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"How Do You Write Your Music Therapy Goals and Objectives?": Seeking Canadian Perspectives

« Comment rédigez-vous vos buts et objectifs en musicothérapie? » : recherche de perspectives canadiennes

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Abstract

The purpose of this exploratory research was to begin to understand how experienced Canadian music therapists write goals and objectives and to learn how the language we use reflects one's therapeutic relationship with clients and the contexts in which we practise. The formation of goals and objectives as part of treatment planning is often considered to be an integral part of the work of music therapists, as seen in mainstream literature as a whole and—more specific to this study—in the practicum handbooks provided by Canadian music therapy training programs. To gain insight into how Canadian music therapists write their goals and objectives, a descriptive qualitative survey research design was used and responses from 19 experienced Canadian music therapists were analyzed using thematic analysis. A literature review of published music therapy writing and university teaching materials was completed. The study uncovered 19 ways that Canadian music therapists write—and do not write—goals and objectives, which correlates with the great diversity of music therapy practice in Canada. Six themes emerged when examining the respondents' articulation of goals and objectives: the viewpoint of the therapist; the use of the word "will"; the direction of the therapeutic process; the use of qualitative, quantitative, and/or music-centred perspectives; the choice to not write goals and objectives; and the therapist's use of domains. Study findings are discussed and ideas for further research are suggested.

Sommaire

L'objectif de ce projet de recherche exploratoire était de mieux comprendre comment les musicothérapeutes canadiens d'expérience rédigent leurs buts et objectifs et de quelle façon le langage reflète la relation thérapeutique avec le client et les différents contextes de pratique. L'établissement des buts et objectifs dans le cadre du plan de traitement est souvent considéré comme faisant partie intégrante du travail des musicothérapeutes, comme en témoignent généralement la littérature actuelle et — plus spécifiquement aux fins de cette étude — les manuels de stage fournis par les programmes canadiens de formation en musicothérapie. Pour mieux comprendre comment les musicothérapeutes canadiens rédigent leurs buts et objectifs, on a utilisé un modèle de recherche descriptive et qualitative par sondage. Les réponses de 19 musicothérapeutes canadiens d'expérience ont fait l'objet d'une analyse thématique. On a procédé à un examen de la littérature et du matériel didactique universitaire en musicothérapie. L'étude a recensé 19 méthodes distinctes employées par les musicothérapeutes canadiens pour rédiger leurs buts et objectifs, ce qui correspond à la grande diversité des démarches en musicothérapie au Canada. En examinant la formulation des buts et objectifs des répondants, six thèmes se dégagent : le point de vue du thérapeute; l'emploi du mot « will » (la notion d'intention); la direction du processus thérapeutique; le recours à des perspectives qualitatives, quantitatives et/ou musicales; le choix de ne pas rédiger ses buts et objectifs; l'utilisation des domaines par le thérapeute. Les résultats de l'étude sont commentés et des pistes de recherche éventuelles sont formulées.

Introduction

In Canada and in countries throughout the world, writing goals and objectives is considered a standard practice in the field of music therapy (AMTA & CBMT, 2015; Polen, Shultis, & Wheeler, 2017). This is recommended in both the Canadian Association of Music Therapists' professional competencies (CAMT, n.d.) and in music therapy training manuals used by Canadian training programs (Clements-Cortes, 2012; Concordia University, 2018; Lee, 2010; Price & Wingate, 2015; Williams, 2015). Bruscia defines the concept of clinical goal as "a statement that describes the direction of the therapist's efforts and the end towards which that effort is directed" (as cited in Wheeler, 2005, p. 67). The current authors define an objective as a statement that exists as a stepping stone towards the achievement of the goal.

Goals and objectives may help clients and/or caregivers focus the work and the therapist direct their attention to a specific task or aim (Polen, Shultis, & Wheeler, 2017). They may serve as a way to clearly communicate with teachers, parents, and other professionals (Bunt & Hoskyns, 2002) and they can provide a way to give the client and therapist benchmarks (objectives) that can help both individuals move towards the desired outcomes. While there are many advantages to writing goals and objectives, several music therapy authors have also identified potential advantages of working without goals and/or objectives. This may foster an environment where clients' strengths, potential, and holistic experience are recognized (Baines, 2018; Kenny, 1982; Lindan, 2015) and where clients can experience a sense of self-determination and empowerment (Rolvsjord, 2006a, 2006b, 2014) as well as a sense of collaboration within the therapeutic relationship (Brault, 2017; Noone, 2008; Rolvsjord, 2010). Therefore, this exploratory study was implemented in order to learn how experienced music therapists in Canada view this practice, including how and if they articulate their goals and objectives. The information learned will enable some understanding into how goal and objective setting may impact the development and perception of music therapy in Canada as a whole.

