

## Assessments

Assessment is the systematic process of gathering information about your client and his or her response to music therapy treatment. Some therapists view the assessment period as the beginning part of the treatment of a client. For the purposes of this module, assessment is defined as the first meetings between the client and the therapist when the therapist begins to gather information about the client.

Assessments provide the therapist and the client with information that can be used to establish behavior baseline levels, a picture of the client's current level of functioning, information that shapes the treatment plan and treatment process, and for evaluation of treatment. Assessment is an important aspect of music therapy treatment.

This module addresses the following AMTA Competencies:

- 15.1 Communicate assessment findings and recommendations in written and verbal forms.
- 15.2 Observe and record accurately the client's responses to assessment.
- 15.3 Identify the client's appropriate and inappropriate behaviors.
- 15.4 Select, design, and implement effective culturally based methods for assessing the client's assets, and problems through music.
- 15.6 Identify the client's therapeutic needs through an analysis and interpretation of music therapy and related assessment data.
- 15.7 Demonstrate knowledge of professional standards of clinical practice regarding assessment.
- 16.2 Formulate goals and objectives for individuals and group therapy based upon assessment findings.
- 16.3 Identify the client's primary treatment needs in music therapy.
- 16.4 Provide preliminary estimates of frequency and duration of treatment.
- 18.4 Revise treatment plan as needed.
- 18.5 Establish and work within realistic time frames for evaluating the effects of therapy.
- 18.6 Review treatment plan periodically within guidelines set by agency.
- 18.7 Design and implement methods for evaluating and measuring client progress and the effectiveness of therapeutic strategies.
- 18.8 Demonstrate knowledge of professional standards of clinical practice regarding evaluation.
- 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.

Assessments, in one form or another, address all of these competencies.

As with other forms of professional writing, you will find that different facilities may have different requirements for client reports. The following pages will cover elements of assessments that should be included in the writing requirements of most facilities.

## Types of Assessments

There are many different forms of assessments, but all forms include the same types of information. These types of information are directly related to the client and to the client's response to treatment.

Hanser (1999) defines three types of assessments in the following terms:

1. initial assessment - performed at the beginning of therapy to gather information about the client and to develop treatment goals.
2. comprehensive assessment - often known as an eligibility assessment, this form of assessment allows the therapist to examine all aspects of a client's functioning and then determine whether a client could benefit from music therapy as a treatment modality.
3. ongoing assessment - this form of assessment continues throughout the treatment process and is reflected in session planning, treatment planning, and progress notes.

Hanser, S. M. (1999). *The New Music Therapist's Handbook*. Berklee: Boston, MA., p.75-97.

### Initial Assessment

There are two types of initial assessments, comprehensive or eligibility assessments and treatment oriented assessments.

### Comprehensive Assessment

A comprehensive assessment is generally the first assessment in the treatment process. This assessment allows the client and the therapist to evaluate whether the client will benefit from music therapy as a treatment modality. These assessments often include information that comes from other sources rather than just the music therapist. Therapists can use client charts, reports from other professionals, and interviews with the client, the client's family, and with people who work with the client. Comprehensive assessments are designed to gather as much information about a client as possible from as many sources as possible.

Categories of interest in a comprehensive assessment could include (but are not limited to) the following (in no particular order):

- demographic information - age, sex, diagnostic information, chart information
- communication skills - how does the client communicate? Can the client speak? Does the client use sign language or another form of alternative communication? Does the client have receptive and expressive language skills?
- cognitive skills - how does the client process information? Can they complete one-step directions? Multi-step directions? Does the client have receptive and expressive language skills? Can the client interpret information when it is presented verbally? Nonverbally? In symbol form?
- academic skills - does the client read? Can the client match shapes, colors, symbols? Can the client complete math problems?
- physical functioning - what can the client do physically? Are there any limitations to his or her movement? Can the client complete physical tasks with adaptive equipment? What is that equipment? How is the client's gross motor functioning? Fine motor functioning?
- emotional functioning - how does the client express emotion? Are there any topics that should be avoided in therapy? Are there any topics that need to be addressed in therapy?
- sensory functioning - can the client hear? See? Are there any limitations to what the client can experience based on the senses? Are there any aids that the client needs to participate in various environments?
- psychological functioning - are there any issues related to psychological function that should be noted?
- behavioral functioning - what behaviors does the client exhibit? What positive behaviors? What negative behaviors?
- interests - what does the client prefer to do during therapy? What types of things are rewarding to the client?
- musical interests - what instruments does the client like? What does the client not like? What musical

genres/pieces/artists does the client react to?

