

RESEARCH | PEER REVIEWED

“We Could Play Nicely Together—Instead of Just Chaos”:

A Parent’s, a Child’s and a Music Therapist’s Perceptions of Music Therapy as a Tool in a Reunification Process in Child Protection

Rut Wallius ^{1*}, Stine L Jacobsen ¹, Alexandra Ullsten ^{2,3}

¹ Aalborg University, Denmark

² Centre for Clinical Research and Education, Region Värmland, Sweden

³ Faculty of Medicine and Health, School of Health Sciences, Örebro University, Sweden

* rut.wallius@botkyrka.se

Received 5 June 2024; Accepted 9 April 2025; Published 1 July 2025

Editor: Nsamu Urgent Moonga

Reviewers: Helen Brenda Oosthuizen, Tom Abrahams

Abstract

For families where abuse or neglect has led to the child being taken into care, support can be vital for the child’s future life. This qualitative, interpretive study aimed to explore a child’s and parent’s experience of music therapy as a supportive intervention following a period of the child’s placement in foster care. The study is based on a semi-structured collaborative interview in which a family dyad, consisting of a parent and a child aged 15 years, were invited to a post-therapy interview two years after the completion of music therapy. We used reflective thematic analysis (Braun & Clark, 2019) to analyse the interview. The findings suggest that the parent-child dyad experienced music therapy positively and contributed to the parent-child relationship. Music therapy was experienced as a safe environment where they felt validated and at home. The dyad described the music as representing the family’s culture and as helpful in transferring knowledge from sessions to everyday life. Using music to create a safe atmosphere, express emotions, and strengthen attachments when children return home after a period in foster care can benefit child protection.

Keywords: child protection; foster care; reunification intervention; families at risk; music therapy; collaborative interview

Children in Foster Care

The World Health Organization (WHO) identifies health inequalities caused by social factors, such as adverse early childhood experiences, as a significant global issue affecting public health (WHO, 2018). Separating a child from the parents can sometimes be considered the only safe way to protect the child from violence and neglect. However, the experience of being placed in a new family is a change that usually involves enormous challenges. Music therapists have reported how children in foster care can be helped to cope by using music to express emotions, process trauma experiences, and find their identity (Cobbett, 2016; Zanders, 2015). Zanders (2012) interviewed youth with foster care experience about their relationship with music. In various ways, the music reflected the young people's life situation. The adolescents reported listening to music as a self-regulation or distraction to avoid negative memories. In addition, music provided a way to socialise, compare their situation with friends, and discuss life issues with others. Krüger (2020) advocates a rights-based perspective on music therapy with children in welfare, especially promoting the possibility of children becoming recognised and making their voices heard in the justice system through music. Music therapy has also been described as helpful for foster children in gaining positive relations with adults, strengthening their network and understanding family relations (Bergset Mandal, 2016; Fansler, 2018; Wilhelmsen & Fuhr, 2018).

Even if most children appreciate their foster families and are being well treated, it is still a vulnerable situation that puts much pressure on the child (Socialstyrelsen, 2021). The Swedish organisation Maskrosbarn (Dandelion Children) interviewed adolescents aged 13-19 who had experienced being in foster care. The interviews showed that many youths took great responsibility for their parents' wellbeing and constantly worried about them. The adolescents talked about feeling guilty for causing the separation by being "too difficult" since they had been told their parents "needed a break." The fact that, in many cases, adolescent's accounts of violence had led to a police report and legal proceedings against their parents often increased their stress (Maskrosbarn, 2016). Even with the best intentions, keeping children away from a dysfunctional family situation does not always guarantee a positive and healthy development. Studies from Europe, North America and Australia show that out-of-home care is associated with poor somatic physical and somatic wellbeing. When it comes to mental health, the statistics are equally discouraging, with the use of antidepressants and psychotropic drugs and self-harm ten times higher than in other populations. Children with experiences of out-of-home care are also at a higher risk of engaging in crime (Swedish Agency for Health Technology Assessment and Assessment of Social Services [SBU], 2017; Vinnerljung & Hjern, 2018). The prevalence of suicidal thoughts and attempts among looked-after children is significantly higher than among other children (Barnombudsmannen, 2019; Brännström et al., 2020). Although no clear causality between these circumstances has been found, researchers have debated whether the Child Welfare Systems successfully provide opportunities for a better life (Mattson & Vinnerljung, 2016; Vinnerljung & Hjern, 2018). Interestingly, many young persons who have grown up and spent most of their lives in foster care choose to seek out and reconnect with their family of origin (Brännström et al., 2020; Zanders, 2015).

For parents, having their child taken into care can be a profound loss that threatens their very identity, even if they tend to accept that they are at least partly to blame for the damage done to their child (Schofield et al., 2011). In a study by Hojer (2009), parents with a child in foster care described feelings of inferiority, guilt, and shame, together with experiences of powerlessness. Contact with their children was longed for but also perceived as a balancing act between high expectations and unsolved conflicts. Parents were also more likely to experience depression and suicidal thoughts (Hojer, 2009).

Child protection systems differ significantly between countries. However, Article 9:3 of

the UN Convention on the Rights of the Child states that a child who is separated from one or both parents has the right to maintain contact, unless it is not in the best interest of the child (UNICEF, n.d.). In Sweden, perspectives on contact and the possibility for children to reunite with their parents underwent a transformation between 1950 and 1990. Initially, contact with parents was viewed as detrimental to the child's well-being and development. However, increased understanding of the child's need for contact led to a new approach in foster care. The perception of foster parents shifted from that of merely replacing the biological parents to complementing them, which now includes the importance of maintaining a positive relationship with the parents (Hojer, 2009).

The Road Towards Reunification

For families that have broken down due to violence or neglect, resulting in the authorities intervening to take the child into care, supporting the family can be crucial to the child's future life. However, for music therapists working in the field of child protection, as well as for family therapists and social workers, meeting a family with a child in foster care can be challenging in many ways. Professionals' skills and knowledge of assessing parents' capacity for change are demanded, while there is often uncertainty about the type of support to be offered (Wissö et al., 2022).

Researchers emphasize the importance of collaboration and building trusting relationships between parents and social workers as essential for successful reunification (Chambers et al., 2018; Jedwab et al., 2018). However, even when child protection professionals are sympathetic and understand the challenges posed by the separation of parents from their children, Schofield et al. (2011) found that parents' expressions of grief are frequently misinterpreted as anger. As a result, professionals often conclude that the parents are rejecting any contact or support.

The parents criticised authorities for not considering their views and for poor social service investigations based on lies (Bouma et al., 2020). Analyses of assessment interviews also show that professionals' views outweigh those of parents, who feel disregarded as experts on their children (Boutanquoi et al., 2020). Parents generally want to be involved in their children's lives and treated with empathy and respect by social workers (Buckley et al., 2011; Karlsson & Mortensen, 2017; Schofield et al., 2011).

Children both share their parents' experiences of not being listened to or taken seriously by professionals in social services, and vice versa that adults have not taken their needs into account (Bergman & Sandahl, 2020; Krüger, 2020; Socialstyrelsen, 2021; Zanders, 2012). Children, just like their parents, need support to prepare for reunification and to gain trust that their parents have improved in a way that will ensure a change (Mateos et al., 2017). When children were asked how contact with their parents could improve, they asked for better planning involving them to create positive memories, support handling their emotions, and support to repair the relationship with the parents (Bergman, 2020).

Interventions to Support Reunification

Reunification interventions can be individual, parent-only, child-only or family-based in group activities (Bullen et al., 2017). According to meta-analyses, there is a lack of evidence-based knowledge in this area, and even less has been written about the use of music therapy to support children and parents who are in the process of reunification (Bullen et al., 2017; Guerriero & Blank, 2018; Maltais et al., 2019).