Findings may also have implications for Canadian music therapy education and internship guidance. Both authors have engaged in the challenging task of teaching music therapy students and interns how to write goals and objectives in educational contexts and during music therapy internships. The question of how to articulate meaningful client goals is raised frequently by students and interns and has been the source of many lively and interesting discussions. The way that music therapists articulate goals and objectives can be an indicator not only of what they hope to achieve with a client, but also of their personal philosophy of practice. Although Canadian training programs make a strong case for the primacy of goal and objective setting in music therapy, as evidenced by the presence of this pedagogy in every Canadian music therapy practicum handbook (Clements-Cortes, 2012; Concordia University, 2014; Lee, 2010; Price & Wingate, 2015; Williams, 2015), students often struggle with how to write them in ways that reflect those personal philosophies and emerging approaches as well as the diverse contexts of practice, which influence all aspects of the therapeutic process including how it is planned and documented.

Related Literature

Establishing goals and objectives may constitute an important part of creating a working alliance with the client (Rolvsjord, 2014) and an efficient way to communicate what is done in music therapy with others (Bunt & Hoskyns, 2002). Polen, Shultis, and Wheeler (2017) state that "[i]t is of crucial importance to develop [one's] abilities to establish appropriate and meaningful music therapy goals and objectives, to create effective methods for implementing goals, and to design workable strategies for obtaining data and documenting [one's] work" (Chapter 6, Section 2, para. 1).

The choice to work within qualitative, quantitative, music-centred, or a combination of some or all perspectives may be based on the therapist's philosophy of practice, personal preference and comfort level, training, research interests, and the need to provide data to an employer and/or the interdisciplinary team. Goals and objectives also offer a purpose and direction for therapy (Hanser, 1999), yet ways of writing goals and objectives seem to be as diverse as the therapists who write them (Berger, 2009). The ways that music therapists are trained to write goals and objectives and

subsequently how music therapists implement them are often influenced by the scholars and models to whom they are exposed. Therefore, one's philosophy of practice can have a significant impact on the way in which all aspects of the therapeutic process (including assessment and treatment planning) are undertaken (Aigen, 2005).

Since the process of assessment is directly linked to treatment planning and one's articulation of goals and objectives, how we choose to assess our clients leads to the ways in which goals and objectives are articulated. While a review of all music therapy assessments is beyond the scope of this paper, a vast array of assessment styles are reported in the literature and can be consulted (Jacobsen, Waldon, & Gattino, 2019; Lipe, 2015; Salokivi, 2012; Wheeler, 2013).

In the process of treatment planning, some music therapists write goals as broad statements (Berger, 2009; Borczon, 2004; Martin, Snell, Walworth, & Humpal, 2012) and some are more specific (Concordia, 2015). Some maintain that *musical* goals are the important factor in music therapy intervention (Aigen, 2005; Kenny, personal communication, November 12, 2014) and others see goals as being based on a range of non-musical elements, such as inspiring relationship; helping the individual to become less withdrawn, depressed, or anxious; or to achieve a sense of empowerment (Baldwin, 2013b; Oddy, 1998).

From another perspective, Baldwin (2013a), who is a psychotherapist, writes that client change is considered to be the *sine qua non* of therapy and that the kind of change one seeks in therapy actually can be hindered by establishing goals. In this case, a more fluid perspective is necessary—one in which the goals shift as issues, abilities, or needs unfold and the process itself is the product. It is perceived that it could be detrimental to the therapeutic process to stay focused on the goal because the client can be pulled back from progress that is being made in a different direction. "Success does not always come from thinking more rigorously or striving harder. . . . [S]eeing the world in terms of the power and grace of spontaneity can help us to make better sense of our goals, and our relationships" (Slingerland, 2014, p. 215). While it is often felt that expediency in clinical work is necessary and that we must remain focused on assessment, intervention, and problem solving (Baldwin, 2013a), therapy can be most effective when the therapist's goals are limited to the process of therapy and not the outcome (Baldwin, 2013b). Loewy (2000) assigns meaning to the musical experience "through the process of translation and interpretation" (p. 47) as an important perspective to consider in goal writing. For others, language to describe the experience is not necessary to the process of treatment; the music relationship is enough (Kenny, 1989, 2014). Generally speaking, "we still need to find a language . . . that integrates both the musical and other perspectives" (Bunt & Hoskyns, 2002, p. 254).

A Canadian Perspective

Recently, there has been an increase in articles pertaining to Canadian perspectives in music therapy (Young, 2009; Gross & Young, 2014; Curtis, 2015a) as well as the experiences of specific music populations within Canada (Vaillancourt, 2017; Bevan-Baker, 2018). In a recent master's thesis on the inauguration year of the Canadian Association of Music Therapists (CAMT), Kruger (2019) highlights the philosophical debates about practices that marked the early development of music therapy as an organized profession in Canada—debates about the behavioural approaches popular in the United States at the time and the music-centred thinking characteristic of professional training in the United Kingdom (Kruger, 2019). This is illustrated by one of the first music therapy training programs which Carolyn Kenny and Nancy McMaster began in 1978 in North Vancouver at Capilano University (then College) (Howard, 2009). Both of these eminent therapists brought perspectives from outside of Canada—McMaster from her Nordoff-Robbins training in the United Kingdom and Kenny from her training in the United States (Howard, 2009). Both were part of the early development of the music therapy educational community culture in Canada (Vaillancourt, 2010). They contributed a very humanistic perspective to their pedagogy along with their own philosophies of how goals and objectives might be written. This was consistent with findings of a recent survey conducted by Curtis (2015a) in which Canadian music therapists identified community, feminist, humanistic, and Nordoff-Robbins music therapy as important theoretical orientations, in contrast to their American counterparts who privileged behavioural, cognitive, and cognitive-

behavioural, as well as neurologic music therapy theoretical orientations.

