories (*N* = number of codes)

Internal working models may be of an optimistic and trusting nature but also suspiciously or pessimistically coloured. This might be related to both secure and unsecure attachment (Ainsworth, 1974). This study revealed that these kinds of subcategories were present at the beginning of the intervention. Children seemed to be uncertain and stressed which might refer that their internal working models had not yet formulated toward a secure direction. The new attachment relationship, discussed both in terms of child and parent, support this assumption. Further, it is remarkable that parents notice the change in children during the NaP–intervention which indicates that children's

internal working models seem to have changed to become more secure.

Humans have a biological drive to seek proximity to a protective adult to survive danger (Ainsworth, 1974; Bowlby, 1982). Separation distress emerges if this need is somehow hindered, and the child is incapable of sustaining proximity maintenance (Ainsworth, 1974). This includes the idea of discriminating different potential attachment figures to the familiar and secure and to unfamiliar and unsecure figures.

Comparing the results of this study and the concepts of separation distress and proximity maintenance is somewhat ambivalent. The NaP for foster families–intervention's target is to maximise the physical time together, to pass on the information to the child that she or he is not alone. Therefore, there should not be any subcategories related to these concepts. However, the foster placement and the relationship between the child and the parents was new and indicated that some insecure behaviour might be visible. For example, *Emotion of child* category´s following subcategories could be related to this phenomenon: *Uncertainty and confusion*, *Shyness and foreignness*, *Stressed and doubtful*, and *Turmoil caused by placement*. In addition, some of the *Emotion of adult* category´s subcategories might be part of this phenomena: *Mixed feelings, and tired*, in addition to *Tensed and suspense*.

LIMITATIONS AND FUTURE DIRECTIONS

Though careful considerations and choices were made concerning the study design, the research on hand also includes limitations. A small number of informants made it possible to explore the data quite deeply, but a larger extent of participants would have given a broader and more solid view for the subject. Therefore, this research may be seen as a pilot study for a forthcoming, larger study.

When it comes to the gathering of data, it would have been important to have a separate person taking care of the video cameras in order to provide better visibility. Furthermore, foster parents´ views may be influenced by the researcher´s choices of video excerpts and probing which could have affected the parents´ view of the "reality". In terms of validity concerns, the time lapse between the recorded event and the recall session may have affected the accuracy of recall (Huang, 2014). The power-relations and conflicting positions were taken into consideration but those could still have affected the informants.

When analysing the data, the categorising is always somewhat challenging. It may help us to explore some quantities closer and more deeply and may give cognitive structure for the phenomena we are exploring. However, categories are overlapping and, for example, emotions and actions may be strongly connected and hard to divide from each other. Also, the author´s preunderstanding may have influenced the analysis especially when the first author was also the therapist. In addition, the translating of categories, subcategories, and descriptive comments to English complicates the analysis and the presentation of the results. Small vignettes may have been hard to translate in a detailed and delicate enough way.

This research clearly focused mostly on children since the parents´ reflections were naturally targeted on them. In the future, it would be interesting and important to focus on parents themselves since the change in parental internal working models and changing parenting behaviours are core key aspects when enhancing early attachments (i.e., Ainsworth 1974; Berlin 2005; Bowlby 1988; Prior &

Glaser 2006). This would be most relevant also from the viewpoint of mentalization (i.e., Alper & Howe 2015) which is a rarely studied area within music therapy and would strongly support the goals of the NaP for foster families–intervention.

CONCLUSION

According to this study, Nurture and Play intervention, NaP, seems to be a many-sided, relevant, and meaningful group intervention for foster families with young children. The research gives new insights for professionals within the field of music therapy, mental health, wellbeing and child welfare. Also, it is an opening toward family centred, attachment focused, and mentalization based music therapy practices. The concepts of attachment theory communicate well with the context of NaP for foster families which brings forth the importance of family centred work with this population. In the future, parent focused research is suggested to more intensively focus on the parent´s part in interaction and attachment.

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REFERENCES

Aber, J. L., Belsky, J., Slade, A., & Crnic, K. (1999). Stability and change in maternal representations of their relationship with their toddlers. *Developmental Psychology*, *35*, 1038–1048.

