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## Musical Assessment of Child Perceptions in Changing Family Situations

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### Abstract

The following article describes a systems-oriented, music-indigenous process for assessing individual children's perceptions of their family systems. It was developed for use in individual and family music therapy contexts, with children who have experienced trauma related to changing family situations (including foster children, recently adopted children, children recently reunified with biological parents, and children who have temporarily or permanently lost contact with a significant family member). It is designed for use with children age five and older.

In the assessment, the child uses instruments to create a musical and visual family portrait. The child chooses an instrument to represent themselves, plays a short improvisation representing themselves, and places the instrument somewhere in the space before them. The child then identifies a family member and repeats the process for that family member: choosing an instrument, playing an improvisation, and placing the instrument somewhere in relation to the first. This process repeats until the child has represented all the family members they wish to include. The therapist can derive salient information about the child's perceptions of their family system through the family members chosen, instruments chosen, musical elements of the improvisation, and spatial relationships in the visual portrait.

### Background

#### Therapist's Context

I am a white, queer, middle class, nondisabled settler on Coast Salish land<sup>1</sup> in the United States. I am a genderqueer woman<sup>2</sup>, and I experience cis privilege based on the ways in which my body and gender are typically interpreted. I am the youngest child of Judy and Joe Gilman. I am currently a graduate student in the Masters of Music Therapy program at Slippery Rock University.

As a music therapist, I work with Native American<sup>3</sup> children and families to provide support in response to trauma. Most of the children I work with have come into contact with Child Protective Services (CPS, the state agency responsible for protecting children who are at risk of or are currently experiencing abuse or neglect) or its tribal equivalent. I work primarily with preschool- and elementary school-aged children in public-school and community-based settings, in both individual and family-oriented sessions.

## Need for Systems Assessments with Indigenous Youth

Indigenous children in the United States are at particular risk of being identified as victims of maltreatment. A 2007 report by the National Indian Child Welfare Association indicates that Native children are overrepresented in the CPS system: whereas 10.8 per 1000 White children in the United States were identified as victims of child abuse or neglect, 16.5 per 1000 Native children were identified as such. In my home state of Washington 22.9 per 1000 Native children were identified as victims of abuse or neglect. This disproportionality may be due in part to racial bias in the reporting and investigation of child maltreatment; however, a study by Font, Berger, and Slack (2012) suggested that racial bias in these investigations did not account for such overrepresentation entirely. Rather, intergenerational trauma and systemic oppression against Native people contributed to family risk factors and produced an environment in which child abuse and neglect were more likely to occur (Evans-Campbell, Walters, Pearson, & Campbell, 2012). Thus, this assessment reflects a systems approach aimed at reducing risk factors for abuse and neglect as well as promoting positive attachment and personal healing for children post-trauma (Cobbett, 2016; Miller, 1994).

## Development of the Assessment

In the first three years of my work in this setting, I emphasized individualized trauma-responsive music therapy with children. However, I noticed that my clients' most dramatic improvements (i.e. evidence of personally "feeling better" and demonstrating greater ability to engage in healthy relationships with others) did not necessarily follow particular breakthroughs in the therapy setting; they mainly occurred when children's family situations stabilized. For example, I had worked with one client for a year to slowly draw her out of a generalized trauma response of withdrawal and dissociation. When a parent returned home after an extended absence, not only did this client's demeanor shift dramatically to wider and more exuberant expression in the music therapy setting, but this change also quickly generalized to her relationships in the classroom and in play with peers.

Around the same, I took a graduate course on systems music therapy with Professor Susan Hadley at Slippery Rock University. This course included readings that described interpersonal systems within music therapy sessions (Kenny, 1989), in families (Cobbett, 2016; Jacobsen, 2017; Miller, 1994), and in larger communities (Stige & Aarø, 2012). I realized that I needed to take on a more systems-oriented approach, particularly addressing children's micro-systems and meso-systems<sup>4</sup> in order to support children more effectively. I began to provide family music therapy sessions for parent-child dyads, sibling groups, and family micro-systems (groups of people living together with family-type relationships). I also applied the systems approach to my individual sessions with clients, exploring their relationships to particular family members and their roles and positions within the family system as a whole.

In shifting the focus of my work, I recognized the need for an assessment that would musically approach the types of information that were most relevant to systems music therapy. Discerning children's perspectives about their families was not only necessary to structure therapy treatment; when appropriate, it could also apply to dependency court cases, which typically relied on third party accounts of children's experiences in order to determine children's living situations. Often children had difficulty verbally describing their familial relationships due to fear regarding verbal disclosures, developmental limits to verbal processing, or states of withdrawal in particular settings. Caregivers could only represent their own perceptions of children's feelings, and often new caregivers such as foster parents did not know many details of their children's family histories. I began to see the music in sessions as an intersubjective space in which I could gain insight regarding children's unique perspectives about their family relationships. Therefore, I referred to existing music-indigenous assessments (Bruscia, 1987; Jacobsen, 2012) to develop a musical assessment process aimed at gaining

greater insight into an individual child's perception of particular family relationships and the family system as a whole.