The most common intervention in Swedish child protection, which has shown mixed results, is family therapy (not specified in content or methods). Many adolescents with experiences in foster care say that even if things improved for a while after reunification,

the change did not last (Maskrosbarn, 2016). Breakdowns or new reports of concern are common, and many children thus experience recurrent foster care placements (Barnombudsmannen, 2019; Brännström et al., 2020; Maskrosbarn, 2016). SBU (2018) conducted a systematic review of primary care interventions aimed at families with children who have experienced abuse and neglect. The qualitative studies included in this review revealed that, while parents received assistance in finding effective parenting strategies, they often felt the interventions did not address their individual needs. Additionally, many parents expressed a desire for ongoing support even after the intervention had concluded. Regarding children's experiences, the review noted that their voices had not been adequately represented in enough studies to draw meaningful conclusions.

A systematic review of interventions promoting family reunification, conducted by Maltais et al. (2019), revealed that family-based or parent-child-focused interventions yield better results compared to individualized treatment. These family-oriented interventions are more effective in improving parental sensitivity, fostering secure attachment in children, and reducing behavioral problems (Maltais et al., 2019).

The Child Welfare Information Gateway (2011) compiled research on the significant implications of successful reunification, emphasizing that interventions should focus on enhancing parenting skills and improving parent-child interactions. A thorough assessment of each family member's strengths and needs is crucial to determine the stability of reunification, which necessitates the development and application of standardized assessment tools (Child Welfare Information Gateway, 2011).

Moreover, mental health support for the entire family may be necessary (Huscroft-D'Angelo et al., 2019). Research also suggests that the parent-child relationship benefits when parents are encouraged to reflect on their own experiences as well as those of their children (Bullen et al., 2017).

Additionally, it is important to acknowledge the child's need to say goodbye to foster parents and others associated with their foster home before reunification (Mateos et al., 2017). The body of knowledge surrounding children in care and their reunification with parents indicates a need for more research on interventions that support this process. Future studies should take into account the perspectives of both the child and the parent (Bullen et al., 2017; SBU, 2018).

Music therapy in child protection is a growing clinical practice and research field. Developed over the last few decades, Family-Centred Music Therapy (FCMT) has proven helpful in working with families across the lifespan. It is based on the premise that children's wellbeing is closely linked to the quality of family life and relationships. The music therapy activities are designed to strengthen emotional bonds and improve communication within the family. Jacobsen and Thompson (2017b) reviewed 14 music therapists using music therapy in family-centred settings. Their commonalities showed that a resource-oriented perspective is typically used, focusing on competencies rather than problems. Other commonly used theories include musical and non-verbal communication concepts, such as affect attunement and intersubjectivity, and theories of communicative musicality (Jacobsen & Thompson, 2017b).

Research has shown that FCMT has the potential to deliver positive outcomes in a range of areas, including parenting skills, parent-child interaction, parental mental health, child responsiveness to parents and improved child communication (Jacobsen, 2017; Teggelove, 2017; Tuomi et al., 2021). Tuomi and Ala-Ruona (2024) carried out a study of a music therapy programme aimed at foster parents and the children in their care. Parents reported that music therapy had the potential to strengthen the relationship with their foster child. Zanders (2012) similarly found that foster families who encouraged involvement in music tended to be more stable. In addition, research has shown that music therapy can reduce conflict between adolescents and parents, with outcomes such as improved emotion

regulation and emotional sensitivity (Colegrove et al., 2019). Music therapy-based methods for assessing parenting skills, parent-child interaction, and the impact of childhood trauma on children have been developed and are being used by music therapists in the context of families in vulnerable situations (Hasler, 2017; Jacobsen & Killén, 2015; Wang & Oldfield, 2018). In clinical practice, FCMT, with its relational focus, is one of the tools used to help children and parents in vulnerable life situations restore and reconnect.

To the best of our knowledge, there is a dearth of documentation on music therapy as a method for supporting the reunification process between children in foster care and their families. One published example by Guerriero and Blank (2018) is a report from a group intervention that was part of a reunification program to strengthen parenting skills and increase parent-child bonding. Parents with their children aged 6 years and under and their social workers participated together in the music therapy activity. The participants were guided through music activities that took them through different states of arousal using songs, movement, and free improvisation on instruments. The music therapists chose activities and songs to support parent-child bonding, give parents confidence in using music, and increase their awareness of their children's musical development. Their social workers also encouraged the parents to use music as a parenting tool when visiting their children. The music therapists observed how parents became increasingly comfortable using their singing voices and being together with other families. Parents were stimulated to create their repertoire for their children based on favourite songs, and the music therapists showed how observing their children interacting with instruments and using their voices could help them get to know their children. The authors emphasise the importance of designing the programme to achieve a sense of security for the adults present, as their level of comfort was related to the children's participation. Gaining security was also described as one of the challenges they faced, particularly given the vulnerable position parents were in, with the expectation that they had to be perfect in front of their social worker, as this could have consequences for legal decisions about their children. Through post-intervention interviews, the authors found that music therapy had been an important part of the reunification process, resulting in increased parenting skills and vital support for the children (Guerriero & Blank, 2018).

Rationale for the Current Study

In summary, little is known about the use of music therapy in reuniting children in care with their parents. However, the evidence of how music therapy can help vulnerable families means that there are reasons to explore how music therapy can be a viable support in this process (Colegrove et al., 2019; Jacobsen & McKinney, 2015; Teggelove, 2017).

During the reunification, children in foster care and their parents experience an emotionally unstable and vulnerable situation. This applies both before and after the child has returned home. Hope is coupled with fear and distrust in both parents and children. Hope for a better future and fear that nothing has changed, and they cannot live up to expectations (Hojer, 2009; Maskrosbarn, 2016; Mateos et al., 2017). It is a task that places high demands on all professionals involved to be supportive and empathetic while also being aware of possible risks (Child Welfare Information Gateway, 2011).

When reconnecting after a separation due to an intervention by authorities, the support must create a sustainable situation for the child and look at what works and why. FCMT is one of the tools used in child welfare to help children and parents improve communication and strengthen their relationships (Colegrove et al., 2019; Fairchild & Sheridan, 2018; Guerriero & Blank, 2018; Jacobsen & Thompson, 2017b; Nemesh, 2017).

Given the circumstances, we conducted a study to explore the experiences of a parent and child participating in music therapy during their reunification process. Our objective

was to understand how both the child and the parent perceived the support provided by music therapy. We sought to identify any aspects of the intervention that were unhelpful, too unconventional, or potentially harmful for them. To achieve this, we focused on the following research question in this article:

How was music therapy as a supportive intervention experienced by a parent and child when they were reunited after foster care?

Method

Intervention

The intervention studied involved 14 sessions of joint music therapy conducted with a child and their parent. This approach to joint music therapy emphasized relational aspects and was grounded in Stern's (2018) theories of intersubjectivity and the development of the "self." The sessions included both active and receptive elements, such as listening to music, engaging in musical role-play, and participating in free improvisation. The aim was to enable the child and parent to share emotional experiences, talk about feelings, and create a shared narrative as a basis for reconciliation. The music therapy approach used music as the primary medium for therapeutic change or as a complementary tool, both with and without verbal discourse (Bruscia, 1998). In addition to the joint sessions, the parent attended counselling sessions before and in between the joint sessions. The counselling sessions with the parent consisted of a component-based programme that included discussions about the parents' history, the child's needs, how to deal with difficult situations with the child, and how a child is affected by violence. Where appropriate, elements of music therapy were included, such as listening to music and musical improvisation. In addition to music therapy, the dyad had received a range of other child protection interventions while in care, such as hands-on support for the parent and individual counselling sessions for the child.