Ainsworth, M. S. (1974). *The development of infant-mother attachment: A final report of the office of child development.* https://eric.ed.gov/?id=ED122924

Alper, J., & Howe, D. (2015). *Assessing adoptive and foster parents*. Jessica Kingsley Publishers.

Baylin, J. (2015). Reflective functioning and parenting. In J. Alper & D. Howe (Eds.), *Assessing adoptive and foster parent: Improving analysis and understanding of parenting capacity* (pp. 149–166). Jessica Kingsley Publishers.

Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *NursingPlus Open*, *2*, 8–14. https://doi-org.ezproxy.jyu.fi/10.1016/j.npls.2016.01.001

Berlin, L. J. (2007). Interventions to enhance early attachments. In L. J. Berlin, Y. Ziv, L. Amaya-Jackson, & M. T. Greenberg (Eds.), *Enhancing early attachments: Theory, research, intervention, and policy* (Paperback, pp. 3–33). Guildford press.

Biringen, Z., Derscheid, D., Vliegen, N., Closson, L., & Easterbrooks, M. A. (2014). Emotional availability (EA): Theoretical background, empirical research using the EA Scales, and clinical applications. *Developmental Review*, *34*(2), 114–167. https://doi.org/10.1016/j.dr.2014.01.002

Booth, P. B., Lindaman, S., & Winstead, M. L.-R. (2014). Theraplay in reunification following relational trauma. In C. A. Malchiodi & D. A. Crenshaw (Eds.), *Creative arts and play therapy for attachment problems* (pp. 139–158). Guilford Press.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. Basic Books.

Bretherton, I., & Munholland, K. A. (2008). Internal working models in attachment relationships: Elaborating a central construct in attachment theory. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment. Theory, research, and clinical applications* (2nd ed., pp. 102–127). Guilford Press.

Bruscia, K. (1998). *Defining music therapy* (2nd ed.). Barcelona Publishers.

Burkhardt-Mramor, K. M. (1996). Music therapy and attachment disorder: A case study. *Music Therapy Perspectives*, *14*, 77–82. https://doi.org/http://dx.doi.org/10.1093/mtp/14.2.77

Carayon, P., Li, Y., Kelly, M. M., DuBenske, L. L., Xie, A., McCabe, B., … Cox, E. D. (2014). Stimulated recall methodology for assessing work system barriers and facilitators in family-centered rounds in a pediatric hospital. *Applied Ergonomics*, *45*, 1540–1546. https://doi.org/10.1016/j.apergo.2014.05.001

Castonguay, L., & Muran, J. C. (2015). Fostering collaboration between researchers and clinicians through building practice-oriented research: An introduction. *Psychotherapy Research*, *25*(1), 1–5. https://doi.org/http://dx.doi.org/10.1080/10503307.2014.966348

Dozier, M., Stovall, C., Albus, K. E., & Bates, B. (2001). Attachment for infants in foster care: The role of caregiver state of mind. *Child Development*, *72*(5), 1467–1477. https://doi.org/0009-3920/2001/7205-0013

Drake, T. (2011). Becoming in tune: The use of music therapy to assist the developing bond between traumatized children and their new adoptive parents. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (pp. 101–114). Oxford University Press.

Finnell, N. (2013). Theraplay innovations with adoptive families. In E. Munns (Ed.), *Theraplay: Innovations in attachment-enhancing play therapy* (pp. 235–256). Rowman & Littlefield Publishers.

Flower, C. (2014). Music therapy trios with child, parent, and therapist: A preliminary qualitative single case study. *Psychology of Music*, *42*(6), 839–845. https://doi.org/10.1177/0305735614547065

Flower, C. (2019). *Music therapy with children and parents: Toward an ecological attitude.* https://doi.org/10.25602/GOLD.00026132

Fonagy, P., Bateman, A., & Luyten, P. (2012). Introduction and overview. In A. Bateman & P. Fonagy (Eds.), *Handbook of mentalizing in mental health practice* (pp. 3–42). American Psychiatric Association.

Fonagy, P., & Target, M. (1997). Attachment and reflective function: Their role in self-organization. *Development and Psychopathology*, *9*(4), 679–700.