### Clarification of Terms

For the purposes of this article, the phrase "children with changing family situations" refers to children who have experienced trauma related to some change in their family system. I chose this phrase as an indication that the assessment is relevant not only within an official child welfare institution, but for any child who has experienced family-related trauma. This population includes children in foster care and tribal equivalents, adopted children (particularly children adopted from foster care), children being raised by family members who are not their biological parents, children with one or more family member out of the home due to incarceration or drug treatment, children living in state-run group homes, children who have lost one or both biological parents through death or absence/abandonment, children whose parents re-enter their lives after a period of absence (e.g. parents returning from prison), and children whose parent or parents regain custody after a loss of custody. This is not an exhaustive list, and the assessment may be equally appropriate for children who have experienced family-related trauma not included here. An emphasis is placed on changes related to caregiving adults, but the assessment may aid in situations of trauma related to siblings as well. Conversely, some changes in family situation may not be experienced as traumatic; in that case, the assessment can still support the therapist's understanding of the client's family system, but the understanding of treatment may differ. Therapists should consider the cultural nature of childrearing to avoid perseverating on aspects of the client's family system that are not highly relevant to the client.

The word "parent" in this article will refer to a biological parent unless otherwise clarified (e.g. "adoptive parent"). "Parent" as used here is a static descriptor that does not change circumstantially. The word "caregiver" will be used to describe a person who lives into the role of parent through presence with the child, showing love and affection for the child, and caring for the child's daily needs. The caregiver is the person who is available for the child to form a primary attachment to at the time in which the music therapist knows the child. The caregiver role is dynamic and may change over the course of treatment. A child can have multiple caregivers at one time, e.g. a child who splits their time between the homes of two divorced parents or a child who lives with (and is cared for by) both their grandfather and their auntie. Of course, a child's "parent" and "caregiver" is often the same person, even in the context of changing family situations.

The words "they" and "their" will be used in both plural and singular forms, as gender-neutral pronouns to describe clients, therapists, and family members. Gendered family roles will be included, but therapeutic implications are not at all gender-dependent. For example, the open-ended nature of the assessment allows children to identify mothers, fathers, and nonbinary parents without prompts based in heteronormative understandings of parenthood.

### Assessment Paradigm

#### Systems music therapy

Systems therapy is grounded in the concept that individuals are always nested within multiple social systems, and that each part of a system both defines and is defined by the system as a whole (Radichel, nd). Examples of systems in which children are nested include their families, classrooms, schools, towns, churches or other religious/spiritual institutions, and the therapy relationship. According to systems theory, the whole system is greater than the sum of its parts; therefore, simply knowing each individual within a system does not yield the same understanding as relating to the entire system (Walker, 2012). Even in individual therapy, systems theory emphasizes a recognition and integration of the ways in which ecological and systemic factors impact the

individual client. As the psychoanalyst Winnicott stated, “There is no such thing as an infant” separate from the primary caregiver who shapes and is reciprocally shaped by that infant (Winnicott, 1960). Therefore, systems theory shifts the focus of therapy toward questions related to relationships, communication patterns, roles, and attachments. The connections between people are as relevant as the people themselves.

In music therapy, Kenny (1985) has described music itself as a system which models and serves as an impetus for wholeness in relationships more broadly: “Music is the expressive connective tissue guiding us into wholeness. It is not only a metaphor, but a living model which resonates the deep truth and beauty contained in the phenomenon of wholeness” (p. 9). Thus, music therapists are in a unique position to enact systems therapy because our modality itself reflects the “expressive connective tissue” of interpersonal dynamics.

I chose to create an assessment that could be done with only one child present because in my practice, there are often practical barriers to entire families attending music therapy sessions. I wanted to find a way to approach family system-related questions even when only one child attended music therapy. Although the assessment process here takes place at an individual level (or more precisely, within a dyadic therapist-client system), its implications extend to help the therapist better understand the nature of the family system that surrounds the child, as well as the child’s position and role within the family.

### Music-indigenous Assessment

Music therapists working with children in changing family situations have frequently relied on assessment tools from other fields or have focused on para-musical aspects of caregiver-child interactions in musical contexts (Jacobsen, 2017; Jacobsen & Killén, 2015; Jacobsen & Wigram, 2007; Pasiali, 2017). The *Musical Assessment of Child Perceptions in Changing Family Situations* (MACPCFS) is presented as a music-indigenous process of understanding a child’s relationship to their caregiver and their other family members. It draws upon existing music-centered music therapy approaches broadly and on Bruscia’s *Improvisational Assessment Profiles* in particular (Bruscia, 1987). In dyad and family work, this assessment may also complement Jacobsen’s (2012) music-indigenous *Assessment of Parenting Competencies*, providing therapists with knowledge both about caregiver competencies and about children’s unique perceptions of their family systems (including but not limited to their primary caregiver). Since the MACPCFS can be conducted with only a child present, it is uniquely accessible in cases where the child’s caregiver is unable to attend music therapy sessions, is in a state of flux, or is not someone the child considers to be a family member.

As an improvisation-based assessment, the MACPCFS also draws upon existing music therapy literature elucidating improvisation methods. Bruscia (1987) and Gardstrom (2007) have both described “givens” that shape the improvisation process. Each improvisation played by a child in the MACPCFS includes a vocabulary given (the instrument they choose to play) and a procedural given (the general time length set by the therapist). Each improvisation also includes what Wigram (2004) has referred to as “thematic play rules” and Bruscia (1987) defined as “referents,” in that the child is representing a particular person (p. 41, p. 413–414). Wigram has further described the facilitation of improvisational portraits and their therapeutic potentials, including the prompts, “Make a musical portrait of yourself as you are now,” and, “Make a musical portrait of another person in the group” (p. 187–188). The improvisatory portraits here represent extensions of these prompts to include group members who are not present, and to be applied as assessment rather than treatment. Finally, in improvisations wherein the therapist plays along with the client, “interpersonal givens” guide the therapist’s role in relation to the client’s play. The therapist’s role is described further below.