Design and Metatheory

This study has a qualitative, exploratory design based on a hermeneutic and an interpretive paradigm inspired by social constructionism. The aim is to explore the participants' subjective experience, seen from a collaborative perspective. Rolvsjord (2006) argues for a contextual approach to therapy in which the focus of therapeutic effectiveness shifts away from the expert therapist's implementation of effective interventions. Instead, the emphasis should be on the partnership between patient and therapist, with access to music, activation and empowerment being central (Rolvsjord, 2006). In this study, to some extent, this also includes the subjective experience of the music therapist, inspired by the idea that therapy is not only about methods but also an interpersonal act (Andersen, 1997; Klyve & Rolvsjord, 2023; Rolvsjord, 2006). Consequently, we also highlighted the relationship with the music therapist, as seen from the client's perspective. The fact that the music therapist in this study is also the first author of this article cannot exclude subjectivity. Instead, it is acknowledged as part of the research process (Alvesson & Sköldberg, 2018). The analysis process was transparent to all three authors, and the results were discussed extensively among the authors to avoid bias.

Data Collection and Interview Method

Participants

A family dyad consisting of a parent and child aged 15 was invited by their previous music therapist (and first author of this article) to a video-filmed, post-therapy interview to talk about their experiences of music therapy. The interview was conducted two years after the completion of the music therapy intervention. Before contacting the family dyad, the first author consulted their social worker to ensure the child was safe and no new concerns were raised. The choice of dyad was made on the basis that the child was intellectually and emotionally mature enough to reflect verbally.

Ethical considerations

Previous research in music therapy has shown that children's participation in research is possible and can be performed in ways that consider the child's possibility to express themselves (Fairchild & Mraz, 2018; Ugglä et al., 2019). When it comes to involving children who have experienced violence and abuse by a parent, the ethical aspects need to be considered with particular care. One might wonder whether it would be harmful to ask about past difficult experiences in a way that could lead to re-traumatisation and cause new problems in the family system. However, research on children who have experienced abuse and neglect as participants in studies shows that children value the opportunity to participate and have their voice heard, even in the few cases where they experience emotional distress (Aleissa et al., 2016; Garcia-Quiroga & Agoglia, 2020). It may also seem questionable whether the child can express themselves if a parent who may have used violence against the child is present during the interview. For this reason, measures were taken to ensure no new concerns for the child. The first author informed the child and the parent that should they need support because of the interview, this would be available without them having to take further action. All staff present at the interview, including the interviewer, were aware of their responsibilities to act in case any information would signal the need for child protection. The choice to have both parent and child present in the room instead of performing separate interviews was made for several reasons, as explained below. An ethical reason was to maximise transparency for them both, as opposed to their previous experiences of assessments during the interventions by child protection.

Approval was sought and obtained from the Swedish Ethical Review Authority (Dnr 2022-03182-01). Informed consent was designed in a child-friendly way and given in writing and in person to the parent and child separately.

Collaborative interviewing

Our choice of interview method was made to involve the parent and the child as active participants and with deep respect for their expertise through their shared experience. Of that ambition, there has also been an aim to follow the call for action regarding participation and empowerment of the studied population that previous music therapy researchers have advocated (Fairchild et al., 2017; Fairchild & Hadley, 2018; Krüger & Stige, 2015; Thompson, 2022).

The interview method, collaborative interviewing (CI), derives from using reflecting teams in family therapy (Alm Reich & Axelsson, 2021; Andersen, 1991). Clinicians argue that CI allows for creating a non-hierarchic situation where the voices of the child, the parent, and the therapist are equally valued and listened to, with a format that includes both the interviewer, interviewees as well as a reflecting team being present in the room during the interview (Koser, 2018). By employing open-ended questions, CI encourages

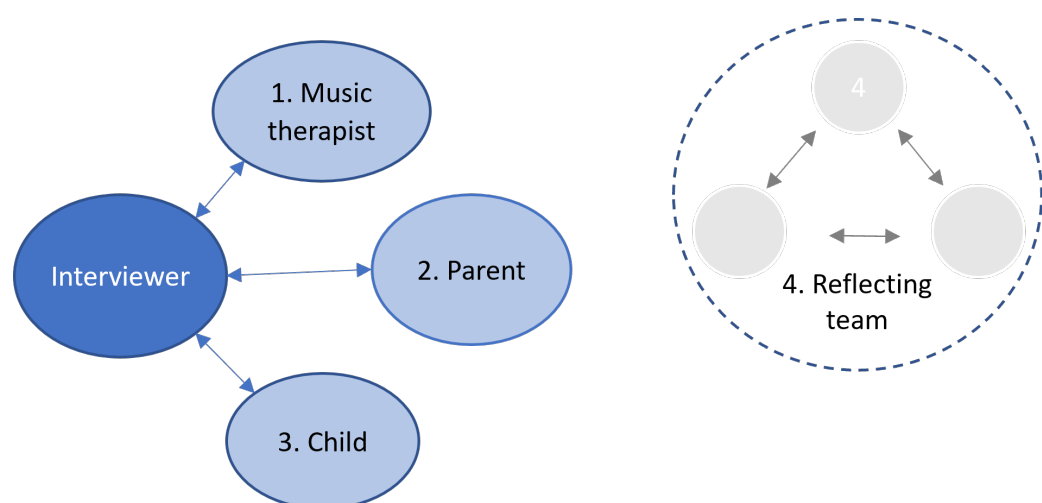
participants to verbalize their tacit knowledge, emphasizing the process rather than the content of the intervention. The aim is to elicit statements that reveal how the intervention may have affected the participants on a deeper level. This approach assumes that personal change occurs through interactions with others, rather than through external influences or directives (Andersen, 1997). The interview follows a structured format where participants take turns being interviewed and adopting a listening role throughout the process (Mårtensson Blom, 2006, 2017; Uggla et al., 2019). This structure allows them to explore their mutual relational dynamics by listening to and reflecting on each other's stories (Mårtensson Blom, 2006).

Interview procedure

A consulting colleague with extensive experience in child protection and music therapy was assigned to conduct an interview despite having no prior knowledge of the family's history. The participants included the interviewer (the consulting colleague), the music therapist, a child and a parent from the family dyad, and a reflecting team of three family therapists. The interview followed a specific format: 1. Interview with the music therapist. 2. Interview with the parent. 3. Interview with the child. After these interviews, the reflective team shared their thoughts and summarized what they had heard while the other participants listened (see Figure 1). The interview was conducted at an outpatient family care centre at a Department of Child Protection in Sweden and conducted in Swedish. The purpose of the interview was to enable sharing and reflecting on the dyad's joint experiences of music therapy during their reunification process.

The interviewer started by asking the music therapist why she had invited this family and what specific topics she hoped to explore during the interview. After that, the interviewer turned to the parent to discuss and reflect on the issues raised by the music therapist. The conversation then shifted to the child, who shared their own experiences. Finally, a reflective team made up of three family therapists reflected on the content of the interviews. This process allowed everyone present to listen to one another and be influenced by what they had heard (Figure 1).

Figure 1. The collaborative interview process, with arrows showing the direction of the dialogues. Participants alternate between listening and dialogue with the interviewer. Nos. 1-3 indicates the order in which each participant is interviewed. After the interviews, the reflective team (#4) shares their reflections.