Since the development of Canadian music therapy continues to be influenced by a diversity of approaches (Curtis, 2015a), it is important to consider the unique viewpoint Canadian music therapists may have on the topic of goal and objective articulation. Despite the uniqueness of our Canadian music therapy beginnings and ongoing culture, no Canadian textbook addressing the development of goals and objectives exists at the time of writing, nor do any Canadian articles discuss if, why, and how Canadian music therapists articulate their goals.

Statement of Purpose

Given the lack of Canadian literature documenting if, how, and why music therapists articulate goals and objectives, the purpose of this research was to survey experienced Canadian music therapists to gain insight on this topic.

Assumptions

In this research, it was assumed that there is a strong reflexivity in how goals and objectives are articulated by music therapists. The researchers assumed that it is important to examine how and if goals and objectives are articulated in music therapy practice. It was also assumed that Canadian music therapists may contribute a unique perspective to the existing goals and objectives literature in North America. It was assumed that clients, music therapy students, music therapists, and music educators would benefit from better understanding how goals and objectives are currently being articulated by experienced Canadian music therapists.

Research Question

The research question was "How do experienced Canadian music therapists articulate goals and objectives?" Questions that emerged from the data collection and analysis process were: "How does the language used reflect desired therapeutic outcomes and personal philosophy of practice?"; "How does the articulation of goals and objectives impact the therapeutic relationship with clients?"; "How does the articulation of goals and objectives impact the perception of music therapy in Canada as a whole?"; as well as "What informs the choice of not using goals and objectives, and what is the impact on the therapeutic relationship with the clients?"

Method

Participants

In this exploratory research, participants were recruited using convenience and snowballing non-probability sampling (Curtis, 2016). The inclusion criteria were established as follows: (a) music therapist certified in Canada (MTA) in good standing; (b) currently working either as an educator, practitioner, or both; (c) worked for more than 15 years; and (d) fluent in English. Of the 115 CAMT members who qualified to participate in the survey, 19 responses were received, resulting in a response rate of 37%. In order to benefit from their expertise and long-term experience, music therapists who had been working in the field of music therapy for more than 15 years were the target group. It was also hypothesized that more experienced music therapists developed individualized ways of engaging in the therapeutic process, which may imply different ways of articulating goals and objectives.

Survey

A descriptive qualitative survey research was conducted to explore how experienced Canadian music therapists articulate goals and objectives. The SurveyMonkey online survey platform was utilized to gather data using a questionnaire featuring closed and open-ended questions. The first three survey items were used to gather demographic information: (a) How long have you been a music therapist?; (b) In which country did you receive your training?; and (c) What is your work environment? The next six survey items referred to the following music therapy scenario:

> You are working in a long-term care setting, and receive a referral for an elderly man who staff have been concerned about. He's showing signs of depression. He won't come out of his room

> or even get up out of bed. When you visit him, sure enough that's where he is. He's quietly lying there in a half sleep. After a few minutes of conversation you confirm that he is deeply depressed, talking only of how he wishes to die and of his pain and grief.
>
> He has limited ability to speak although appears to have full comprehension. You talk with him for around 30 minutes to begin building your relationship and then ask if you can bring music into his room. He agrees with a surprising enthusiasm.
>
> When you return with your guitar and stool, he's already struggling to sit up. Within the next 5 minutes you discover that he's a latent musician. His whole demeanor changes almost instantly. It's clear that he was the kind of musician who loved a jam session in his earlier days. This is clarified by his comments such as "come on!" "what's next!" "play it!"
>
> You keep new harmonicas on your cart for times like this, produce one for him and he embraces it like a pro. You play music with him for the next 30 minutes and by the time the session is over, he's asked to be helped into his wheelchair.

After reading the above clinical scenario, respondents were asked to articulate goals and objectives for this client. The survey respondents were asked the following questions:

1. Will you do a formal assessment for this client?
2. Is formal assessment required by your workplace?
3. If you plan to do a formal assessment, please describe your procedure. If not, please explain why you have chosen that option?
4. Will you write goals and objectives for this client?
5. If you have answered "yes," please write your initial goals and objectives for this client.
6. Please explain why you have chosen this way of articulating your goal(s) and objective(s) (for example, why you choose to use quantitative, qualitative or musical language).
7. If you have answered "no" to question 1 or 4, please explain why you have chosen not to write goals and objectives for this client.

Procedures

Prior to the start of the research, ethics approval was received from Concordia University's Human Research Ethics Committee (UHREC). Subsequently, the primary researcher sent an Invitation to Participate and Informed Consent email to the CAMT. These documents were then forwarded to all MTA members of the CAMT via email. The email included details about the study, criteria for participation, and an invitation to email the research assistant, who then continued communication with them as necessary. This latter point ensured anonymity and was aimed at reducing the probability of social desirability bias. Given that the primary researcher has lived and worked across Canada and given the Canadian music therapy community's relatively small size, it was a necessary measure for participants to feel safe and to enable them to offer open and honest responses.

