Writing Goals and Objectives for Music Therapy Sessions

One of the most important parts of music therapy session planning is the development of goals and objectives. Learning how to write goals and objectives that demonstrate how music therapy is affecting the client is a skill that has to be learned before going into the "real world."

This module partially addresses the following AMTA Competencies:

11.1 Demonstrate basic knowledge of the potentials, limitations, and problems of exceptional individuals.

11.3 Demonstrate basic knowledge of typical and atypical human systems and development (e. g. anatomical, physiological, psychological, social).

12.1 Demonstrate basic knowledge of accepted methods of major therapeutic approaches.

13.4 Utilize the dynamics and processes of groups to achieve therapeutic goals.

14.2 Demonstrate basic knowledge of principles, and methods of music therapy assessment and their appropriate application.

14.3 Demonstrate basic knowledge of the principles, and methods for evaluating the effects of music therapy.

16.2 Formulate goals and objectives for individuals and group therapy based upon assessment findings.

17.2 Provide music therapy experiences to change nonmusical behavior.

18.2 Modify treatment approaches based on the client's response to therapy.

18.3 Recognize significant changes and patterns in the client's response to therapy.

18.4 Revise treatment plan as needed.

18.7 Design and implement methods for evaluating and measuring client progress and the effectiveness of therapeutic strategies.

19.1 Produce documentation that accurately reflect client outcomes and meet the requirements of internal and external legal, regulatory, and reimbursement bodies.

19.2 Document clinical data.

19.6 Develop and use data-gathering techniques during all phases of the clinical process including assessment, treatment, and evaluation.

22.2 Define the role of music therapy in the client's total treatment program.

Goal and objective writing is a foundation for music therapists. Keeping data on client reactions and responses to music therapy treatment is the only way the music therapists can justify payment for services.

The first part of this module will address goal development from the results of an assessment session. At the conclusion of this part of the module you should be able to demonstrate the following:

- how to choose a goal
- how to write a clear goal statement
- developing five objectives that fit with the goal
- developing music therapy strategies to address the goal

How to choose a goal...
The first step in choosing goals and objectives for treatment is assessing how the client performs in a variety of tasks.

The next several pages have assessment information for a music therapy client. You will be asked to complete short quizzes about the assessment, so take notes about the information presented.

Client Name: Cindy Loy
Date of Birth: May 21, 2005
Assessment Date: March 17, 2010
Diagnosis: Pervasive Developmental Disorder-Autism
Music Therapist: Mary Jane Landaker, MME, MT-BC
Referral Source: Dr. Kelly Aker, principal

Reason for Referral: Interested in music therapy services to enhance the educational placement of Cindy. Assessment requested to determine focus for music therapy services.

What do you know about this client from the heading information on the assessment?

- age
- diagnosis
- some information about why she was referred to the music therapy assessment

Let's move on.

Narrative:

The music therapist was contacted by Dr. Kelly Aker, principal of Valencia Elementary School in Rancho Cucamonga, CA on March 1, 2005 regarding a music therapy assessment for Cindy Loy, student. The assessment session was scheduled for March 17, 2010 at 8am. The assessment session included a music therapy assessment session, record review (including current IEP - date 9/2/2009), classroom observation, and interviews with Cindy's parents, teachers, and therapists.

Cindy is a 5 year, 10 month old girl with blue eyes and blonde hair. She attends Valencia Elementary School in Rancho Cucamonga, CA where she is in Ms. Mount's five day, full day kindergarten class. She has an older brother, Andrew, who attends Valencia in a fifth grade class. Her parents, John and Collette, volunteer in her classroom as parent aides once per week. Her parents use personal transportation to transport Cindy to and from school.

Now we know a bit more about Cindy.

Skill Areas

Motor - Cindy entered the classroom with assistance from her mother. The assistance appeared to assist Cindy in maintaining a slow walking pace rather than the running pace that she displayed on the playground during recess. Cindy does not appear to have any difficulties in the areas of fine motor, gross motor, or oral motor coordination as indicated through interviews, chart reviews, and observation.