Coding and Analysis of the Data

The first author transcribed the interview in its entirety. Before going further with the analysis, the first author summarised the data and a) sent it to the interviewed family-dyad for approval and b) discussed it with the reflecting team who had been present in the room. Both acts aimed to provide an opportunity for resolving misunderstandings and adding reflections. As some of the recorded parts were missing due to a technical glitch, the interview discussion with the team was of added value and included in brackets with the transcript. We coded the interview transcription with the parent and child through an organic, iterative process according to reflexive, thematic analysis developed by Braun and Clarke (2006; 2019). Over the years, Braun and Clarke have increasingly emphasised the reflexive and organic approach with the individual researcher's prior knowledge and interpretive framework as part of the method. "The themes are telling a story about the data that reflects the researcher's interpretive lens" (Clarke, 2017, 14:31).

Following Braun and Clarke's approach, we read the transcript and assigned it descriptive codes, trying to be as open as possible to different ways of interacting with the data. Thematising the codes involved several stages, including colour coding, to facilitate visual mapping. The themes were organised and re-examined in an organic process to find underlying and implicit themes that could eventually be assembled into a narrative concept.

Exploration of Topics to Discuss

The first part of the interview, in which the music therapist was interviewed, explored which topics would be discussed with the parent or child. The interview with the music therapist focused on the intersubjective field, with questions eliciting reflections about inner states. An example is when the music therapist reflects on a moment when the parent and child spontaneously sang to the music being played:

Interviewer: How did it affect you? How was it for you?

Music therapist: It made me glad.

Interviewer: Yes, and then it is exciting to hear how they remember that moment, and exciting to hear, perhaps, if they noticed your joy?

The interviewer did not focus solely on how the described moment affected the music therapist. Instead, they also helped the parent and child recognize their feelings by reflecting on their experiences. This approach allowed for a deeper exploration of the shared experience.

From the interview with the music therapist, five focus areas to explore with the parent and the child were developed:

1. How did the intervention meet the needs of the parent and the child?
2. What was it like to use music?
3. Were there significant moments?
4. Was there anything that was too difficult or did not turn out well?
5. How did the parent and the child feel safe or unsafe?

Data Analysis

As described above, we used descriptive and interpretive coding following Braun and Clarke (2019). The first author and the co-authors continuously discussed the coding. However, the researchers' prior knowledge could not be ignored entirely, partly because

of their theoretical knowledge and their lived experience in the treatment context, as the first author was also the music therapist in this study. We have not found this to be a limitation; on the contrary, it has led to a greater diversity of interpretation. Consequently, this approach sometimes necessitates a deductive method, as it cannot be guaranteed that previous theoretical or perceived knowledge is entirely disregarded.

As a result of the interpretive method, we sometimes applied multiple codes to a single quote (Table 1).

Table 1. Example of the Coding Process. C = The child.

Code	Quote
Relief at being able to play nicely together	C: I felt relieved. Relieved is the only word I can say... it was that we could play music ourselves and do different...she showed us how to play nicely instead of just chaos
Playing together was meaningful and created change	

The codes were compiled into themes related to the research questions and then double-checked against the coded extracts before naming them. We were concerned not to focus on actions and attitudes from an observational and external perspective. Instead, we intended that the themes and sub-themes that were finally selected be as close as possible to the research question, with the child's and parent's experience in mind. The themes were grouped under three main categories to present a narrative with both an explicit and implicit meaning. Ultimately, the choice of categories reflects the feelings expressed during the interview: *exposed*, *sheltered*, and *equipped* (Table 2).

The quotes are translated from Swedish using Deepl.com and have been carefully edited to provide a better understanding while respecting the sense of the spoken language (see Appendix A for a complete list of the coding process). Categorising the themes and sub-themes reveals overlaps and the presence of a theme or sub-theme across multiple categories.

The themes illustrate both explicit and implicit meaning (as interpreted by the researchers). The categories may include quotes that can be understood as internal processes as well as explicitly expressed statements.

Table 2. Categories, Themes, Subthemes.

Category	Theme	Subtheme
Exposed	Distrust Misinterpreted Being voiceless	
Sheltered	Support to calm and manage emotions Experiences of trust and confidence Feeling valued as a family	
Equipped	Change	Improved relations Changed perspective The intervention was meaningful Being interviewed is an emotional experience Handle emotions

Category	Theme	Subtheme
	Tools for finding alternative approaches	Being authorised Improved relations Visualising

Results

The results will be presented in the form of quotes related to the categories, themes, and sub-themes developed during the analysis. Sentences in parentheses are descriptions of narratives told by the parent or the child, rather than pure quotes. When the interviewee makes a pause, this is marked by: ...

Exposed

The category *Exposed*, contains statements of feeling powerless when it comes to the encounter with child protection. The parent and the child expressed how they had felt not being properly heard or interpreted as intended by persons who had the authority to control their life situations. This category expresses a vulnerability that they both carried with them in the meeting with the music therapist. These were experiences of being unable to influence their situation in a way that would have felt constructive to them at the time. The parent speaks explicitly of being misinterpreted and distrusted, while the child expresses experiences of being forced or manipulated into saying things they did not want to say or talk about, or of not trusting people outside the family.

Parent: What I said was misunderstood and used in negative ways.

Child: (with a clear voice) I have a great hatred against therapists and others who really intrude and try to force me to talk about traumatic events.

Child: I couldn't say that I fully trust any person except my family.

The feeling of being voiceless is exemplified by how the child would have liked the music therapy intervention to last longer but had no influence on that.

Child: some months (more of the intervention) would have been enough, through the autumn.

The term “voiceless” can also refer to the parent’s complaint that professionals misunderstood and interpreted their words negatively.

Parent: but everyone else (professionals in child protection) assumed it was different, my fault...

Sheltered

The category *Sheltered* contains statements about actions and approaches that created a sense of security and trust for the parent and the child. This entails music therapy techniques and activities along with approaches that make them feel respected as persons with resources and abilities, which is the opposite of being judged and devalued. The category describes the experience of feeling protected, held, and accepted. The parent describes music listening and breathing as helpful in achieving calmness and managing anger and strong emotions.

Parent: And that music, that I should breathe, then I felt like, really safe, sometimes she gives me five minutes and sometimes we do also more, but this little moment helps me a lot.

The child mentions the music therapist's voice and way of talking as important for feeling safe and reassured.

Child: I don't really know, I can't explain it, but MT's way of talking is very reassuring.

Another example of "sheltering" occurs during the interview when the child takes the parent's hand to provide support in an emotionally challenging moment.

Parent: So I remember. And I think back, yes, but it's right. That's what I should have done, it would have been good. (Child takes parent's hand).

Both the parent and the child describe how they appreciated that the music therapist was transparent and clear, without any hidden agenda, even when giving more uncomfortable messages.

Parent: So if I cross a line there is a limit, she can say no, without buttering me up.

The parent shares their experience of receiving equal treatment, having a significant voice, and holding out hope for positive change.

Parent: I could talk to her, that she doesn't judge me in a negative way... she asks me what I think, what I feel...she listens.

The use of music and musical instruments created a connection to family culture, which the child described as making them feel valued and recognized.

Child: We have a lot of music in our family, since music is an important part of our culture.

Equipped

The "Equipped" category includes statements that reflect experiences of changed perspectives regarding the relationship between the child and the parent. It explores how they interact and highlights what the dyad found helpful in improving their relationship. This category contains descriptions of how they felt their relationship improved, along with insights gained through the music therapy intervention that led to new thinking patterns. It also addresses how these developments helped the parent and child discover strategies for fostering a healthier, more functional relationship.

The child says it was a relief that they could make good music together. Remembering every time they met the child indicates that the music therapy intervention was important and possibly meaningful.

Child: I felt relieved. Relieved is the only word I can say... it was that we could play music ourselves, and do different...she showed us how to play nicely instead of just chaos.

Child: I remember every time we met.