Upon reception of the informed consent forms, the research assistant provided participants with a SurveyMonkey link to the survey questionnaire. Responses to the questionnaire were exported from the online survey platform and then qualitatively analyzed using thematic analysis, enabling the primary researcher to identify patterns or themes within the qualitative data (Maguire & Delahunt, 2017). Research findings were then reviewed by music therapy research consultants and the co-author and triangulated with available literature pertaining to the emerging themes.

Results

Demographic Information

All 19 respondents had practised music therapy for 15 years or more. Eleven respondents trained in

Canada, while three respondents trained in Canada and elsewhere. Three did all of their training in other countries. Two did not answer this question. Three participants work in a single institution, three work at universities only, five work in multiple locations including university teaching posts, and eight work itinerantly not including universities.

Music Therapy Scenario Responses

1. **Will you do a formal assessment for this client? (The term "formal assessment" refers to any use of a prepared assessment form that the therapist might use in their work.)** Ten participants wrote that they would do a formal assessment for this client and nine wrote that they would not.

2. **Is it required by your workplace?** Six of the 19 respondents stated that they are required to write goals and objectives by their workplaces. Of those who are not required by their workplaces to write an assessment, three said that they engage in this practice regardless. Six of the respondents stated that they do not write formal assessments at all. Two use approaches in which they converse with the client or caregiver instead. Four of the respondents answered that they would do a formal assessment, but only if requested by the client or caregiver.

3. **If you plan to do so, please describe your procedure. If not, please explain why you have chosen that option.** Two therapists said that they write informal narrative assessments based on interviews or conversations. One individual stated that they still use the method taught to them during training many years before and one stated that they use whatever is required by each site. One respondent wrote that they do an "observational assessment" and three referred to "intuitive processes." Only one participant said that they use a pre-set assessment procedure as outlined in the IMTAP (Baxter et al., 2007). Table 1 summarizes participants' responses to the first three questions of the survey.

4. **Will you write goals and objectives for this client?** Nine participants said that they would write goals and objectives for the client in the scenario. Three of the respondents said that they would write goals with no objectives and three stated that they do write goals but did not include examples. Four therapists stated that they do not write goals or objectives.

5. **If you have answered "yes," please write your initial goals and objectives for this client.** Examples of approaches to writing goals and objectives are documented in Table 2.

Table 1
Responses of the 19 participants to questions about where they work, if they will write a formal assessment, and why or why not.

Work Location	Number of Responses	Write formal assessment?	Comments for "yes"	Comments for "no"
Private practice—studio	1	1 no		An initial verbal interview
Private practice—many locations	4	2 yes 2 no	1) Professionalism 2) For re-evaluation, to help contracting party to understand the process.	1) Only on request. General response to the music gives the greatest information. 2) Will describe interactions, responses, observations and treatment plan in a narrative note.
Single institution	4	2 yes 2 no	1) Determine if the person is proprioceptive, melodic, or rhythmic and whether he is a visual, auditive, or kinesthetic learner and is he sensitive to music. 2) Determine rationale for referral.	1) Ongoing process. Uses a form that is a tool for that ongoing assessment. 2) Not required.

University, Private practice—many locations, Institution	2	1 yes 1 no	Domain-based, narrative section.	Assess during practice.
Private practice—many locations or single institution	1	yes	Treatment properties of music—Sears.	
University	3	3 yes	1) Would use the tool approved by the facility. 2) Would use domains, personal narrative, reminiscence, musical interactions, improvisation. 3) Narrative	
University Private practice—many locations	3	3 no		1) Observation, interview, intuition and logic while being attentive to needs, abilities, values, motivation, interest, and disinterest. 2) 1st few sessions documented in detail using the 7 domains; determine which instruments, songs, and musical preferences they have; living situation; date of admission. 3) Uses a self-designed tick chart and writes a formal assessment only if asked.
No indication of workplace	1	1 yes	To observe and assess level and nature of client in domains while being in the music.	

Table 2

Respondents' articulation of goals and objectives and their rational.

Respondent	Articulation of Goal	Articulation of Objective	Summary of reasons for choices
#2	To improve client's mood and connection with others	The client will be encouraged to participate in instrumental activities (harmonica, percussion) during his session. Vocal activities will also be offered to the client.	Honing in on a few key areas, will, I believe, result in more effective therapy. It helps me to design my treatment.
#4	To decrease feelings of isolation and improve mood—this will be improved by: To increase the verbal and non-verbal sharing of clients' personal feelings about music and current circumstances as indicated by:	The client initiating non-verbal communication when playing, sharing of instruments, in the silence and identifying an improved mood.	I struggle with goals as I feel the ultimate goal for music therapy is to tap into the part of the person that is consistently well/whole/strong.
#6	To enhance mood	The resident will be given opportunities to play instruments and make choices about repertoire.	The goals are written in a qualitative language that relate to the goals of palliative/hospice care addressing: symptom control, psychosocial and spiritual needs of the resident (and their caregivers).