Goldberg, S. (2000). *Attachment and development*. Arnold Publishers.

Hakomäki, H. (2013). *Storycomposing as a path to a child´s inner world: A collaborative music therapy experiment with a child co-researcher*. University of Jyväskylä.

Hasler, J. (2008). A piece of the puzzle: Music therapy with looked-after teenagers and their carers. In A. Oldfield & C. Flower (Eds.), *Music therapy with children and their families* (pp. 159–175). Jessica Kingsley Publishers.

Herman, F. (1996). The boy that nobody wanted: Creative experience for a boy with severe emotional problems. In K. Bruscia (Ed.), *Case studies in music therapy* (2nd ed., pp. 99–108). Barcelona Publishers.

Hong, M., Hussey, D., & Heng, M. (1998). Music therapy with children with severe emotional disturbances in a residential treatment setting. *Music Therapy Perspectives*, *16*(2), 61–66. https://doi.org/http://dx.doi.org/10.1093/mtp/16.2.61

Huang, L-S. (2014). Video-stimulated verbal recall: A method for researching cognitive processes and strategic behaviors. SAGE Research Methods Cases.

Hughes, D. (2009). *Attachment-focused parenting*. W. W. Norton & Company.

Hughes, D., & Baylin, J. (2012). *Brain-based parenting: The neuroscience of caregiving for healthy attachment*. W. W. Norton & Company.

Kagan, N., Krathwohl, D. R., & Miller, R. (1963). Stimulated recall in therapy using video tape: A case study. *Journal of Counseling Psychology*, *10*(3), 237–243. https://doi.org/10.1037/h0045497

Kalland, M. (2014). Vanhemman mentalisaatiokyky. In A. Viinikka (Ed.), *Mentalisaatio perheiden kohtaamisessa* (pp. 26–38). Mannerheimin lastensuojeluliitto.

Kalland, M. (2017). Mentalisaatiokyky vanhemmuudessa. In I. Laitinen & S. Ollikainen (Eds.), *Mentalisaatio. Teoriasta käytäntöön* (pp. 131-150). Therapeia-säätiö.

Kehl, S. M., La Marca-Ghaemmaghami, P., Haller, M., Pichler-Stachl, E., Bucher, H. U., Bassler, D., & Haslbeck, F. (2021). Creative music therapy with premature infants and their parents: A mixed-method pilot study on parents' anxiety, stress and depressive symptoms and parent–infant attachment. *International Journal of Environmental Research and Public Health*, *18*(1), 265. https://doi.org/https://doi.org/10.3390/ijerph18010265

Kruger, 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. https://doi.org/10.1080/08098131.2014.890242

Langan, D., & Athanasou, J. A. (2002). A comparison of video recall responses between music therapy, music, and other therapy students. *Australian Journal of Music Therapy*, *13*(2002), 28–37. https://doi.org/10.1093/jmt/46.4.287

Layman, D. L., Hussey, D. L., & Laing, S. J. (2002). Music therapy assessment for severely emotionally disturbed children: A pilot study. *Journal of Music Therapy*, *39*(3), 164–187. https://doi.org/http://dx.doi.org/10.1093/jmt/39.3.164

Lindaman, S., & Lender, D. (2009). Theraplay with adopted children. In E. Munns (Ed.), *Applications of family and group Theraplay* (pp. 57–68). Rowman & Littlefield Publishers.

Lindenfelser, K.J. & Grocke, D. & McFerran, K. (2008). Bereaved parents´ experiences of music therapy with their terminally ill child. *Journal of Music Therapy*, *45*(3), 330–348. https://doi.org/10.1093/jmt/45.3.330

Logis, M. (2011). Facing the dread and desolation of cancer through music therapy: A client's perspective. *Music and Medicine*, *3*(1), 27–30. https://doi.org/10.1177/1943862110382000

McDonald, H. Z., Beeghly, M., Grant-Knight, W., Augustyn, M., Woods, R. W., Cabral, H., … Frank, D. A. (2008). Longitudinal association between infant disorganized attachment and childhood posttraumatic stress symptoms. *Development and Psychopathology*, *20*, 493–508. https://doi.org/10.1017/S0954579408000242

Mroz Miller, J., Lender, D., Rubin, P. B., & Lindaman, S. (2010). Theraplay for children who are adopted or in foster care. In P. B. Booth & A. M. Jernberg (Eds.), *Theraplay: Helping parents and children build better relationships through attachment-based play* (3rd ed., pp. 405–448). Jossey-Bass.