The parent reflects on how both can now communicate better, even when they disagree. The parent shows insight by reflecting on how their previous way of parenting may have been harmful and, with a new perspective on her child, has made a change for the better.

Parent: Where I am now, I can communicate well with my child. We can argue with each other, but it's not over the line.

Parent: (the child) was different...and I kind of had different parenting...I sort of have my faults, so sorry, that's what I've done wrong, sort of...

The emotions evoked during the CI interview describe a historical awareness between the

parent and the child, related to a changed life situation. Through actions and by talking about their past experiences, a changed perspective becomes visible; they become aware of the difficulties they went through at the time of the music therapy intervention. Being interviewed gave the parent an opportunity to reflect on the journey and the child to show reconciliation by taking the parent's hand.

Parent: So I remember. And I think back, yes, but it's right. That's what I should have done, it would have been good.

Child: takes parent's hand.

Through the CI some key activities were identified in the music therapy sessions as particularly useful in bringing about change. Breathing while listening to a piece of music selected by the music therapist helped regulate emotions during the music therapy sessions. After completing the intervention, the parent still found it helpful to listen to music at home and, by choice, as a tool to manage strong emotions.

Parent: and that music that I should breathe... I was angry; I had a lot of anger, that she calms me down... It was not just any music. (The Parent says that the music associated with the intervention was special and gave calm feelings.)

(The parent also says that they often have music on to calm down, preferably at high volume, and the music has an unconscious effect.)

The parent expresses having been authorised and treated as an equal, with respect and curiosity about the parent's views on parenting and understanding of the child. Using different modalities in music therapy, such as visualising relationships and emotions in text or pictures, was helpful and added value to the parent's thoughts.

Parent: She asks me what I think, what I feel, you write it, she listens... she doesn't say no, you have done wrong, this is right, no.

For the child, creating music and being able to sound well together was a new and memorable experience.

Child: The time that I think was the most fun was, and the time that I thought it really made a big, biggest difference,

Interviewer: Okay.

Child: it was probably when we were talking ... about how ... we were talking about how we were dealing with everything, and MT was checking so that all three of us would have time and mixing it up and asking us what it would be like if we could do different. And while she was playing, we had to make breaks, and then she recorded it so I think I even have a video of it. We got to make our own music using pipes and all sorts of other tropical instruments that I don't know the names of, but I had never seen before.

Interviewer: You remember that time! And how did you feel then? Do you remember that?

Child: I felt relieved. Relieved is the only word I can say... it was that we could play music ourselves and do different...she showed us how to play nicely instead of just chaos.

Experiences linked to the family's culture created a sense of "home" even when they were in the open family care centre and were perceived as important by the child.

Interviewer: ...there was some music that she had played a lot.

Child: Yes.

Interviewer: Do you remember if you then, were you also happy? Was it also a feeling that you got?

Child: Yes, I would say that it felt like we were like we were a bit..at home... That's what I'm used to (laughter).

Interviewer: yes, it was like home, you say, so it's also important that it's more like home here?

Child: Yes.

Discussion

This study aimed to explore how music therapy as a supportive intervention was experienced by a parent and child when they were reunited after foster care. Analysis of the parent and child interviews generated three categories: exposed, sheltered, and equipped. The categories describe the dyad's experience of the music therapy intervention and show their process from feeling unprotected and powerless to becoming stable enough to acquire new skills.

The parent and the child both described music therapy as contributing to establishing a better and less conflict-ridden relationship. This is in accordance with previous literature describing positive outcomes of music therapy interventions regarding parent-child interaction (Colegrove et al., 2019; Guerriero & Blank, 2018; Jacobsen, 2017; Tuomi et al., 2021).

The child's quote suggests an expressed concern that the outcome of making music together would be chaotic. Previously, their discussions in the dyad usually ended in quarrels that made both unhappy. Therefore, the experience of making music together that sounded pleasing may have been a striking contrast. The child's quote is an example of how music therapy interventions provide non-verbal dialogue without requiring any prior knowledge of making music. From the child's perspective, they were doing something that sounded good, which may have helped them experience change and made making music meaningful.

Listening to music was described as helpful in creating safety and trust (Jacobsen & Thompson, 2017b). The parent and child also expressed that music therapy made the child and parent feel affirmed and "at home" because the music represented the family's own culture and could be used to transfer knowledge from the sessions to their everyday life (Thompson, 2017). The feeling can be understood as a family culture where music played an important role for both the siblings and the parents. This family, comprising children of varying ages, shared the experience of loudly playing music at home. Various family members adopted different genres, thereby representing their individuality. "The family's own culture" may simultaneously be interpreted as the ethnical culture from which the family originated (Zanders, 2012). As such, the use of music may also have been experienced as a sign of respect for their ethnic background (Fansler, 2018).

During the interview, the parent and the child recalled how they had felt misinterpreted and mistrusted in their encounters with child protection professionals (Hojer, 2009; Schofield et al., 2011). They both expressed feelings of being subject to the exercise of power and authority. These experiences were part of the emotional material that the parent and child brought into the music therapy sessions and thus influenced the issues the music therapist needed to address. The importance of having these experiences articulated during the interview may reflect a quest for justice and a desire to emphasise how music therapy represented something else. Uggla et al. (2019) describe music therapy as an intervention that does not require translating intent and affect into language. This can be contrasted with the child's experience of being forced by "therapists and others" to

talk about traumatic events, which may reflect a sense of having involuntarily revealed family secrets and thus been disloyal, as well as a breach of integrity. The experience of being able to communicate with music without using spoken words may have felt safer as it did not make the child responsible for misunderstandings or involuntary disclosures.

The child and the parent described some strategies offered through music therapy as protective and trust-building. The parent described music listening and breathing as helpful in regulating those complex feelings arising through contact with child protection and separation from the child. The trauma parents experience due to the separation from their child (Hojer, 2009; Karlsson & Mortensen, 2017) highlights the value of interventions to address parents' crisis reactions. In the interview, the parent says that listening to music together gave a feeling of being "really safe, like talking to your mum," an expression that may indicate a feeling of being acknowledged as if the intervention was allowing a "parenting of the parent" in a way that was not intrusive and still allowed integrity. Crittenden et al. (2021) suggest that professionals can act as a transitional attachment figure for the parent, which helps the parent develop regulatory strategies in the context of the therapeutic relationship.

Clarity of verbal communication and the tone of the music therapist's voice were factors mentioned by the child as creating a sense of security, a point rarely mentioned in child protection interventions but recognised by McIvor (2023). The child expressed that music as a part of the intervention gave feelings of being affirmed and "at home," which may be perceived as particularly significant when said by a child who has been in foster care. Focussing on music as part of the family culture might be a way to highlight the healthy side of the home, on the resources and positive bonds that could ensure a sustainable reunification. When the parent and the child were listening to one of the sibling's musical preferences, they also shared the image of the sibling in a state of mutual understanding. Being able to associate music with a family member possibly expanded the physical room for music therapy to include emotional aspects of home and family that made the intervention relevant to the child. A piece of music is unique in that it can be transferred between different settings while bringing along the experiences, emotions, and memories of the people connected to it, a concept supported by Juslin (2019). Additionally, music can function as a transitional object, similar to a mental representation of a significant person, offering a sense of security and comfort, as described by Winnicott (1999).