#8	To improve psychosocial skills	By the end of 10 sessions, client will engage in tasks involving clinical improvisation that may or may not be followed by verbal discussion related to associated thoughts, feelings, and/or emotions. Data collection will consist of continuous subjective evaluation of musical expression and/or related verbal discussion.	I always have a mixture of qualitative and quantitative language with musical involvement as mode of intervention and means of data collection.
#9	Client will engage in music making as determined by client. Client will use the music therapy session to explore their emotional space.	Objectives are not stated.	Most contracting parties these days wish to have "evidence based" interventions. This requires some numbers, some reference to physical, psychological or neuro-psychological, emotional and/or cognitive function.
#10	Client will engage in vocal and structured instrumental music experience. Client will strengthen his connection to his internal resources.	Client will choose songs that the therapist will play. During the course of participation in music experiences, client will reminisce on his life and note his uniqueness, strengths, and accomplishments.	Beginning with goals and objectives is a way to organize my approach based on my perspective of what I can apprehend of the client at this moment. Goals and objectives provide me with ONE way of viewing the client.
#11	For the client to experience an improved mood and decrease depressive symptoms. Enhance quality of life	To engage the client in musical interactions that enhance mood, boost self-esteem and help client reconnect with identity. Through playing improvised or pre-composed songs, engage the client in purposeful activity and try to stimulate reminiscence.	
#12	To use music as an outlet for self-expression. To alleviate depressive mood and behaviour.	Does not write objectives.	The objectives would come intuitively in the session, depending on his mood, perspective and engagement.
#13	To increase repertoire in order to increase strength and self-confidence.	He will sing a complete song. He will reproduce one rhythmic pattern on the drum. He will play 2 dynamics, soft/loud on instrument.	
#15	Increase motivation to socialize (and in doing so, improve his mood).	At each session, sing 1 or 2 new songs with the MT, thereby building up a repertoire. Play a percussion instrument while singing (after several sessions). Sing and play songs with the MT in the common room. Sing and play songs with the MT and other residents in the common room.	The goals and objectives I have proposed can be measured in a quantitative manner, qualitative manner and musical manner (i.e., ability to keep a steady beat, create a well-defined melodic motif, sustain musical participation alone and with MT, etc.).

#16	For him to experience increased motivation and find new meaning in his life through music (spiritual domain).	For him to identify and confirm musical experiences in which he feels successful and motivated at this point in his life. For him to participate actively and as independently as possible in these musical experiences. For him to experience and share any new meaning in life through participation in music making.	Focus on the 7 clinical domains. They are written in positive language, are measurable and achievable in one session.
#18	Client will demonstrate an improved overall mood as evidenced by positive comments, smiling and increased verbal interactions within the context of the music therapy setting within 2 weeks of 1 hour of music therapy each week.	Objectives are not stated separately.	Although the language can seem harsh and arbitrary—goals need to be objective and should be stated in a way that can be demonstrated Goals also need to be attainable and in some way measurable.
#19	That the client experience a decrease in depression (emotional domain).	That the client experience joy. That the client experience an interest in expanding his social world.	I like to focus on one of the domains to help keep me in check. My objectives are elements of the goal. I like to keep my methods separate from the goal and objective statements.

For the purpose of this study, the primary researcher found it useful to include the language, "therapist's viewpoint" and "client's viewpoint," because it was found that even when a goal statement uses "therapist-centred" language, the client is often still the focus of the statement. Several Canadian music therapists write their goals from the therapist's viewpoint (Keats, 1995; Kogutek, 2014; Ostertag, 2002; Purdon & Ostertag, 1999). One example is, "Music therapist ensures a safe place in the therapy setting for client" (Purdon & Ostertag, 1999 p. 18). This goal could be interpreted as therapist-centred since it calls the therapist to action rather than the client. However, this can also be interpreted as a client-centred goal, expressed from the therapist's viewpoint. Goals that are written from the therapist's viewpoint imply that the onus is on the music therapist to create an environment that will enable change. It implies therapist action or behaviour rather than the client's action or behaviour. It recognizes the collaborative nature of the therapeutic relationship, where all parties hold certain responsibilities (Rolvsjord, 2006b). When considering this perspective, all but three survey respondents wrote goals and objectives from the therapist's viewpoint. The articulation of the goals and objectives were from the therapist's viewpoint, but most were still client-centred. For example, respondent #2 wrote, "To improve client's mood and connection with others." In this case, the therapist was writing a goal from the therapist's viewpoint as they were striving to improve the client's mood. It was, on the other hand, client-centred since the therapist wished to help the client with their mood. Another example, written by respondent #6—"To provide an opportunity for positive social engagement and interaction"—was articulated from the therapist's viewpoint, but implied client-centredness.

Some therapists select from both perspectives in one goal articulation. Hatcher (2007), for example, mixes goals written from both the therapist and client viewpoints "to establish and assert individuality; to provide a safe place for emotional investigation; to define emotional life . . .; to enjoy a new experience . . .; to enjoy a heightened sense of integration and belonging with one's environment" (p. 116). These findings show that the therapists surveyed made diverse choices when articulating goals and objectives in order to best express the intent of the goal, whether from the perspective of the client or of the therapist.

