Family Centred Music Therapy: A Commentary on Shoemark and Dearn’s 2008 article.

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Family centred care has become the ideal standard when providing health care for children. Implementation of services under this philosophy are being continually explored and refined so that clinicians can create effective intervention strategies that address the sensitive needs of the family and patient (Tomlinson, Thomlinson, Peden-McAlpine, & Kirschbaum, 2002). Family centred care is based on the assumption that the family is a child’s primary source of strength and support; an approach to paediatric care that is now being advocated to patients and their families of all ages and in any health care setting. (Institute for Family Centered Care, 2008). Little exists in the music therapy literature to support, define, and encourage a family centred approach to music therapy. Music therapy services have often included the family when they are available, or at the very least, acknowledged the presence of the family in the child’s life. Treatment in a truly family centred manner requires a shift in how music therapists’ plan, implement and engage with their patients to allow for a full integration and acceptance of the family into the intervention strategies of music therapy. (Hanson-Abromeit, Hawkins, Nelson, Oelkers, & Mozena, 2005).

Clinical practice that puts the family as a central feature of services will require therapists to adapt in order to best meet the needs of the individual families with which they are working. Careful examination of the relationship between the music therapist and parents of a hospitalized infant illustrate key themes that can guide intervention strategies for family centred music therapy. Poise, as a core characteristic of the music therapist, creates a relationship that is non-judgemental, consistent, and supportive of the parents, regardless of how they feel or act. This relationship is woven amongst the parents and the child and is built on trust, consistency, and empowerment of the parent. Music therapists provide a continuity of service that can extend past the session and across the hospitalisation. Music therapy interventions are recognized as a key component to strengthening the parents’ ability for normal and joyful experiences with their infant.

This article contributes to both the family centred care and music therapy literature through examination of the experience from the parent perspective. The parent perspective provides insight which allows the authors to articulate specific characteristics so that therapists can
knowingly change how they engage with parents. The key themes reported here can be applied not only to parents with infants in the hospital setting, but to a greater scope of clinical sensitivity across settings and age span. The implications of these themes to clinical practice also have application to other health care professionals practicing with a family centred mindset. Perhaps these themes will encourage music therapists to have a stronger voice in the use of family centred concepts in health care.

References