Music therapy may have provided the experience of being treated as an equal, being part of the solutions and thinking together. The parent emphasised this as particularly important in the pursuit of better communication with the child and a less conflict-ridden family situation. A collaborative and trusting relation between the social worker and the parent have been described to be beneficial regarding interventions directed to parents with a child in foster care (Chambers et al., 2018), while a common perspective in literature on family-centred music therapy is a resource-oriented and empowering approach (Jacobsen, & Thompson, 2017b). The parent's expression of having experienced clarity without feeling judged by the music therapist reflects a partnership model where professional knowledge was offered as a resource for the parent to consider and use as needed (Thompson, 2017). Reflecting on one's own and the child's experiences is one of the recommended ingredients of interventions aimed at reunification (Bullen et al., 2017). The act of reconciliation requires a parent who has realised that the child is not a threat in the form of evidence of their failure as a parent (Hojer, 2009). This parent's statement about having a child who was "different" and having had "a different kind of parenting" may be an expression of a changed perspective and a sign of self-compassion and awareness of their shortcomings without being burdened by guilt or shame.

A moment of musical interaction described by the child as "the most fun" is here interpreted as something important rather than something entertaining. Research by Klyve and Rolvsjord (2023, p.112) shows that children's use of the word fun can have many

dimensions and be described “as a container of experiences, with rich variations and multiple meanings.” The authors further argue that experiences in music therapy described by a child as fun reflect something that great efforts by the child and the music therapist in collaboration precede. Here, the child further specifies fun as a feeling of being “relieved,” which even more may indicate the hopes for change from the part of the child (Hojer, 2009; Maskrosbarn, 2016). Making music together may have allowed the child to be with the parent without experiencing the battlefield that conflicts with the parent could resemble. Instead, the musical communication sounded good to the child and was a positive experience. In addition to the aesthetic aspect, research suggests that musical interaction could be compared to the early interactions between parents and infants and, in this way, provide therapeutic potential (Jacobsen, 2017; Malloch & Trevarthen, 2009; Stern, 2018). Given this therapeutic potential, the child’s feeling of being “relieved” is another adjective that can be interpreted in several ways. Children testify about feelings of guilt for being “too difficult” and about taking responsibility for their parents’ wellbeing (Maskrosbarn, 2016). One possible interpretation is that “relief” in this context may represent the child’s experience of connection with the parent in a condensed moment of presence without feeling either responsibility or guilt, but connection and acceptance from a parent who recognises their child as they are.

Method Limitations

The delay in data collection until two years after the intervention may have influenced participants’ recollections of the music therapy. The long time between the intervention and the interview ensured stable reunification, which may have helped the child and parent feel safe enough to express critical thoughts. The transparency and openness of a collaborative interview can also be barriers for everyone in the room to express their views fully, making it essential to consider how the interview situation can affect the power dynamics between participants, especially when a child is one of the interviewees. The dual roles that come with being both the researcher and the music therapist in this study can make it difficult to separate the data from personal experiences. The first author and the co-authors have dealt with this through continuous reflexivity and transparency.

Clinical Implications

The results of this study show that music therapy has the potential to allow parents and children to achieve a sense of belonging without negative expectations, which can be valuable for reconnecting and building healthy relationships. Music can create a safe atmosphere, express emotions, and enhance bonding, which can be especially valuable in families in vulnerable life situations and when children return to their original homes after foster care. Music is a valuable tool for building trust and alliance, along with a partnership approach and conscious and clear communication on the part of the music therapist.

Recommendations for Future Research

To better understand how music therapy can support the parent-child relationship during the reunification process, future research should investigate which music therapy interventions facilitate mechanisms of change. This can be achieved by examining the interaction, and quality of parent-child interaction in relation to these interventions. Additionally, there is a need for research on how music therapy may enhance parents’ reflective capacity during reunification with their children. Reduced parental stress has been reported as one of the outcomes of FCMT (Jacobsen & Thompson, 2017a). However, while the benefits of music listening combined with physiological grounding techniques

are well documented in music therapy research (Bjørke & Beck, 2023), further exploration into the effectiveness of these approaches for parenting in the context of child protection is suggested.

Conclusion

During the music therapy intervention, the child and the parents felt vulnerable to the authorities. Music therapy helped them to cope with these feelings, giving them a sense of security and trust. Through music and music-making, the child and the parent felt that the sessions could create a link to their home and the important people there, which made the treatment feel relevant. Music-making also provided experiences of healthy interaction and created positive shared memories.

The partnership and non-judgemental approach of the music therapist may have been an essential factor in the child's and the parent's motivation and receptivity to the intervention. However, the child expressed a lack of control over the number of music therapy sessions, which was described as a negative experience by the child, who would have liked them to last longer.

The results from this study indicate that the parent and child found music therapy helpful and that it can provide valuable support to children and parents in the context of reunification after foster care placement.

About the Authors

Rut Wallius is a PhD student at Aalborg University, researching music therapy to support the reunification process between children in foster care and their families. She is a trained supervisor and has long clinical experience as a music therapist and family counsellor in child welfare services in Sweden.

Stine Lindahl Jacobsen is an associate professor of music therapy at Aalborg University, Denmark. Her research focuses on mechanisms of change and effects in music therapy and arts and health, with particular emphasis on how to assess through psychometric methods. She leads and collaborates on interdisciplinary projects that examine how music and art can support mental well-being, emotional regulation, communication, and therapeutic change. Jacobsen is known for her work on evidence-based practice, integrating both qualitative and quantitative methods. She has published widely in international journals and contributed to key texts in the field.

Alexandra Ullsten, PhD, Music- and Art Therapist, holds a research and clinical position at the Central Hospital in Karlstad, Region Värmland, Sweden. She is an affiliated researcher to the School of Health Sciences at Örebro University, Sweden. Her research focuses on music therapy as procedural support in neonatal and pediatric care, and she is the principal investigator of the ongoing interdisciplinary multi-centre research project SWEpap—Parents as pain management in Swedish neonatal care. Alexandra is a member of the international research network Pain in Early Life (PEARL) and a frequently invited national and international guest lecturer.

References

- Aleissa, M., Helmer, B., Larsen, Lee, B. J., Macmillan, H., Nikolaidis, G., & Van Puyenbroeck, B. (2016). *Ethical considerations for the collection, analysis & publication of child maltreatment data*. International Society for the Prevention of Child Abuse and Neglect [ISPCAN].
- Alm Reich A-C, & Axelsson A. (2021). *Samforskning: en kvalitativ studie om samforskning som kvalitets- och utvärderingsmetod* [Co-research: a qualitative study on co-research as a quality and evaluation method] (Exam paper).
- Alvesson, M., & Skoldberg, K. (2018). *Reflexive methodology: New vistas for qualitative research*. Sage.
- Andersen, T. (1991). *The reflecting team: Dialogues and dialogues about the dialogues*. W. W. Norton & Company.
- Andersen, T. (1997). Researching client-therapist relationships: A collaborative study for informing therapy. *Journal of Systemic Therapies*, 6(2), 125–133.
- Barnombudsmannen (Ombudsman for Children in Sweden). (2019). *Vem bryr sig: När samhället blir förälder* [Who cares: When society becomes a parent]. Stockholm: Barnombudsmannen.
- Bergman, A., & Sandahl, C. (2020). *Umgänge ur barnens perspektiv: Umgänge ur barnens perspektiv: erfarenheter av kontakt med anhöriga för barn som bor i familjehem* [Contact from the children's perspective: experiences of contact with relatives for children living in foster care] (175th ed.). Stockholm, Sweden: FoU Södertörn.
- Bergset Mandal, A. & Bergset, L-J. (2016). Musikkterapi for å skape samanheng i fosterbarn sine nettverk [Music therapy to create coherence in foster children's networks]. *I Transitt – Mellom Til Og Fra* [In Transit – between Toward and From], 9, 143–156.
- Bjørke, O. D., & Beck, B. D. (2023). "It's Like we have our own rhythm". Music therapeutic affect regulation in a case study of a traumatised patient in mental health treatment. *Voices: A World Forum for Music Therapy*, 23(2).
<https://doi.org/10.15845/voices.v23i2.3369>
- Bouma, H., Grietens, H., López, M., & Knorth, E. J. (2020). Learning from parents: A qualitative interview study on how parents experience their journey through the Dutch child protection system. *Child & Family Social Work*, 25, 116–125.
<https://doi.org/10.1111/cfs.12723>
- Boutanquoi, M., Ansel, D., & Bournel-Bosson, M. (2020). Parent–professional interviews in child protection: Comparing viewpoints. *Child & Family Social Work*, 25(S1), 107–115. <https://doi.org/10.1111/cfs.12722>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, 11(4), 589–597.
<https://doi.org/10.1080/2159676X.2019.1628806>
- Bruscia, K. E. (1998). An introduction to music psychotherapy. In K. Bruscia (Ed.), *The Dynamics of Music Psychotherapy* (pp. 20). Barcelona Publishers.
- Brännström, L., Vinnerljung, B., & Hjern, A. (2020). Outcomes in adulthood after long-term foster care: A sibling approach. *Child Maltreatment*, 25(4), 383–392.
<https://doi.org/10.1177/1077559519898755>
- Buckley, H., Carr, N., & Whelan, S. (2011). 'Like walking on eggshells': Service user views and expectations of the child protection system. *Child & Family Social Work*,