Mäkelä, J., & Vierikko, I. (2004). *From heart to heart: Interactive therapy for children in care. Report on the therapy project in SOS Children´s Villages in Finland*. SOS Villages Finland Association.

Oldfield, A. (2011). Parents´ perceptions of being in music therapy sessions with their children: What is our role as music therapists with parents? In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (pp. 58–72). Jessica Kingsley Publishers.

Oldfield, A., Adams, M., & Bunce, L. (2003). An investigation into short-term music therapy with mothers and young children. *British Journal of Music Therapy*, *17*(1), 26–45. https://doi.org/http://dx.doi.org/10.1177/135945750301700105

Pajulo, M., Salo, S., & Pyykkönen, M. (2015). Mentalisaatio ihmistä suojaavana tekijänä. *Duodecim2*, *131*, 1050–1057.

Pally, R. (2005). A neuroscience perspective on forms of intersubjectivity in infant research and adult treatment. In B. Beebe, S. Knoblauch, J. Rustin, & D. Sorter (Eds.), *Forms of intersubjectivity in infant research and adult treatment*. Other Press.

Pater, M., de Graaf, P., & van Yperen, T. (2019). Working elements of music therapy for children and young people with autism. *Open Journal of Medical Psychology*, *8*, 78–96. https://doi.org/https://doi.org/10.4236/ojmp.2019.84008

Plahl, C. (2007). Microanalysis of preverbal communication in music therapy. In T. Wosch & T. Wigram (Eds.), *Microanalysis in music therapy: Methods, techniques and applications for clinicians, researchers, educators, and students* (pp. 41–53). Jessica Kingsley Publishers.

Prior, V., & Glaser, D. (2006). *Understanding attachment and attachment disorders: Theory, evidence, and practice.* Jessica Kingsley Publishers.

Putnam, F. (2005). The developmental neurobiology of disrupted attachment: Lessons from animal models and child abuse research. In L. J. Berlin, Y. Ziv, L. Amaya-Jackson, & M. T. Greenberg (Eds.), *Enhancing early attachments: Theory, research, intervention, and policy* (Paperback, pp. 79–99). Guilford Press.

Robarts, J. (2014). Music therapy with children with developmental trauma disorder. In C. A. Malchiodi & D. A. Crenshaw (Eds.), *Creative arts and play therapy for attachment problems* (pp. 67–83). Guilford Press.

Rolvsjord, R. (2015). What clients do to make music therapy work: A qualitative multiple case study in adult mental health care. *Nordic Journal of Music Therapy*, *24*(4), 296–321. https://doi.org/https://doi-org.ezproxy.jyu.fi/10.1080/08098131.2014.964753

Rubin, P. B., Ledner, D., & Mroz Miller, J. (2010). Theraplay for children with histories of complex trauma. In P. B. Booth & A. M. Jernberg (Eds.), *Theraplay: Helping parents and children build better relationships through attachment-based play* (3rd ed., pp. 359–403). Jossey-Bass A Wiley Imprint.

Salkeld, C. E. (2008). Music therapy after adoption: The role of family music therapy in developing secure attachment in adopted children. In A. Oldfield & C. Flower (Eds.), *Music therapy with children and their families* (pp. 141–157). Jessica Kingsley Publishers.

Salo, S. J., Flykt, M., Mäkelä, J., Biringen, Z., Kalland, M., Pajulo, M., & Punamäki, R. L. (2019). The effectiveness of Nurture and Play: A mentalization-based parenting group intervention for prenatally depressed mothers. *Primary Health Care Research & Development*, *20*(e157), 1–11. https://doi.org/10.1017/S1463423619000914

Salo, S., & Tuomi, K. (2008). *Hoivaa ja leiki. Vauvan ja vanhemman vuorovaikutus (Nurture and play. Early interaction between infant and parent)*. Psykologien kustannus.