- musical functioning - does the client read music? Does the client play any instruments? Does the client indicate any interest in musical instruments? How does the client react to musical stimuli? Can the client locate a sound source?
- other information

The concluding portion of this form of assessment is a recommendation for music therapy eligibility. Will the client benefit from music therapy as a treatment modality? Why?

The SEMTAP (Special Education Music Therapy Assessment Protocol) is an example of a comprehensive music therapy assessment. It outlines a process for completing a diagnostic assessment that answers the question, "Will music therapy treatment benefit this client in achieving his or her goals?"

The answer to the question may be "yes, the client will benefit from music therapy," or the answer may be "no, music therapy will not benefit this client in achieving his or her goals."

If the answer to the question is "yes," the next step in the assessment process is a treatment oriented assessment.

#### Treatment Oriented Assessment

This assessment is the one that is most often identified when you ask a professional to define "assessment." The question of eligibility is answered by the comprehensive assessment or by the facility's referral system. It is generally the first interaction between the client and the therapist who will provide music therapy treatment. The therapist has to identify where the client is currently performing (baseline levels of performance) and then develop treatment goals and objectives (where the client should be performing after music therapy treatment).

This assessment may include all of the areas that are included in the comprehensive assessment, especially if a comprehensive assessment was not completed prior to the first music therapy session. At the end of this assessment, however, the therapist will often recommend a treatment plan and establish treatment goals and objectives. The therapist will also indicate where the client is performing on his or her goals and objectives at the time of the assessment to establish baselines for evaluation purposes.

These treatment goals and objectives provide the format for the third form of assessment, ongoing assessment.

#### Ongoing Assessment

The last form of assessment is ongoing assessment. This has many other names, including evaluation, client progress, current levels of performance, treatment analysis, data collection, and interpretation. Starting with the baseline levels established in the treatment oriented assessment, the therapist can track how the client is progressing in treatment. This form of assessment does not include as much general information about the client. Many times, this form of assessment addresses the things that are changing in the client's music therapy treatment process.

Why should we assess clients in a music therapy setting?

The following pages provide an example of a music therapy assessment.

The initial part of an assessment needs to cover the questions who, what, where, when, and how.

#### Music Therapy Assessment

**Name:** Alexia Jones

**Date of Assessment:** 11/4/2006

**DOB:** 5/2/99

**Gender:** Female

**Exceptionality:** Autism

**Referring Agency:** Penelope Perl, Ph.D.

**Contact Person:** Kelly Landis, Teacher

**Therapist:** Mary Jane Landaker, MT-BC

**Sources of Information:** Observation on November 1, 2006, I.E.P. review, and consultation with Kelly Landis, Special Education Teacher.

Sources of information about the client include, but are not limited to, chart reviews (Individualized Education Plan review, in this case), interviews with the client, members of the client's family, and/or staff members that work with the client, the referring agency, and observation. In addition, the therapist may include music therapy applications or therapeutic musical experiences to assess whether the client will respond to music as a therapeutic medium.

This next section provides an example of an observation summary focusing on why the client was referred for an assessment and what the therapist did and saw the client do during the assessment period.

**Reason for Referral:** Alexia was referred for music therapy consultation services by the psychologist at her school. The psychologist observed that Alexia appeared to be interested in musical stimuli in the environment, and that she hummed during times of emotion. Music therapy was recommended as a service for consultation. The teacher requested information about using music to increase Alexia's positive interactions with others and to assist during transitions between activities.

This information is what the therapist saw during the observation period of the assessment.

**Observation Summary:** Alexia participated in sensory diet activities during the first portion of the observation. She pulled theraputty to find a variety of manipulatives, drew circles and spirals on the chalkboard, stretched, jumped, and bounced on the ball. During this time, Alexia looked at the music therapist several times. She vocalized only during transition times (i.e. putting the putty away, or having to sit at the table after bouncing). In addition, when prompts were given in a loud volume, Alexia's compliance decreased markedly.

After her sensory diet activities were complete, Alexia went to the table and sat quietly through several pages of letters. She watched the teacher's hands while the teacher drew models of each letter. The teacher spoke to Alexia in a quiet, murmur throughout the work time. When Alexia had finished the worksheets, she went to speech. Speech therapy treatment focused on articulation and matching letter sounds with their appropriate symbols. After speech, Alexia went to lunch in the cafeteria with her schoolmates. Alexia sat with a paraprofessional during lunch. She did not interact with her peers at any time, but she did watch several children throughout her lunch period.