## Music, Trauma, and the Brain

Music offers a necessary alternative to verbal processing for children who have experienced trauma, and musical experiences provide the therapist with a unique combination of both information and insight. Many children with changing family situations do not respond well to talk therapy (Tuomi, 2017). This may be partly related to the verbal processing required in traditional psychotherapy. Brain scans have shown that when survivors recall a traumatic event, Broca's area – a speech center in the brain – shows markedly decreased activity (van der Kolk, 2015). As van der Kolk pointed out, "Without a functioning Broca's area you cannot put your thoughts and feelings into words" (p. 43). The problem is compounded for children who have grown up with frequent or constant trauma due to abuse or neglect: in children with such complex trauma, toxic levels of stress hormones may stunt the development of brain architecture necessary for verbal processing (Palix Foundation, 2017). However, skills related to the right brain hemisphere are sometimes more highly developed in children with trauma histories than in those without. For example, Masten et al. (2008) found that children with trauma histories could sometimes read subtle changes in facial expression more adeptly than non-traumatized children, and Jacobsen (2017) noted that "emotionally neglected children who are able to cope better with being neglected can, as an exception, develop special creative abilities where they can express themselves and their inner world through creative mediums" (p. 201). This inverse combination of stunted left-brain development and enhanced right-brain development indicates that creative modalities – including representational play, visual art, movement, and music – may result in fuller and more accessible assessments for children with trauma histories than can be achieved through talk therapies alone.

## Assessment of Child Perceptions

This assessment is not concerned primarily with the facts of children's family systems. Rather, it is concerned with the child's *perception* of their family situation. The factual information must be infused with meaning in order for the therapist to do relevant work. As Kenny noted, "Research that is both artistic and scientific would be concerned with issues of both truth and meaning, objectivity and subjectivity" (1989, p. 93). In this assessment, the client depicts family members through musical representations on an instrument of choice. Thus, music aids the therapist in observing and intuiting the nuanced, expansive ideas that the client conveys about each family member. The meaning is understood to be implicit in the music and is co-created by both client and therapist, both in their musical play and in their intersubjective interpretation. As Kenny stated, "Each participant plays and models forms that hold meaning for the individual creating the sound... When a pattern or form is intuitively embraced by client, therapist or both, the assumption is that this form holds meaning for the client and/or therapist" (1989, p. 106). Therefore, whereas a genogram<sup>5</sup> can provide useful objective information regarding a child's family history, the assessment provided here helps the therapist to better understand the client's subjective experience of their family system.

## Purpose of the Assessment

The goal of this assessment is to better understand how the client – a child living through changing family situations – views their family relationships and their own role within these relationships. It can begin to answer questions such as:

- Who does this child consider to be their "family"?
- Which relationships are perceived as distant, and which are perceived as close?
- Who is absent from the child's depiction of family, and what might be the implications of this absence?

- Does the child view particular family members as... Soothing? Abrasive? Interruptive? Exciting? Volatile? Harsh? Controlling? Partnering? Supportive?
- What emotions do particular family members evoke for the child?
- Do particular family members represent aspects of cultural identities for the child?
- What does the child consider to be their resources (musical, personal, and relational)?

The responses to these questions, as conveyed musically, deepen the therapist's understanding of the child's position in their micro- and meso-systems and provide insight relevant for the emerging treatment process. The process clarifies which family relationships are most salient for the child, which will shape the direction of therapy. The next steps in exploring these family relationships can happen in individual or family music therapy. In family music therapy, this individual assessment provides a point of comparison from which family members can musically enact and negotiate different perspectives regarding the same family members.

At the time of this assessment, the therapist should already have received some version of the child's family history from a caregiver. Comparing this musical assessment to a genogram (Multicultural Family Institute, 2012) or verbal family history as described by a caregiver can help to identify crucial differences in caregiver and child perceptions of the family system, as well as to note conspicuous absences in either family depiction. These insights can aid caregiver understanding of the child and can shape musical discourse in a family therapy setting.

### Cultural Implications of the Assessment

The MACPCFS has cultural<sup>6</sup> implications, especially in cross-cultural fostering or adoption, in that it can help the therapist start to understand where the client considers their primary familial ties to be and where there may be conflicts of alliance or identity. The assessment provides opportunities for the client to use a range of instruments to represent particular family members. The therapist provides instruments that reflect a range of ethnicities relevant to the client and their family. Further, as Stige (2002) has noted, music itself is a culturally grounded experience. Therefore, all music played in the assessment (by both client and therapist) will be informed by the respective participants' unique cultural identities.

### Who the Assessment is For

This assessment is intended for use with music therapy clients who are children in changing family situations (see description in the clarification of terms above). It is conceived in the context of systems-oriented individual and family music therapy work with clients who are referred specifically due to their experience with family-related trauma (Cobbett, 2016; Miller, 1994). The assessment is appropriate for children ages five and older due to the required abstract thinking, role fluidity, and symbolic play (Markham Stouffville Hospital, 2014). Its minimal reliance on verbal exchange makes it ideal for young clients (ages five to ten) and clients with preverbal trauma, who may have difficulty verbally articulating their family perspectives.

Some verbal interaction is implied in the identification of family members by name or role, and in the therapist's comments for facilitation. Adaptations can be made to facilitate the process non-verbally, but some elements of the assessment information may be lost (for example, if the client chooses from pictorial options they will not have clear access to choose family members who are not presented to them). Similarly, the assessment as described here requires clients to lift and place various instruments throughout a space; this, too, can be accommodated if the client indicates a choice of placement and the therapist physically moves instruments.