Savage, S., Williams, K., Berry, L., & Oreopoulos, J. (2020). Parental perceptions of the Sing&Grow programme: Group music therapy building knowledge, confidence, and social support. *Journal of Family Studies*. https://doi.org/10.1080/13229400.2020.1776755

Schofield, G., & Beek, M. (2006). *Attachment handbook for foster care and adoption*. British Association for Adoption & Fostering.

Scholtz, J. (2007). Microanalysis of interaction in music therapy (MIMT) with children with developmental disorders. In T. Wosch & T. Wigram (Eds.), *Microanalysis in music therapy: Methods, techniques and applications for clinicians, researchers, educators and students* (pp. 67–78). Jessica Kingsley Publishers.

Schore, A. N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development*. Lawrence Erlbaum Associates, Inc.

Schore, A. N. (2001). Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal*, *22*(1–2), 7–66. https://doi.org/10.1002/1097-0355(200101/04)22:1<7::AID-IMHJ2>3.0.CO;2-N

Shai, D., & Belsky, J. (2011). When words just won´t do: Introducing parental embodied mentalizing. *Child Development Perspectives*, *5*(3), 173–180. https://doi.org/10.1111/j.1750-8606.2011.00181.x

Siegel, D. J., & Bryson, T. P. (2012). *The whole-brain child: 12 revolutionary strategies to nurture your child´s developing mind* (Paperback). Bantam Books.

Slade, A. (2005). Parental reflective functioning: An introduction. *Attachment and Human Development*, *7*(3), 269–281. https://doi.org/10.1080/14616730500245906

Slade, A., Grienenberger, J., Bernbach, E., Levy, D., & Locker, A. (2005). Maternal reflective functioning, attachment and the transmission gap: A preliminary study. *Attachment and Human Development*, *7*(3), 283–298. https://doi.org/10.1080/14616730500245880

Thompson, G., & McFerran, K. (2015). "We've got a special connection": Qualitative analysis of descriptions of change in the parent-child relationship by mothers of young children with autism spectrum disorder. *Nordic Journal of Music Therapy*, *24*(1), 3–26. https://doi.org/https://doi-org.ezproxy.jyu.fi/10.1080/08098131.2013.858762

Thompson, G., Shanahan, E., & Gordon, I. (2019). The role of music-based parent-child play activities in supporting social engagement with children on the autism spectrum: A content analysis of parent interviews. *Nordic Journal of Music Therapy*, *28*(2), 108–130. https://doi.org/https://doi-org.ezproxy.jyu.fi/10.1080/08098131.2018.1509107

Thompson, R. A. (2008). Early attachment and later development. In J. Cassidy & P. Shaver (Eds.), *Handbook of attachment: Theory, research and clinical applications* (2nd ed., pp. 348–365). Guilford Press.

Tronick, E. Z. (1989). Emotions and emotional communications in infants. *American Psychologist*, *44*(2), 112–119. https://doi.org/http://dx.doi.org/10.1037/0003-066X.44.2.112

Tuomi, K. (2018). Intervention for foster families with young children. *Imagine – Early childhood music therapy online magazine*, *9*(1), 66–68. www.imagine.musictherapy.biz

Tuomi, K. (2017). Music therapy and theraplay; Creating, repairing, and strengthening the attachment bond in foster and adoptive families. In S. Lindahl Jacobsen & G. Thompson (Eds.), *Music Therapy with Families: Therapeutic Approaches and Theoretical Perspectives* (pp. 173–198). Jessica Kingsley Publishers.

Tuomi, K., Ala-Ruona, E., & Oldfield, A. (2017). Literature review of early childhood music therapy between 1990-2012. *Voices: A World Forum for Music Therapy*, *17*(2). https://doi.org/https://doi.org/10.15845/voices.v17i2

Tuomi, K., Thompson, G., Gottfried, T., & Ala-Ruona, E. (2021). Theoretical perspectives and therapeutic approaches in music therapy with families. *Voices: A World Forum for Music Therapy*, *21*(2). https://doi.org/10.15845/voices.v21i2.2952

Tuomi, K., Lampi, H. & Salo, S. (under preparation). Nurture and play for foster families manual.