- 16(1), 101–110. <https://doi.org/10.1111/j.1365-2206.2010.00718.x>
- Bullen, T., Taplin, S., McArthur, M., Humphreys, C., & Kertesz, M. (2017). Interventions to improve supervised contact visits between children in out of home care and their parents: A systematic review. *Child & Family Social Work*, 22(2), 822–833. <https://doi.org/10.1111/cfs.12301>
- Chambers, R. M., Crutchfield, R. M., Goddu Harper, S. G., Fatemi, M., & Rodriguez, A. Y. (2018). Family reunification in child welfare practice: A pilot study of parent and staff experiences. *Children and Youth Services Review*, 91, 221–231. <https://doi.org/10.1016/j.childyouth.2018.06.020>
- Child Welfare Information Gateway (U.S.), c. (2011). *Family reunification: What the evidence shows*. Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.
- Clarke, V. (Producer), & Clarke, V. (Director). (2017, 1209). *What is thematic analysis?* [Video/DVD]. https://youtu.be/4voVhTiVycd?si=Ah_FaorkhKKbOMJF
- 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. <https://doi.org/10.1177/1359457516662474>
- Colegrove, V. M., Havighurst, S. S., & Kehoe, C. E. (2019). Emotion regulation during conflict interaction after a systemic music intervention: Understanding changes for parents with a trauma history and their adolescent. *Nordic Journal of Music Therapy*, 28(5), 405–425. <https://doi.org/10.1080/08098131.2019.1616807>
- Crittenden, P., M, Landini, A., & Spieker, S., J. (2021). Staying alive: A 21st century agenda for mental health, child protection and forensic services. *Human Systems*, 1(1), 29–51. <https://doi.org/10.1177/26344041211007831>
- Fairchild, R., & Hadley, S. (2018). Music Therapy and Child Welfare: Attending to Underrepresented Stories. *Voices: A World Forum for Music Therapy*, 18(4). <https://doi.org/10.15845/voices.v18i4.2587>
- Fairchild, R., & Mraz, M. (2018). “Everything changed when I got those drums”: A collaborative case reflection. *Voices: A World Forum for Music Therapy*, 18(1), 1. <https://doi.org/10.15845/voices.v18i1.957>
- Fairchild, R., & Sheridan, J. (2018). Strengthening bonds between children, young people, and their families after family violence. *Voices: A World Forum for Music Therapy*, 18(4), 1. <https://doi.org/10.15845/voices.v18i4.2600>
- Fansler, V. (2018). Musical assessment of child perceptions in changing family situations. *Voices: A World Forum for Music Therapy*, 18(4). <https://voices.no/index.php/voices/article/view/2603>
- Garcia-Quiroga, M., & Agoglia, I. S. (2020). *Too vulnerable to participate? Challenges for meaningful participation in research with children in alternative care and adoption*. SAGE Publications, on behalf of the International Institute for Qualitative Methodology. <https://doi.org/10.1177/1609406920958965>
- Guerriero, A., & Blank, C. A. (2018). Music therapy in a parent-child reunification program. *Voices: A World Forum for Music Therapy*, 18(4). <https://doi.org/10.15845/voices.v18i4.2601>
- Hasler, J. (2017). How does trauma affect the whole family? In A. Hendry, & J. Hasler (Eds.), *Creative Therapies for Complex Trauma* (pp. 78–97). Jessica Kinglsey Publishers.
- Hojer, I. (2009). Birth parents' perception of sharing the care of their child with foster parents. *Vulnerable Children and Youth Studies*, 4(2), 161–168.

- <https://doi.org/10.1080/17450120903012941>
- Huscroft-D'Angelo, J., Trout, A. L., Henningsen, C., Synhorst, L., Lambert, M., Patwardhan, I., & Tyler, P. (2019). Legal professional perspectives on barriers and supports for school-aged students and families during reunification from foster care. *Children and Youth Services Review*, 107, 104525. <https://doi.org/10.1016/j.childyouth.2019.104525>
- 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). Jessica Kingsley Publishers.
- Jacobsen, S. L., & Killén, K. (2015). Clinical application of music therapy assessment within the field of child protection. *Nordic Journal of Music Therapy*, 24(2), 148–166. <https://doi.org/10.1080/08098131.2014.908943>
- Jacobsen, S. L., & McKinney, C. H. (2015). A music therapy tool for assessing parent–child interaction in cases of emotional neglect. *Journal of Child and Family Studies*, 24(7), 2164–2173. <https://doi.org/10.1007/s10826-014-0019-0>
- Jacobsen, S. L., & Thompson, G. (Eds.). (2017a). *Music therapy with families: Therapeutic approaches and theoretical perspectives*. Jessica Kingsley Publishers.
- Jacobsen, S. L., & Thompson, G. (2017b). Working with families. Emerging characteristics. In S. L. Jacobsen & G. Thompson (Eds.), *Music therapy with families: Therapeutic approaches and theoretical perspectives* (pp. 309–326). Jessica Kingsley Publishers.
- Jedwab, M., Chatterjee, A., & Shaw, T. V. (2018). Caseworkers' insights and experiences with successful reunification. *Children and Youth Services Review*, 86, 56–63. <https://doi.org/10.1016/j.childyouth.2018.01.017>
- Juslin, P. N. (2019). *Musical emotions explained: Unlocking the secrets of musical affect*. Oxford University Press.
- Karlsson, S., & Mortensen, I. (2017). *Brukarstörd brukarrevision Föräldrar till familjehemsplacerade barn [User-led user audit Parents of children in foster care]*. Jönköping, Sweden: Region Jönköping.
- Klyve, G. P., & Rolvsjord, R. (2023). Moments of fun: Narratives of children's experiences of music therapy in mental health care. *Nordic Journal of Music Therapy*, 32(2), 100–120. <https://doi.org/10.1080/08098131.2022.2055114>
- Koser, L. e. a. (2018). *Samforskning i socialtjänst Delrapport 1: Metodbok – erfarenheter [Collaborative research in social services interim Report 1: Methodological guide – experiences]*. Stockholm, Sweden: Stockholm City Council.
- Krüger, V. (2020). *Music therapy in child welfare: Bridging provision, protection, and participation*. Barcelona Publishers.
- Krüger, V., & Stige, B. (2015). Between rights and realities – music as a structuring resource in child welfare everyday life: A qualitative study. *Nordic Journal of Music Therapy*, 24(2), 99–122. <https://doi.org/10.1080/08098131.2014.890242>
- Malloch, S., & Trevarthen, C. (2009). *Communicative musicality: Exploring the basis of human companionship*. Oxford University Press.
- Maltais, C., Cyr, C., Parent, G., & Pascuzzo, K. (2019). Identifying effective interventions for promoting parent engagement and family reunification for children in out-of-home care: A series of meta-analyses. *Child Abuse & Neglect*, 88, 362–375. <https://doi.org/10.1016/j.chiabu.2018.12.009>
- Maskrosbarn. (2016). *Jag-är-bara-en-påse-med-pengar_Maskrosbarn [I'm just a bag of*