The assessment requires the client to already feel a certain level of safety in the therapy setting; therefore, it will generally not be ideal as an initial assessment. To participate in this assessment process, the client must be able to tolerate therapist-struct-

tured musical play, make decisions in response to the therapist, and play expressively in front of the therapist. Clients who lack a solid sense of safety in the music therapy setting may not be able to engage in all these necessary aspects of the assessment process. Clients who do not feel safe may also exhibit a limited affective range in their body, facial expression, and musical play. While the implications of the assessment are clearer when children show a wide range of expression, the process can still yield meaningful information if the therapist attends closely to minor affective shifts within a limited range.

The assessment also requires that clients connect abstract concepts (e.g. the idea of their mother) with concrete forms (e.g. a particular instrument in the room), which will not be developmentally appropriate for some children who have cognitive developmental delays.

## When to Use the Assessment

This assessment is appropriate at the point in therapy when 1) the child who has survived changing family situations demonstrates a firm sense of safety in the music therapy environment, and 2) the therapist becomes very curious about the child's perspective regarding their family relationships. This curiosity may be sparked by persistent themes in the child's musical play (especially in musical play with others), comments from teachers or caregivers regarding the child's response to other family members, or spontaneous mention of salient family members/events by the child. The therapist's specific feeling of curiosity represents an intuition that greater information about the child's sense of place in their family system might lead the music therapy work in a more meaningful direction.

## The Assessment Process

### Overall Description

The client describes their family through a musical portrait. With an array of instruments at their disposal, the client identifies an instrument to represent themselves, plays an improvisation of themselves on the instrument, and places the instrument into an open space on the floor (or other open space) in front of them. The client then chooses a family member to add into the portrait and repeats the process for that family member: choose an instrument, play an improvisation (either independently or with the music therapist), and place the instrument somewhere in relation to the first instrument. The process is repeated until the client is satisfied with the "portrait" of instruments on the ground as a representation of their entire family.

After the musicking aspect is complete, the therapist considers a set of reflexive questions to derive salient content from the child's musical portrait. It is possible to respond to the reflexive questions based solely on memory of the musicking process, but not ideal. If consent is available from *both* child and caregiver/legal guardian<sup>7</sup>, the process may be recorded on video so that the therapist can view and hear the process as a reference while responding to the reflexive questions. Recordings of the musicking process will help the therapist notice a greater level of detail in the client's representations, compare their own perceptions between participating and observing via recording, and uncover certain ways in which their personal cultural context and biases may have shaped the client's experience. If video is not possible, the therapist may refer to a photograph or sketch of the musical portrait.

### Setting the Space

The assessment should take place in a one-on-one setting. The session is recorded (if consented to) by a stationary video camera with view of the client and the open space in front of them. If possible, the assessment takes place with both client and therapist seated with direct access to the ground – either sitting directly on the ground, or on

pillows or beanbags for comfort. This set-up can be adapted to maximize client mobility and comfort, as long as the client has access to an open space for the visual portrait. The therapist should have a wide array of instruments available to the client, all placed along one side of the floor-space so that the area in front of the client is open. Instruments provided should vary in size but should all fall within a range of size and weight that the child can lift and manipulate through space. The therapist should aim to provide the maximum possible level of variability in instruments, considering timbre, volume, size, appearance, physical/haptic texture, and cultural associations of the instruments. Multiples of each instrument or type of instrument should be included whenever possible.

### Cultural implications of instruments.

The presence or absence of culturally relevant representations in the music therapy space – including instruments, images and artwork, language, and the therapist's own expressions – will lead clients to respectively amplify or silence their own expressions of these aspects of identity. Emdin (2017) noted this phenomenon anecdotally when describing a series of interviews with a group of urban youth of color in the United States who aligned with Hip Hop Culture (KRS-One, 2009). Music therapists must evaluate the space and the resources provided to consider which of clients' identities and associations may be privileged and which may be minimized in the assessment and in the music therapy space more generally.

If the therapist knows the child to have multiple ethnic or other cultural identities within their family system, the therapist can seek to provide instruments that relate to these identities. For example, electronic instruments such as music production centers (MPCs) may provide opportunities for children to represent or express ties to Hip Hop Culture. However, some instruments will not always be appropriate for use in the music therapy space; the therapist must navigate each introduction of new music opportunities uniquely with each client and family to avoid appropriation and essentialization.

In my practice, children often have some family members with Coastal Native identities, but not all family members or caregivers may share this ethnic identity. Children sometimes use synthetic versions of Coastal Native instruments<sup>8</sup> to represent family members who signify this cultural tie for them. For example, in the composite case example below, the client uses synthetic buffalo drums to represent his grandparents: the keepers of his family's tribal traditions. Contrastingly, he uses plastic egg shakers – an instrument more closely tied to White Western children's music experiences – to represent several family members, including himself and his White, non-Native foster parents.

## The Musicking Process

### Steps of the musicking process.

The following steps constitute the process of creating the musical family portrait:

1. The client chooses an instrument to represent them.
2. The client plays a short (less than two minutes) improvisation to represent themselves on this instrument. The therapist may support this process by playing along in a reflexive manner if it supports the client's expressive opportunities.
3. The client places the instrument that represents them (the Client Instrument) somewhere in the space in front of them.
4. The client chooses a family member to add to their family portrait and chooses an instrument to represent that family member.
5. The client plays a short improvisation to represent the family member

- Alternatively, the therapist and client can play an improvisation together to represent the family member in relation to the client. This process is described below.
6. With the Client Instrument still in the space where it was placed in Step 3, the client adds the instrument that represents the new family member somewhere in the space.
  7. Repeat steps 4-6 until the space contains a visual “portrait” of instruments representing all the family members the client wishes to include.