After lunch, Alexia returned to her classroom. She chose the Pure Moods CD, listened to two songs and then began to sweep. After Alexia finished her chore, the music therapist tried some applications. Alexia appeared to like the small, laughing bag that the therapist had in her pocket. She pulled it out of the therapist's pocket, gave it a squeeze, and laughed when it laughed at her. She continued this pattern for several minutes. The therapist sang "I Love to Laugh" throughout this interaction, and Alexia leaned in close several times. She did not initiate touch and pulled away from the therapist when the therapist reached towards the bag. Alexia also bounced on the ball to a specific rhythm. She allowed the therapist to bounce the ball with the song, and occasionally, Alexia would sing portions of the song in a very quiet voice.

After the completion of the music therapy session, Alexia went to a chair and watched a portion of a Sing-A-Long video. She sat quietly and watched until it was time to go to PE. She walked down the hallway with her teacher and her paraprofessional. She walked through the cafeteria area where older children were talking to one another. When she arrived at the gym, she had to wait outside until her class arrived. Students entered the gym talking, running, and being loud. Alexia began to pull back away from the door. She then resisted all attempts to redirect her into the gymnasium. This progressed into a tantrum, which included kicking, crying, and attempts to run away. She was also humming the tune of "Yankee Doodle." After several minutes, Alexia ran down the hallway into her classroom. Her teacher turned on a classical CD, and Alexia gradually calmed to the point that she was able to sit in a chair and use the theraputty.

When it was time for recess, Alexia left the room, and the teacher and the music therapist went over some initial recommendations. These include the recommendations found in this report. The therapist left before Alexia returned to the class.

The next section of the assessment is the information that is discipline specific, that is, the information that has to do with music therapy.

**IEP Review:** Alexia's IEP indicates that her current goals include increasing sustained attention to task for a period of six minutes (baseline is four minutes); decreasing symptoms associated with sensory overstimulation; increasing interactions with peers; and developing academic skill in the areas of letter and number recognition.

**Musical Skills/Characteristics:** Alexia does vocalize, especially during transitions. These include physical transitions from one room to another, as well as changes from one activity to another. Alexia hums and occasionally verbalizes during these times. She was observed singing, "Oo-ee-oo-ee-oo-ee-oo-ee," during sensory diet activities, humming in a tri-tone pattern when asked to put the chalk away, and humming "Yankee Doodle" during a tantrum. Alexia did sing during the short music therapy intervention that was attempted. She echoed the song that the therapist sang to her while sitting and bouncing on the ball.

**Musical Preferences:** According to Kelly Landis, Alexia consistently chooses the Pure Moods CD when given a choice of two CDs. This CD includes the song, "Orinoco Flow," by Enya. Alexia also sits quietly in her chair when watching Sing-A-Long videos.

It is important to recognize that the client has strengths. Strengths indicate what the client can already do and what will be helpful when implementing music therapy services. This client had a variety of musical strengths that indicated that music could be an effective tool for interaction.

#### **Strengths:**

- Is vocalizing spontaneously, with a variety of patterns.
- Some emergent speech.
- Locates sources of sounds in her environment through eye contact.
- Observes others (teachers, guests, other students receiving services) when they enter the room.
- Hums and sings during transition times.
- Has musical preferences and demonstrates those preferences through choicemaking.

Areas of focus can be referred to as "weaknesses," but by focusing on a specific area, it becomes a goal area rather than a negative part of a person. These statements are goals for music therapy consultation services. By framing the areas in this manner, music therapy treatment becomes structured.

#### **Areas of Focus:**

- Decrease difficulties with transitions.
- Increase purposeful vocalizations.
- Increase peer interactions.
- Increase independence in all areas of daily living.
- Increase amount of time involved with peers in the school community.

This area is designed for a consultation assessment. In this case, the music therapist was asked to provide the special educator and the client's family with information on how to use music as a tool for addressing the areas of

focus identified. As a result, the therapist wrote her recommendations for that audience, focusing on using music in a way that the teacher and family members felt could be implemented (for example: recorded music, simple chants, listening to and echoing the sounds that Alexia made).

### **Recommendations:**

- Incorporate rhythm and singing or chanting into all transition times. Provide Alexia with a small, hand-held cassette player (something durable that will not break if thrown) to use during these times. Make one tape for transitions from the classroom to PE, one for lunchtime, one for bus rides home, one for entering the classroom, etc.

- Sing to Alexia during all transitions. Use familiar songs and rewrite the words. For example: Sung to the tune of "Yankee Doodle."

Walking, walking down the hall into the gym for PE,

Walking , walking down the hall into the gym for PE,

I will see my classmates there, we will stretch and run,

I will see my classmates there, I hope we have some fun!