- money]. Maskrosbarn.
- Mateos, A., Vaquero, E., Balsells, M. A., & Ponce, C. (2017). 'They didn't tell me anything; they just sent me home': Children's participation in the return home. *Child & Family Social Work*, 22(2), 871–880. <https://doi.org/10.1111/cfs.12307>
- Mattson, T., & Vinnerljung, B. (2016). *Barn i familjehem. Förslag på åtgärder som skulle göra skillnad för samhällets mest utsatta* [Children in foster care. Proposed measures that would make a difference for the most vulnerable in society]. SNS Study Association of Business and Society.
- Mårtensson Blom, K. (2006). Samspela, samtala, samforsa – om ömsesidiga processer i terapi och forskning [Interacting, conversing, co-researching – on reciprocal processes in therapy and research]. *Fokus På Familien (Focus on Family)*, 34(4), 257–276. <https://doi.org/10.18261/ISSN0807-7487-2006-04-03>
- Mårtensson Blom, K. (2017). The Process of Surrender: A psychotherapist's homecoming. *Approaches: An Interdisciplinary Journal of Music Therapy | Special Issue*, 9(2). <https://doi.org/10.56883/aijmt.2017.292>
- McIvor, D. S. H. (2023). *Exploring the client-therapist relationship in music therapy*. University of Bergen Library. <https://doi.org/10.15845/voices.v23i3.3931>
- Nemesh, B. (2017). Family-based music therapy: From dissonance to harmony. *Nordic Journal of Music Therapy*, 26(2), 167–184. <https://doi.org/10.1080/08098131.2016.1144638>
- Oldfield, A. (2017). Music Therapy with families in a psychiatric children's unit. In S. L. Jacobsen, & G. Thompson (Eds.), *Music therapy with families: Therapeutic approaches and theoretical perspectives* (pp. 72–91). Jessica Kinglsey Publishers.
- 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). Jessica Kinglsey Publishers.
- Rolvjord, R. (2006). Whose power of music? *British Journal of Music Therapy*, 20(1), 5–12. <https://doi.org/10.1177/135945750602000103>
- Schofield, G., Moldestad, B., Höjer, I., Ward, E., Skilbred, D., Young, J., & Havik, T. (2011). Managing loss and a threatened identity: Experiences of parents of children growing up in foster care, the perspectives of their social workers and implications for practice. *The British Journal of Social Work*, 41(1), 74–92. <https://doi.org/10.1093/bjsw/bcq073>
- Socialstyrelsen (National Board of Health and Welfare). (2021). *Att lyssna på barn i familjehem* [Listening to children in foster care]. Stockholm, Sweden: Socialstyrelsen. <https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/ovrigt/2021-3-7251.pdf>
- Stern, D. N. (2018). *The interpersonal world of the infant. A view from psychoanalysis and developmental psychology*. Routledge. <https://doi.org/10.4324/9780429482137>
- Swedish Agency for Health Technology Assessment and Assessment of Social Services, (SBU). (2018). *Primary care interventions are provided to families where children have been subjected to abuse and neglect*. Stockholm, Sweden: Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU).
- Swedish Agency for Health Technology Assessment and Assessment of Social, (SBU). (2017, -09-13). *Insatser för bättre psykisk och fysisk hälsa hos familjehemsplacerade barn*. [Interventions to improve the mental and physical health of children in foster care.] Retrieved Sep 27, 2023, from <https://www.sbu.se/sv/publikationer/SBU->

- [utvarderar/insatser-for-battre-psykisk-och-fysisk-halsa-hos-familjehemsplacerade-barn/](#)
- Teggelove, K. (2017). Building stronger families through music: Sing&Grow group program for families at risk. In S. L. Jacobsen & G. Thompson (Eds.), *Music therapy with Families: Therapeutic approaches and theoretical perspectives* (pp. 152–172). Jessica Kingsley Publishers.
- Thompson, G. (2017). Families with preschool-aged children with autism spectrum disorder. In S. L. Jacobsen & G. Thompson (Eds.), *Music therapy with families: Therapeutic approaches and theoretical perspectives* (pp. 92–115). Jessica Kingsley Publishers.
- Thompson, G. (2022). Respect-focused writing: An invitation to reflexivity in the use of terminology. *Nordic Journal of Music Therapy*, 31(5), 383–386.
<https://doi.org/10.1080/08098131.2022.2115208>
- 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). Jessica Kingsley Publishers.
- Tuomi, K., & Ala-Ruona, E. (2024). Nurture and play for foster families with young children: Foster-parents' reflections on attachment focused group intervention. *Approaches: Mousikotherapeia Kai Eidiki Mousiki Paidagōgiki*, 16(2), 178.
<https://doi.org/10.56883/ajmt.2024.66>
- 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>
- Uggla, L., Mårtenson Blom, K., Bonde, L. O., Gustafsson, B., & Wrangsjö, B. (2019). *An explorative study of qualities in interactive processes with children and their parents in music therapy during and after pediatric hematopoietic stem cell transplantation*. MDPI AG.
<https://doi.org/10.3390/medicines6010028>
- Unicef. (n.d.). *Convention on the rights of the child* | UNICEF. Unicef. Retrieved May 5, 2024, from <https://www.unicef.org/child-rights-convention>
- Vinnerljung, B., & Hjern, A. (2018). *Health care in Europe for children in societal out-of-home care*. London: MOCHA/Imperial College. <https://doi.org/10.1111/ijsw.12352>
- Wang, S., & Oldfield, A. (2018). The effect of music therapy sessions on the interactions between children and their parents and how to measure it, with reference to attachment theory. *Psychiatria Danubina*, 30(Suppl.7), 546–554.
https://www.psychiatria-danubina.com/UserDocsImages/pdf/dnb_vol30_noSuppl%207/dnb_vol30_noSuppl%207_546.pdf
- WHO. World Health Organisation. (2018, 22 February). *Health inequities and their causes*. Retrieved 240505, from <https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes>
- Wilhelmsen, C., & Fuhr, G. (2018). Reflections on practice: Three examples of relational music therapy Practice with adolescents in child welfare services. *Voices: A World Forum for Music Therapy*, 18(4). <https://doi.org/10.15845/voices.v18i4.2599>
- Winnicott, D. W. (1999). *Playing and reality* (7th ed.). Routledge.
- Wissö, T., Melke, A., & Josephson, I. (2022). Social workers' constructions of parents to children in foster care. *Qualitative Social Work: Research and Practice*, 21(4), 748–764.
<https://doi.org/10.1177/14733250211019455>
- Zanders, M. L. (2012). The musical and personal biographies of adolescents with foster

care experience. *Qualitative Inquiries in Music Therapy*, 7.

<https://barcelonapublishers.com/resources/QIMTV7/Zanders2012.pdf>

Zanders, M. L. (2015). Music therapy practices and processes with foster-care youth:

Formulating an approach to clinical work. *Music Therapy Perspectives*, 33(2), 97–107.

<https://doi.org/10.1093/mtp/miv028>