### The therapist’s role in shared improvisations.

In family member improvisations, the client may play independently, or the therapist may choose to play along with the client to either amplify client expressions or represent the client in relation to that family member. Three cases may lead the therapist to play along with the client:

1. If the client verbally identifies or musically approaches a particular mood associated with a family member, yet their musical representation includes some timidity or hesitation, the music therapist may choose to play along with the client to help evoke stronger musical representations. In this case, the therapist will match the client’s style of play and continue with a slightly exaggerated representation of the same style or mood. Thus, the therapist musically indicates that the client is free to express the full extent of their association. If the client continues to hold back musically after the therapist’s amplification, the therapist can return to matching the client’s style of play and may understand the timidity as part of the client’s representation. The therapist should use the same instrument in each of these cases so that the therapist’s instrument is not confused with a family member representation. *Example: A client chooses a set of cymbals to represent his older brother. He crashes the cymbals twice softly, then opens his arms wide and brings them together for one large, loud crash. Immediately after this large crash, he looks up at the music therapist and returns to softer play with a steady pulse. The music therapist matches the client’s pulse on the guitar and shifts their own strumming to harder strikes, closer to the bridge, for a more abrasive sound. The client amplifies his own volume once again, this time playing six increasingly loud cymbal crashes with large bodily gestures leading to each strike.*
2. If the client verbally describes a relational dynamic with a particular family member, the therapist can offer support to represent that relationship rather than representing the family member alone. In this case, the therapist should use the Client Instrument to represent the client and should begin by playing in a style that mimics the client’s original representation of themselves. After the client has established their relational representation of their family member, the therapist may shift their style of play to be more responsive to the client. If the improvisation leads to further questions about the client’s perception of their role in the relationship, the therapist and client may trade roles and play a second improvisation about the same relationship. *Example: A client has represented herself on a small glockenspiel by playing a stepwise melody along a steady, moderate beat. She chooses a large frame drum to represent her step-father and states, “He’s always yelling at me.” The client chooses to represent her step-father through an improvisatory duet when provided the option. The therapist begins by playing in the same style that the client originally used to represent herself. The client holds the frame drum above the glockenspiel and strikes the drum loudly while staring at the glockenspiel. The client pauses between strikes and resists entrainment with the therapist’s established pulse. The therapist shifts his play to see if he can entrain with the client’s play, and the client shifts her own timing, avoiding entrainment. The therapist begins to accent one note within each bar of play; in response, the client moves the drum closer to the glock-*

*enspiel (almost preventing the therapist's access to the instrument) and begins to play bursts of repeated strikes following each accented note from the therapist.*

3. If a client represents a family member independently and the family member appears to be of particular relational significance to the client, the therapist may initiate an improvisatory duet to explore the relational dynamic. In this case, the client can choose which role to take on. *Example: A client has represented himself on a cedar Native American flute by over-blowing into it to create a repeated high-pitched, whistle sound in an upbeat eighth-eighth-quarter rhythm while marching around the room. The client represents his primary caretaker (his uncle) on a fourteen-inch buffalo drum, playing steady half notes and singing fragments of a familiar tribal song. His representation of his uncle lasts more than twice as long as any other improvisation and is the only improvisation for which he remains seated. The therapist suggests an improvisatory duet, and the client chooses to represent himself again on the Native American flute. The therapist drums half notes in the same style that the client played to represent his uncle. The client locks his eyes on the drum and rocks his body back and forth in time with the drum. He plays the flute in a lower pitch range with half-note length breaths, moving his fingers in half and quarter-note rhythmic patterns.*

### Analysis of the Musical Portrait

The process of creating a musical family portrait provides a plethora of information for the therapist to analyze in order to better understand the client's perception of their individual family members and family system as a whole. Broadly, this information includes:

- Inclusion or non-inclusion of particular people
- Instruments chosen for each family member
- Qualities of the instrumental improvisations, and
- Physical arrangement of instruments in the visual portrait

Each of these areas may carry meaning regarding the client's view of each family member. However, due to the sheer amount of information, the therapist must prioritize the most salient relationships and the most salient elements that seem to represent these relationships.

Appendix A includes a list of reflexive questions for analyzing the portrait as a whole and representations of salient family members in particular. These questions are available for the therapist to consider while watching and listening to the recording of salient client improvisations. Not all questions will be relevant for all improvisations; they represent possibilities for analysis. Different sets of questions are provided depending on whether the client plays the improvisations independently or represents family members while the therapist plays the client instrument.

### The reflexive questions.

A list of reflexive questions can be found in Appendix A. These questions have been chosen to highlight musical, instrumental, and visual qualities that relate to possible interpretations about the client's view of their family relationships. For example, the energy with which a client plays in a particular improvisation may indicate the intensity of the relationship. The closeness of instrument placement in relation to the client instrument and other instruments may indicate family alliances and the client's sense of this family member's presence or proximity (whether the client feels positively or negatively about this presence could be interpreted through musical elements). The size of the instrument chosen may indicate how much space a given family member takes up in the client's life. Levels of variability within a musical improvisation may indicate the client's sense of a family member's stability; it may also represent the client's changing or conflicting feelings toward that family member.