- Use music to interrupt Alexia's tantrumming behaviors. Echo the sounds that she makes during transition times. If she is humming "Three Blind Mice," sing the song to her. Her humming may be an antecedent to a tantrum and a signal that she needs something calming. By singing the song, you may provide Alexia with the reassurance that the upcoming activity/class is safe, that you are still listening to her, and that you will be with her through the change in location.

- Use rhythm to organize her responses. Find a good quality hand drum or a metronome, and play a steady beat on the drum during jumping activities, during cleanup times, or while singing. The rhythm organizes responses and makes them more efficient. Rhythm is also an organizer and a motivator. The key to this recommendation is that you observe Alexia's pace and match the beat to her pace. For example, play the drum every time she takes a step or every time she pushes the sweeper.

- Encourage any sounds that Alexia makes by putting them into a song. If she says, "AH," sing it back to her.

- Match background music to Alexia's mood. If she is tantrumming, use fast, familiar music to engage her attention. "Orinoco Flow" would probably be a good choice at this time since it is one of Alexia's favorites. As you find other songs, identify them as tantrum songs. After one or two fast songs, gradually decrease the speed and the volume of the song until Alexia is calm and post-crisis.

- When Alexia has to switch activities, use a calm, quiet chant to increase her attention to task. She appears to be more compliant when instructions are given quietly. When in mid-crisis, also use a quiet, rhythmic chant to assist Alexia and the staff members involved with calming.

### **Equipment Recommendations:**

1. Small cassette player – Fisher Price has a multi-colored, rather sturdy version that also has a microphone. You can get this item in any toy department at Target, Wal-Mart, etc.

2. Metronome – Any metronome that has an audible beat pattern. You can find these at any music store. Ask the music educator in your building if he/she has an extra one.

3. Drum – this may be another item that your music educator can lend to you. I recommend a 14" drum and a mallet. You can purchase a drum through West Music at 1-800-397-9378. At this time, they are selling their 14" Remo Pre-Tuned Hand Drums for \$18.60 (Item Number HARE851400).

**Music Recommendations:**

1. Other CDs by Enya.
2. Planet Drum by Mickey Hart.
3. Mozart for Waking CDs designed for increasing energy.
4. Mozart for Sleep CDs designed for decreasing energy.

This last information provides general information about future contact and provides verification that the therapist has completed the assessment. Notice that the therapist has signed the assessment with her full credentials and with the date.

**Next Contact:** Telephone contact in December, On-site visit in January (date to be determined).

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**Mary Jane Landaker, MME, MT-BC, Music Therapist**

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**Date**

This is the end of a music therapy comprehensive consultation assessment. The following pages provide examples of an initial treatment assessment and an ongoing assessment.

If this assessment was to be a music therapy treatment assessment, the recommendations, equipment recommendations, and music recommendations sections would be replaced with other sections.

The recommendations section could be replaced by a section that establishes treatment goals and objectives. As in the first example of a comprehensive assessment, the strengths and areas of focus assist us in establishing these goals and objectives.

**Strengths:**

- Is vocalizing spontaneously, with a variety of patterns.
- Some emergent speech.
- Locates sources of sounds in her environment through eye contact.
- Observes others (teachers, guests, other students receiving services) when they enter the room.
- Hums and sings during transition times.
- Has musical preferences and demonstrates those preferences through choicemaking.

**Areas of Focus:**

- Decrease difficulties with transitions.
- Increase purposeful vocalizations.
- Increase peer interactions.
- Increase independence in all areas of daily living.
- Increase amount of time involved with peers in the school community.

**Treatment Recommendations:**

- Individual music therapy once per week for 25 minutes - focus on increasing ease with transitions, activities of daily living, and vocalizations.
- Group music therapy once per week for 50 minutes - focus on peer interactions, vocalizations, and activities of daily living.

### **Treatment Objectives:**

- Prior to and during transition periods, Alexia will play her "Going To" song on the CD player when directed by staff members. (Baseline: This is a new objective and skill for Alexia. The "Going To" song is in the format of a social story. At this time, Alexia does not use music during transitions.)
- When prompted by song lyrics, Alexia will sing three two-word phrases with only one sung prompt, two out of four trials for three consecutive sessions. (Baseline: Alexia will mimic the following phrases: "More, please" and "All done" during singing applications with an average of three sung prompts. Propose adding "CD, please" to repertoire to increase functional vocalizations.)
- During the opening application, Alexia will indicate one peer by pointing or saying the peer's name with a maximum of two verbal prompts from the therapist for five consecutive sessions. (Baseline: Alexia indicates the therapist by name rather than a peer.)

Ongoing assessments are varied. They may be called progress notes, evaluation of client progress, data collection and interpretation, and many other titles. For more information, please progress to the modules that address evaluation.