The Use of the Word "Will"

Seven of the 19 practitioners who completed the survey used the word "will" in the statement of their goals. The use of the word "will" in all three of the following statements places the speaker in control and in the position of authority: "Rodney will set the table"; "Rodney will be encouraged to set the table"; or "Rodney will set the table creatively." These are all stated from the viewpoint of the speaker and they narrow the focus of the perspective of Rodney's progress. The person who wants Rodney to set the table may have the best of intentions—perhaps to increase Rodney's independence—but the word "will" sets up the perspective that we *expect* Rodney to set the table. The use of the word "will" in the context of the writing of a goal defines a behavioural approach that is directed by the therapist (Personal communication, Carolyn Kenny, April, 2015). Respondent #10 provided an example of this: "Client will engage in vocal and structured instrumental music experiences." In this case, the word "will" created a therapist-centred directive rather than a sense of client aim or collaboration.

When "will" is used in a goal or objective statement, it becomes something that is written from a therapist-centred perspective. Language that is used in goal writing sets the stage for the clinical work and how the therapist would like it to be perceived by others, which is an important perspective to consider given that most music therapists work within complex and varied contexts. When we use the word "will," is it reasonable to consider that it places us as therapists in the position of power? And from an over-arching perspective, could it be that the way we write our goals and objectives implies the hierarchy, or lack thereof, that we create between ourselves and our clients? The following respondent said that they do not write goals and objectives, believing that the implications are too great:

> I believe that setting goals and objectives is usually about behavioural change. And I do not think that it is the role of the music therapist to change people. A therapist should in the best and deepest sense, "be with "their clients" in a mutual relationship sharing creative possibilities in the music.. . . I reject any hierarchical relationship in therapy—meaning that the therapist is not healthier or better than her clients. (Respondent #1)

The Direction of the Therapeutic Process

The goal statement "conveys the direction of the desired change" (Clement-Cortes, 2012, p. 1). Three ways of articulating the movement of the client's behaviour, demeanour, skill level, or interaction were expressed by respondents: "to increase" (for example, respondent #15), "to decrease" (for example, respondent #11), and "here and now" statements (for example, respondent #12).

Of the 19 goal statements, 10 used "to increase" terminology, such as "to increase," "improve," "encourage," "strengthen," "promote," "expand," or "develop".

Four of the respondents included examples of language that indicated a "lessening," "decrease," or "alleviation".

The third way that emerged pertains to those goal statements that don't ask for either an increase or decrease. Seven examples of this approach emerged from the 19 respondents. Under this category, words such as "explore," "engage," "meet," "instill," "ensure," "deal with," "attend to," "maintain," and "understand" were used. These "here and now" words do not imply a move in either direction and yet are valid and useful perspectives when formulating goals. This finding is relevant as it highlights a perspective that does not clearly align with what is taught in many institutions, that is, to only use "increase" goals. In fact, the usefulness of utilizing a variety of perspectives when articulating goals and objectives is suggested.

The Use of Qualitative, Quantitative, and Music-Centred Perspectives

The choice to work within a qualitative, quantitative, and/or music-centred paradigm may be based on the therapist's personal preference, philosophy of practice, training, the need to provide data that the facility in question can relate to, or the therapist's research interests. The following three comments by study participants illustrated why they choose quantitative approaches.

1. to meet the requirements of documentation required by the institution and to meet ethical requirements of the music therapy profession

2. to provide a baseline measurement of the client's status so that I can evaluate his progress

3. to provide myself with a focus for the sessions (Respondent #10)

> Although the language can seem harsh and arbitrary, goals need to be objective and should be stated in a way that can be demonstrated, i.e., what will the client do, how will that be evidenced, under what circumstances and how long will it take?. . . It does not preclude the importance of anecdotal observations that gives a more rich description of the therapy . . .. (Respondent #18)

> Goals and objectives create the pathway for my clinical work.. . . I am also being accountable to the patient/substitute decision maker in defining what goal/objectives align with the patient's hopes and wishes in their care—an important aspect of person-centered care. (Respondent #8)

The following comment illustrated goals written from a qualitative perspective:

> I work in a qualitative manner, i.e., the therapeutic "dance," giving primacy to the client guiding the process wherever possible. At times, this means that I am not sure where the process is leading. I believe that beginning with goals and objectives is a way to organize my approach based on my perspective of what I can apprehend of the client at this moment. Goals and objectives provide me with ONE way of viewing the client. They represent my "best guess" of how to proceed with the client based on my limited knowledge at this time. (Respondent #10)

Two respondents provided music-centred goals, alongside qualitative goals:

> Client will engage in music making as determined by client. (Respondent #9)

> Client will engage in vocal and structured instrumental music experience. (Respondent #10)

The following comments illustrated an open-minded approach that embraced a combination of qualitative, quantitative, and music-centred approaches, depending upon the clients' needs:

> Qualitative, quantitative and musical languages are simply different useful ways of trying to clarify or describe/explain different aspects of what inner experiences are being sought and/or manifested. No single one of those languages would encompass either the "whole-person" of the client, or the potential of what a "Music Therapy Alliance" might be able to provide. (Respondent #14)

> The goals and objectives I have proposed can be measured in a quantitative manner (i.e., times, frequency), qualitative manner (i.e., nature of response—spontaneous or otherwise) and musical manner (i.e., ability to keep a steady beat, create a well-defined melodic motif, sustain musical participation alone and with MT, etc.). (Respondent #15)

A survey of articles in the *CJMT* revealed that no authors used quantitative articulations of goals and objectives in their writings. One may conclude that Canadian music therapists have a strong leaning towards thinking about goals and objectives in qualitative terms but, when examining teaching materials from Canadian universities that teach music therapy, we see a contrast. In 10 examples of goal writing seen in the teaching materials of five Canadian universities, seven of them are quantitative (Clements-Cortes, 2012; Concordia University, 2018; Lee, 2010; Price & Wingate, 2015; Williams, 2015). There were no iterations of music-centred goals in any of the teaching materials at the time of writing.

The way that goals and objectives are articulated by the 19 seasoned practitioners who completed the

survey for this study and the way that *CJMT* authors have written their goals and objectives is in strong contrast to approaches adopted by Canadian universities' training program handbooks. This is of considerable interest, since 14 of the respondents had received training from Canadian universities (it was not determined where the *CJMT* authors studied). On the other hand, of the practitioners who provided goal statements, seven used musical language and five used nonmusical language. This is similar to the Canadian universities' handbooks, which provide an equal number of both. They offer five examples of goals/objectives written using musical language and five using nonmusical language (Clements-Cortes, 2012; Concordia University, 2014; Lee, 2010; Price & Wingate, 2015; Williams, 2015).

The choice between a qualitative, quantitative, or music-centred approach is a choice to be made by the therapist for their client and for the sake of the client's well-being. Often the choice is made due to the protocol of an institution or a need to be understandable within a problem-focused context. In the end, "your belief in the quality of clinical intervention . . . will define your work, not terminology" (Lee, 2010, p. 19).

Not Writing Goals and Objectives

Do we need to write goals and objectives at all? This question can only be examined in terms of the 19 practitioners who completed the survey, since there are few references in the music therapy literature to "not" writing goals. Four of the 19 survey respondents do not write goals and objectives. The following are comments from those survey participants:

> My work is highly intuitive. So if I begin to form preset categories, the creative process and immediacy of the work is compromised. My mantra is "the process is the product." (Respondent #1)

> We have come to believe that all persons benefit from music therapy. We also feel general impression from the response to the music often gives the greatest information. (Respondent # 4)

> Goals and objectives are not required at my long-term care settings. Writing goals and objectives does not change my approach to practice but uses up valuable time. (Respondent #5)

> I will likely have goals/objectives in my mind and heart whenever I think about this client … I would only write them down if I thought I would forget them or if/when I needed to communicate them to someone in writing. Just as important to me of course would be any goals/objectives I sensed the client had for his own life and how I might help him move toward those goals. (Respondent #14)

This is an interesting perspective, since this specific approach is not referred to in the Canadian music therapy literature about goal writing. There is implied precedence, though, in music-centred music therapy where musicking (Small, 1998) is the primary focus. Articulating goals in advance may not be implicated. As Aigen (2005) stated so eloquently,

> Because musicing is considered to be such an essential human activity, music-centered practitioners can accept that at times the client's activity and experience of music and self and others in the music therapy session can be a self-justifying one. No changes in functioning are directly sought in these instances, whether in musical or other areas of functioning, whether inside or outside the sessions. The client's experience of himself in music can be so important on a basic human level that it need not be justified based on anything outside of itself. (p. 126)

We are grateful to the therapists who wrote honestly when completing the survey. "Not" writing goals and objectives is not a formalized approach and it leads us to wonder: Would it discredit our profession to allow this perspective a voice? If goals and objectives are not written, is it no longer therapy? Is this truly the distinction between playing music with someone and "doing" therapy or does the therapy happen regardless? What does accountability look like in the absence of goals and objectives to measure progress?

The following comments illustrated why four respondents do write goals and objectives:

> I write goals and objectives because that's what music therapists (should) do. Treatment planning distinguishes us from entertainers and volunteers for all involved. If you don't have a plan you cannot fully assess your impact. (Respondent #7)
>
> Goals and objectives create the pathway for my clinical work. (Respondent #8)
>
> As a seasoned therapist, I would of course write goals for this person.. . . goals are about supporting or addressing a problem. (Respondent #12)
>
> Because it is measurable and concrete. (Respondent #13)

The Use of Domain

One of the ways that Canadian music therapists chose to articulate their choice of goals and objectives was through domain use. The term "domain" is used to describe the overarching goal area that the therapist is addressing. These are broad areas such as social, physical, spiritual, cognitive, and communication. Four approaches were noted:

1. **Broad domains act as an umbrella**. Examples of broad domains are communication, cognitive, academic, emotional, and motor. A good example of a broad domain was when a respondent wrote, "To enhance mood."