The possible meanings of each element (instrument choice, order chosen, musical improvisation, and placement in the visual portrait) must be taken together to gain a holistic understanding of the client's perspective. For example, a client could choose a small, soft, quiet instrument easily associated with family members who play only a gentle or minor role in the client's life. However, if the client uses a high amount of energy in the improvisation – throwing the instrument to the ground or shouting while playing – there is reason to question the initial assumptions based on the instrument. Contrasting elements such as this can be explored further in music therapy after the assessment.

The list of reflexive questions represents a guide for the therapist to refer in order to structure the process of deriving meaning from the improvisation. The reflexive questions are largely informed by Bruscia's (1987) *Improvisational Assessment Profiles* (IAP), and sections of the IAP itself can also assist the therapist in extracting meaning from the child's improvisations. The therapist need not write responses to every question on the list; rather, therapists should distill the information by responding to those questions that address aspects of the improvisation which they find most salient. Conversely, the list of questions is not exhaustive, so therapists may need to record information that is not directly prompted.

### The intersubjective space

While the assessment process here offers unique opportunities for insight regarding children's perspectives, it also has the potential to cause harm if therapists misunderstand their personal interpretations as objective truths or do not acknowledge their own sociocultural position within the assessment and interpretation process. Therapists must recognize their own subjectivity in the assessment process and maintain transparency with the client about what the assessment process entails and represents. Rather than claiming to set aside personal biases, therapists must be unflinchingly aware of their own cultural and philosophical framework and internal biases. Therapists must employ reflexivity not only in analyzing the client's play, but also in recognizing the ways in which their own presence, identities, facilitation, musical play, and analysis impacts the entire assessment process.

### Next Steps

In family therapy settings, the individual family portrait assessment can go further into assessment through dyad and system play. When dyads in family therapy improvise together, their play can be read as indicative of their role relationships with one another. The music therapist can use the *Integration* and *Autonomy* profiles from Bruscia's (1987) IAPs to better understand family members' roles and relationships in the family system. The music therapist should pay particular attention to the texture scale in both profiles. As Bruscia states, texture "reveals the location and role of each character or part. A texture may reveal hierarchical structures, part-whole relationships, or role functions within the self, between two people, or within a group" (p. 455). This information is crucial for working with families because it allows the therapist to better understand how the individual client's unique perspective (explored in the main assessment described) fits into the larger family system (the "next step" of assessment).

### Case Example

Sam<sup>9</sup>, an 8-year-old boy in family music therapy with his brother and foster parents completed the musical family portrait assessment. Sam and his brother were biracial (white and indigenous) children living with white heterosexual foster parents in a new town and attending a new school in the foster parents' district. Sam's family portrait analysis form and family member analysis form are included in Appendix D. Sam's parents had lost custody of both children, and his mother had not shown up to any recent visitations. In the assessment, Sam chose his father first and played a steady impro-

visitation on jingle bells with the therapist, lasting more than a minute. He named his brother second, played a shorter (20 seconds), steady improvisation on the egg shakers, and placed his brother's egg shaker directly beside his own. He named his aunt and uncle simultaneously next and said, "sad," as he chose their instruments. He noted that he was sad that he did not get to see them very often. He played their parts slowly and requested that the therapist sing a line about feeling sad. Next, he listed his grandmother and represented her on a 12-inch synthetic buffalo drum. He played four iterations of a single repeated rhythm at a moderate tempo to represent her and made a comment about her hardworking and persistent nature. Next, Sam began to verbally describe his step-grandfather (grandmother's husband) as "lazy" and "drunk." He chose a 16-inch black bass buffalo drum to represent his step-grandfather, played four slow beats, and set the drum next to the drum representing his grandmother. He stated that the portrait was complete, paused for several seconds, and then listed his mother last, representing her through an egg shaker. He played a very short (less than 5 seconds), tense improvisation to represent her and then placed her outside the established portrait space, above the ground on the far side of a large beanbag.

The improvisation yielded significant information about Sam's feelings toward his father, his brother, his aunt and uncle, his grandparents, and his mother. The absence of his foster parents from the portrait was also significant. The two brothers' respective representations of their mother mirrored their behaviors in relation to their foster mother in the family music therapy setting: whereas Sam withdrew from or rejected his foster mother in sessions, his brother sought proximity to their foster mother. The musical assessment clarified Sam's particular stance toward his biological mother and suggested transferences related to his foster mother.

The meanings derived from this assessment consequently shaped the course of the therapy treatment process. For example, prior to the assessment, I had been emphasizing reciprocal musicking between the children and their foster mother and had recognized a stifled quality to much of Sam's musical play in this context. Sam's depiction of his brother as his closest connection/alliance led me to look more closely at the relationship between the two siblings in the music therapy setting. I found that Sam was most expressive (in terms of both positive and negative emotions) in response to his brother. This was true most dynamically – and chaotically – when their foster parents were not in the room. In the family music therapy setting, the brothers were able to musically establish a shared expressive space with one another and then invite their foster parents into their shared play; then, the adults were able to provide a sense of rhythmic grounding to the improvisation without Sam withdrawing into the former robotic style of play.

Culturally, Sam's representation of his grandparents through tribal-referential instruments and of all other family members (including himself) through Western children's music-referential instruments suggested that he was aware of tribal aspects to his identity but was silencing or separating himself from this identity to some degree. This led me to provide resources for Sam's foster mother regarding local community events related to Coast Salish culture, particularly tribal music experiences such as pow wows and coastal jams. Sam and his brother were able to attend these cultural events with both their foster parents and their biological grandmother, maintaining their grandmother's role as a cultural ambassador and indicating that their indigenous culture was welcome in the foster home.