Social - Cindy greets familiar people with names and smiles without prompting. When a new person is in her environs, Cindy does not initiate interaction and often hides under her desk until a familiar person introduces the stranger. She maintains eye contact during conversations with others. Cindy can name all of her classmates, her family members, and her classroom staff. She approaches others often. She occasionally requires redirections.
to maintain appropriate personal space with others.

Communication - As indicated above, Cindy does greet familiar people by name. She indicates her wants and needs through a combination of modified ASL (American Sign Language), one-word verbalizations, and PECS icons (Picture Exchange Communication System). When she does not get a desired object, she emits a loud scream. If the scream is ignored, Cindy will use appropriate forms of communication to express her emotions.

Academic - Cindy is currently letter matching, color matching, and shape matching as part of her school day. She is working on file-folder activities as well as manipulative stations for sorting, matching, and assembly tasks. In addition, she participates in classroom activities such as art, music, physical education, and circle times. She does not sit for long periods of time, generally attempting to leave the activity area after 5 minutes of sitting. She vocalizes along with the circle time songs that the classroom teacher and her fellow students sing. She does not sing words at this time.

Music - As mentioned above, Cindy does vocalize with her teacher and classmates during circle time. When she is singing, she follows the melodic contour of the song. Cindy also demonstrates memory of songs, starting to vocalize the song "that comes next" as her teacher describes her. Cindy's mother reports that Cindy listens to CDs at home and has a wide variety of tastes, including Disney music, Josh Groban, and Pink Floyd. Cindy's mother also reports that Cindy uses the CD player independently, changing music often. She sets the volume at low levels and does not change the volume. Cindy's most repeated song at the time of assessment is "Whip It," by Devo. Cindy plays this song at least five times per day. Cindy's mother indicates that Cindy's tastes change frequently.

During the music therapy session portion of the assessment, Cindy played the guitar, the ukelele, the djembe, the maracas, the tambourine, the shaker eggs, and the paddle drum. She was able to hold and manipulate each instrument with limited gesture prompts from the therapist. She played each instrument a minimum of 30-seconds, with the ukelele, the shaker eggs, and the paddle drums having the longest duration of playing (5 minutes each). Other instruments were picked up, played, and then set on the floor next to Cindy.

When cued by the Circle Time CD to sing familiar songs, Cindy demonstrated melodic contour. With unfamiliar songs, Cindy vocalized with the therapist, but she did not achieve accurate melodic contour until the song had been repeated five times. After five trials, Cindy was able to match the melodic contour of the song.

Did you take notes -

Time to establish a goal and objective for Cindy.

Step one - What do you think Cindy should be working on?

Write the goals down - you will need them for your demonstration assignment.

Goal Development

Goals are the backbone of the treatment of clients in music therapy.

They are the big picture - what do we want the client to be able to do when we are finished with music therapy treatment?

For example:

To increase positive verbalizations during songwriting applications.

Another:
To increase attention to task as indicated by completing application requirements with two or less prompts.

ONE ACTION or ACTIVITY for the GOAL - you should never have more than one thing that you are measuring.

Goals should be positive in nature - it is extremely difficult to extinguish a behavior. It is easier to establish a new behavior to replace the negative behavior. Think in opposites - if the ultimate goal is to decrease out-of-seat behavior, then what is the behavior that needs to increase?

Goals are the foundation for objectives. Read on.

Objectives:

Objectives are the steps that you take to get the client from his or her baseline to the completion of the goal.

What is a baseline? It is the current level of development - a snapshot of where the client performs on the targeted objective.

Use the following "formula" to write good objectives.

SMART = Specific, Measurable, Attainable, Relevant, Time-framed

The "S" value is the "what" aspect of the objective.

The "M" value is the "when" and the "how many" aspect of the objective.

Then you get to the "A" value. This value tells you whether the client may reach the criteria for the objective.

The "R" element addresses the "why" aspect of the objective.

The "T" value is the "how long" aspect of the objective.

Let's try the SMART "formula."

SMART

Objective:

When cued by the song lyrics, the client will lift her hand to reach the therapist two out of three trials for five consecutive sessions by May 14, 2005.

Write three objectives for each of the goals listed for Cindy on page 9 on a separate piece of paper and submit it to your supervisor to demonstrate that you have finished this module. Remember to use the SMART formula to help you formulate your objectives.