2. **Specific issues**. Specific issues refer to goals that do not reflect back to one specific domain. "Encourage relaxation," for example, could pertain to a physical, emotional, or sensory domain. A good example of using specific issues was when a respondent wrote, "To increase the verbal and nonverbal sharing of client's personal feelings about music and current circumstances."

3. **Combination of broad domains and specific issues**. Goals based on specific issues are seen in the writings of many Canadian music therapists and often in combination with broad domains. A good example of this combined approach was when a respondent wrote, "For the client to experience an improved mood and decrease depressive symptoms."

4. **Multi-faceted approach.** "Multi-faceted approach" is a term the primary researcher uses to describe varied perspectives, depending on the needs of any specific client. One goal statement in a multi-faceted approach, for example, may include several broad domains or specific issue goal areas; in one goal statement, the intervention is included and in the next goal statement it is not. A good example of the multi-faceted approach was when the respondent wrote, "To improve client's mood and connection with others," which included two domains—emotion and social—in one goal statement.

There is a distinct variation of uses of broad domain, specific issues, a multi-faceted approach, and a combination of them as seen in the respondents' goal examples. The technique used also varied between the goals and objectives in a single statement. A detailed examination of these variations is not included in this research study, but the wide variation and why music therapists make these choices is interesting for future study.

Limitations

The aim of the study was to understand how seasoned therapists articulate goals and objectives. The primary researcher was interested in knowing if they stayed with methods taught to them during their original training and to what degree their experience in the field guided their ongoing relationship with writing goals and objectives, but the approaches to goals and objectives may have been influenced by continuing education opportunities that may have occurred more recently in the respondents' careers. The fact that participants were provided with a pre-established scenario may have affected the way in which they articulated goals and objectives. For instance, a resource-oriented music therapist would have engaged in an assessment that would have more thoroughly explored the strengths and resources of the client (Dorris Economos, O'Keefe, & Schwantes, 2016). The resulting goals from such an assessment could possibly

differ. In addition, the provided scenario implied an individual music therapy context. The process of writing goals and objectives for group sessions was not explored in this study. French-speaking, experienced music therapists were not included in this study, as well as experienced music therapists who may not be CAMT members in good standing for one reason or another. Therefore, this survey may not have provided a comprehensive portrait of all experienced music therapists in Canada. Another limitation is that the chosen survey design did not allow for follow-up questions to better understand why respondents decided to articulate their goals and objectives for the client in the scenario. Although efforts were made to limit the possibility of social desirability bias, it is possible that participants answered the survey questionnaire in a way that they thought would be acceptable to the primary researcher. The participants' theoretical orientation was not raised in the survey, which limited the possibility of exploring the observed individual differences in relation to that.

Future Research Implications

Through the course of this exploratory study, many considerations for further study emerged. It would be beneficial to examine how the language we use in the writing of goals and objectives impacts the therapeutic relationship we have with our clients. Further research could shed light on the relationship between how Canadian music therapists are taught to write their goals and objectives and how they choose to practise post-training. In addition, research on whether there is a need to write goals and objectives is warranted. Similarly, exploring whether or not allowing this perspective a voice would discredit our profession and how therapists can be accountable without engaging in this practice is worthy of study.

Conclusions

In this exploratory study, the research question "How do experienced Canadian music therapists articulate goals and objectives?" was investigated. A SurveyMonkey online survey was used to gather responses from 19 experienced music therapists. The therapists were given a session scenario and asked questions that would reveal the ways that they write goals and objectives. Their responses were studied using thematic analysis, resulting in emergent themes that revealed implications for music therapy education, internship guidance, and the way music therapy may be perceived in Canada. Six themes emerged in this study, in no particular order, appearing and reappearing as the responses were reviewed. One theme was "the viewpoint of the therapist," suggesting that how we write goals and objectives is a window into how respondents view the client/therapist relationship. Another theme was the use of the word "will," which is a potential indicator of behavioural leanings and possible power dynamics within the therapeutic relationships. A third theme was the use of a variety of therapeutic directions. The diverse use of "increase," "decrease," and "here-and-now" language by experienced therapists suggests that the current preference for "increase" language as taught in Canadian educational programs can perhaps be exchanged for an approach that includes a broader spectrum of choices, to best describe aims which are being sought by the client, the caregiver, and the therapist. Another theme related to a varied use and combination of qualitative, quantitative, and music-centred perspectives. This aligns with diverse Canadian music therapy practices as evidenced by current literature. A fifth theme was simply that four out of nineteen respondents in this study do not write goals and objectives. The desire on the part of some therapists to engage in an approach that is process-oriented rather than goal-oriented represents a gap in the knowledge surrounding how Canadian music therapists conceptualize their clinical work. A final thematic perspective was related to the way domains are used—in a broad, focused, or varied sense, underlining an area for future study. The six emergent themes are all indicators of how these experienced Canadian music therapists perceive their work. These findings can, in turn, help us to begin the dialogue about how we, as Canadian music therapists, perceive our work as a whole. It is hoped that this study will help students, interns, teachers, mentors, and internship supervisors better understand this diverse subject.

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