Vall, B., Laitila, A., Borcsa, M., Kykyri, V.L., Karvonen, A., Kaartinen, J., Seikkula, J. (2018). Stimulated recall interviews: How can the research interview contribute to new therapeutic practices? *Revista Argentina de Clínica Psicológica*, *27*(2), 274–283. https://doi.org/10.24205/03276716.2018.1065

Van der Kolk, B. A. (2005). Developmental trauma disorder: Towards a rational diagnosis for children with complex trauma histories. *Psychiatric Annals*, *35*(5), 401–408. https://doi.org/http://dx.doi.org/10.3928/00485713-20050501-06

Weinfield, N. S., Sroufe, L. A., Egeland, B., & Carlsson, E. (2008). Individual differences in infant-caregiver attachment. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Theory, research and clinical applications* (2nd ed., pp. 78–101). Guilford Press.

Wheeler, B. (2014). The importance of research in educating about music therapy. *Voices: A World Forum for Music Therapy*, *14*(2). https://doi.org/https://doi.org/10.15845/voices.v14i2.746

Wigram, T., Nygaard Pedersen, I., & Bonde, L. O. (2002). *A comprehensive guide to music therapy: Theory, clinical practice, research, and training*. Jessica Kingsley Publishers.

Winnicott, D. W. (1958). Primary maternal preoccupation. In *Collected papers: Through paediatrics to psycho-analysis.* (2nd ed., pp. 300-305). Tavistock.

Zeanah, C. H., Benoit, D., Hirshberg, L., Barton, M. L., & Regan, C. (1994). Mothers´ representations of their infants are concordant with infant attachment classifications. *Developmental Issues in Psychiatry and Psychology*, (1), 1–14.

Ελληνική περίληψη | Greek abstract

Ανατροφή και παιχνίδι για ανάδοχες οικογένειες με μικρά παιδιά: Αναστοχασμοί ανάδοχων γονέων για μία ομαδική παρέμβαση με επίκεντρο την προσκόλληση

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ΠΕΡΙΛΗΨΗ

Ένα ιστορικό ανασφαλών δεσμών θέτει τα θετά παιδιά σε κίνδυνο για πολλών ειδών δυσκολίες που μπορεί να συμπεριλαμβάνουν και ψυχοπαθολογία. Η Ανατροφή και το Παιχνίδι (Nurture and Play, NaP) για ανάδοχες οικογένειες είναι μία παρέμβαση για παιδιά ηλικίας από ενός έως πέντε ετών που στοχεύει στην υποστήριξη δημιουργίας ισχυρών νέων δεσμών ανάμεσα στους θετούς γονείς και τα μικρά παιδιά τους. Στόχος της μελέτης είναι η βαθύτερη κατανόηση του πώς οι ανάδοχοι γονείς χρησιμοποιούν δεξιότητες νοητικής αναπαράστασης ως εργαλείο αναστοχασμού των ποικίλων νοηματοδοτήσεων της παρέμβασης NaP για ανάδοχες οικογένειες. Επιλέχθηκε μία μέθοδος διέγερσης της μνήμης για να επιτευχθούν οι ερευνητικοί στόχοι. Ήταν εμφανές ότι οι γονεϊκοί αναστοχασμοί ήταν επικεντρωμένοι στο παιδί, στη σημασία της ασφάλειας και στο νόημα της αλλαγής κατά τη διαδικασία. Δόθηκε έμφαση και σε συναισθηματικές ποιότητες που αφορούσαν και το παιδί και τον ενήλικα. Οι ανάδοχοι γονείς μπόρεσαν να χρησιμοποιήσουν τους αναστοχασμούς τους εντός ενός ευρύτερου πλαισίου χώρου, σχέσης και χρόνου. Υπήρξε ισχυρή συσχέτιση των αποτελεσμάτων της μελέτης με τις βασικές έννοιες της θεωρίας δεσμών. Επιπρόσθετα, από τη μελέτη και τα συμπεράσματα προκύπτουν προτεινόμενες προτεραιότητες καθώς και προτάσεις για περαιτέρω έρευνα.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

θετά παιδιά, μικρά παιδιά, οικογενειακά επικεντρωμένη μουσικοθεραπεία, Theraplay , νοητική αναπαράσταση, διέγερση της μνήμης