## Limitations

As mentioned throughout this article, the limitations of this assessment are a) it is only appropriate for clients of particular ages and developmental levels, with a degree of established safety in MT; b) it is not an initial assessment, but one that is used when it is deemed appropriate by the therapist; c) it is not designed as a measurement of change; d) its purpose is for gaining more understanding of familial relationships and as such does not establish goals for the therapeutic process, per se; e) it requires interpreta-

tion, and thus may be viewed by some as not objective; f) given this, there is a risk of bias and misinterpretation; and g) it depicts child perceptions rather than facts or interpretations reflective of the full system. It is important to note that this assessment is only intended as a way to discover how the child understands the relationships in their family. It is one assessment among many to be utilized with children in changing family situations; one with a focus of gaining a greater understanding of the relational dynamics from the perspective of the child themselves.

## Conclusion

Music-indigenous assessment is a critical feature in music therapy with children living through changing family situations. This assessment is designed to use children's representations of their family members to gain understanding about their unique perspectives about their family relationships. The assessment considers a combination of factors in this representation, including instrument choice, presence/absence of family members, musical improvisation, and placement of instruments in a visual field. These factors combine to help the therapist gain insight about clients' feelings toward and ideas about each of their family members. This information can be used to guide both individual and family music therapy.

## Notes

1. Coast Salish is a broad term used to describe indigenous peoples in the Pacific Northwest region of North America, including areas near the coasts of Oregon, Washington, and British Columbia. This group refers to multiple tribes who spoke several different languages and dozens of dialects pre-colonization. European settlers stole Coast Salish land and systematically sought to extinguish Coast Salish cultures through much of the 19<sup>th</sup> and 20<sup>th</sup> centuries, partly through the establishment of reservation boarding schools in which children were severely punished for any representation of ethnic identity, including speaking their native languages and singing familiar songs.
2. I am still searching for language that represents the ways in which my gender and gender expression both align and conflict with dominant expectations. I have chosen the term "genderqueer" here to represent the political nature of gender, its social construction, and my personal experience of gender as unfixed and difficult to define. I have used the term "woman" because parts of myself do align with womanness, and because others' interpretations of my body and gender in these terms shape my daily experiences.
3. The particular tribe name will not be used for confidentiality reasons. The terms "Native American," "Native," and "indigenous" will be used interchangeably.
4. In Bronfenbrenner's (1979) ecological development theory of child development, micro-systems describe the direct relationships in a child's life (e.g. caregivers, teachers, therapists, or family members with whom children regularly interact) and meso-systems describe the interactions between micro-systems (e.g. the relationship between a child's caregiver and their teacher, or the relationship between a child's foster parents and their biological parent).
5. A genogram is a visual representation of family history, which can include visual symbols to identify patterns related to physical health, mental health, intra-familial relationships, substance use/abuse, and cultural/identity markers. For more information on genograms, see Multicultural Family Institute (2012). For cultural genograms, see Hardy and Laszloffy (1995).
6. Although I use several examples based on ethnic identities, "culture" as used in this context refers not only to ethnic cultural traditions. Rather, "culture" refers to a broader intersection of socially constructed identities, including race, economic class, and gender.
7. The child's awareness and consent regarding video recording is crucial to feminist ethics of transparent and voluntary therapy relationships as described by Adrienne (2006).

8. I often use synthetic versions of these instruments with many clients because some true tribal instruments are intended for particular cultural purposes and are not appropriate for use in music therapy sessions. This is not a generalizable practice; my use of these instruments is based on advice from tribal advocates for the particular community in which I work and is still navigated uniquely with each client.
9. Sam is a composite of several clients who have completed this assessment.

## References

- Adrienne, J. (2006). A feminist sociology of professional issues in music therapy. In S. J. Hadley (Ed.), *Feminist perspectives in music therapy* (pp. 41-62). Dallas, TX: Barcelona Publishers.
- Aigen, K. (2005). *Music-centered music therapy*. Dallas, TX: Barcelona Publishers.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bruscia, K. (1987). *Improvisational models of music therapy*. Springfield, IL: Charles C Thomas Publisher.
- Cobbett, S. (2016). Context and relationships: Using the systemic approach with music therapy in work with children, adolescents and their families. *British Journal of Music Therapy*, 30(2), 65-73.
- Emdin, C. (2017). *For white folks who teach in the hood... and the rest of y'all, too: Reality pedagogy and urban education*. Boston, MA: Beacon Press.
- Evans-Campbell, T., Walters, K. L., Pearson, C. R., & Campbell, C. D. (2012). Indian boarding school experience, substance use, and mental health among urban Two-Spirit American Indian/Alaska Natives. *The American Journal of Drug and Alcohol Abuse*, 38(5), 421-427, <http://doi.org/10.3109/00952990.2012.701358>.
- Font, S. A., Berger, L. M., & Slack, K. S. (2012). Examining racial disproportionality in child protective services case decisions. *Children and Youth Services Review*, 34(11), 2188-2200, <http://doi.org/10.1016/j.childyouth.2012.07.012>.
- Gardstrom, S. (2007). *Music therapy improvisation for groups: Essential leadership competencies*. Gilsum, NH: Barcelona Publishers.
- Hardy, K. V., & Laszloffy, T. A. (1995). The cultural genogram: Key to training culturally competent family therapists. *Journal of Marital and Family Therapy*, 21(3), 227-237.
- Jacobsen, S. L. (2017). Child protection: Music therapy with families and emotionally neglected children. In S. L. Jacobsen & G. Thompson (Eds.), *Music therapy with families: Therapeutic approaches and theoretical perspectives* (pp. 199-220). Philadelphia, PA: Jessica Kingsley Publishers.
- Jacobsen, S. L. (2012). *Music therapy assessment and development of parental competencies in families where children have experienced emotional neglect: An investigation of the reliability and validity of the tool, Assessment of Parenting Competencies (APC)* (Published doctoral dissertation). Aalborg, Denmark: Aalborg University. Retrieved from <http://vbn.aau.dk/en/publications/music-therapy-assessment-and-development-of-parental-competences-in-families-where-children-have-experienced-emotional-neglect>.
- Jacobsen, S. L., & Killén, K. (2015). Clinical application of music therapy assessment within the field of child protection. *Nordic Journal of Music Therapy*, 2(2), 148-166, <https://doi.org/10.1080/08098131.2014.908943>.
- Jacobsen, S. L., & Wigram, T. (2007). Music therapy for the assessment of parental competencies for children in need of care. *Nordic Journal of Music Therapy*, 16(2), 129-143, <https://doi.org/10.1080/08098130709478182>.
- Kenny, C. B. (1989). *The field of play: A guide for the theory and practice of music therapy*. Atascadero, CA: Ridgeview Publishing Co.
- Kenny, C. B. (1985). Music: A whole systems approach. *Music Therapy*, 5(1), 3-11.

- King, M. (2008, February 3). Tribes confront painful legacy of Indian boarding schools. *The Seattle Times*. Retrieved from <https://www.seattletimes.com/seattle-news/tribes-confront-painful-legacy-of-indian-boarding-schools/>
- KRS-One. (2009). *The gospel of Hip Hop: First instrument*. New York, NY: PowerHouse.
- Markville Stouffville Hospital (2014). Development of pretend or symbolic play skills. Retrieved from [https://familydaycare.com/wp-content/uploads/pop\\_pt2\\_Developmental-Milestones-of-Symbolic-or-Pretend-Play.pdf](https://familydaycare.com/wp-content/uploads/pop_pt2_Developmental-Milestones-of-Symbolic-or-Pretend-Play.pdf)
- Masten, C. L., Guyer, A. E., Hodgdon, H. B., McClure, E. B., Charney, D. S., & Ernst, C. S. (2008). Recognition of facial emotions among maltreated children with high rates of post-traumatic stress disorder. *Child Abuse and Neglect*, 32(1), <https://doi.org/10.1016/j.chiabu.2007.09.006>.
- Miller, E. B. (1994). Musical intervention in family therapy. *Music Therapy*, 12(2), 39-57.
- Multicultural Family Institute (2012). Standard symbols for genograms. Retrieved from website: <http://www.ou.edu/cwtraining/assets/pdf/Case%20Consultation%20Tools/ExplainingGenogramsPlus.pdf>
- National Indian Child Welfare Association. *Time for reform: A matter of justice for American Indian and Alaska Native children*. Retrieved from: [http://www.pewtrusts.org/~media/legacy/uploadedfiles/wwwpewtrustsorg/reports/foster\\_care\\_reform/nicwareportpdf.pdf](http://www.pewtrusts.org/~media/legacy/uploadedfiles/wwwpewtrustsorg/reports/foster_care_reform/nicwareportpdf.pdf)
- Palix Foundation (2017). Brain architecture. Retrieved from <http://www.albertafamilywellness.org/resources/video/brain-architecture>
- Pasiali, V. (2017). Families and children at risk. In S. L. Jacobsen & G. Thompson (Eds.), *Music therapy with families: Therapeutic approaches and theoretical perspectives* (pp. 221-246). Philadelphia, PA: Jessica Kingsley Publishers.
- Radichel, T. (nd). A systems approach to service delivery. *Luther Hospital and Thinking Publications*. Retrieved from [http://www.csap.org/slush\\_pile/TinaSlushPile.pdf](http://www.csap.org/slush_pile/TinaSlushPile.pdf)
- Smith, J. (2012). Becoming-music: A description of an improvisational music therapy outreach approach. *International Journal of Child, Youth, and Family Studies*, 3, 272-283, <https://doi.org/10.18357/ijcyfs32-3201210870>.
- Stige, B. (2002). *Culture-centered music therapy*. Dallas, TX: Barcelona Publishers.
- Stige, B., & Aarø, L. E. (2012). *Invitation to community music therapy*. New York: Routledge.
- Tuomi, K. (2017). Music therapy and theraplay: Creating, repairing, and strengthening the attachment bond in foster and adoptive families. In S. L. Jacobsen & G. Thompson (Eds.), *Music therapy with families: Therapeutic approaches and theoretical perspectives* (pp. 173-198). Philadelphia, PA: Jessica Kingsley Publishers.
- van der Kolk, B. A. (2015). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Penguin Books.
- Walker, S. (2012). *Effective social work with children, young people, and families: Putting systems theory into practice*. Los Angeles, CA: Sage Publications Ltd. pp. 3-19.
- Wigram, T. (2000). A method of music therapy assessment for the diagnosis of autism and communication disorders in children. *Music Therapy Perspectives*, 18, 13-22, <https://doi.org/10.1093/mtp/18.1.13>.
- Wigram, T. (2004). *Improvisation: Methods and techniques for music therapy clinicians, educators, and students*. Philadelphia, PA: Jessica Kingsley Publishers.
- Winnicott, D. W. (1960). The theory of the parent-infant relationship. *The International Journal of Psycho-Analysis*, 41(1), 585-595.