This comprehensive guide to music therapy assessment, based on the work of the International Music Therapy Assessment Consortium (IMTAC), is a very welcome addition to the literature. The first four chapters provide an introduction and overview of assessment written by the editors. Each of the remaining chapters is dedicated to a specific assessment tool and written by its creator. In her forward, Barbara Wheeler suggests that developing more effective assessment is important both clinically and in giving music therapy credibility as a discipline. She notes that there has been slower progress in the development of assessment than there has been in the case of clinical technique. This book certainly makes an important contribution in the way it gathers together so much key information about assessment along with the 16 tools presented.

In the introductory chapters, the editors describe how music therapy assessment has evolved from a clinically-based to a more research-based discipline in which the focus is on providing detailed descriptions of assessment and evidence of reliability and validity. In Chapter 1, an overview of the different purposes that assessment can have is included, whether undertaken before, during or after therapy. Four assessment methods or processes are discussed in detail; reviewing, interviewing, observing and testing. I found it particularly useful to have the key terms clarified and differentiated including assessment, evaluation, measurement, test, score, standardised, uniformity, normative comparison and norm-referenced interpretation. I realised the importance of using terms correctly in developing an adaptation of the Assessment of the Quality of Relationship (AQR) tool for use in my own work (Lawes, 2012). This tool is presented in its original form in Chapter 10 of the publication being reviewed here. Through discussion in supervision as I was developing my adaptation, I realised that I was using the scientific term 'measure' too loosely. Whilst the method I developed did produce
quantitative data, so that I appeared to be measuring, and was doing so in a way that was informed by a scientifically validated tool, my method itself had not undergone any sort of validation procedure. The problem with this, I came to realise, was that I was potentially opening up my work as a music therapist, and in consequence music therapy itself, to criticism from scientifically minded practitioners from other professions. I needed to avoid claiming that I was measuring and choose to use the term ‘evaluating’ instead. For music therapy to develop its credibility with other disciplines it is important that terms are used, and key concepts understood, in an informed way. The opening chapters of the book provide a very useful new resource for music therapists to help them develop their knowledge.

Chapter 2 focuses on psychometric and theoretical considerations. Psychometrics relate to the construction, administration and interpretation of tests designed to measure psychological variables. Test and assessment theory are discussed with a lot of information provided about validity and reliability. These are central to the scientific credibility of standardised tools. Whilst most of the chapters in the book focus on such tools and their associated tests which in some way quantify what happens in music therapy, Chapter 3 focuses on assessment when no such testing is involved. A literature review is included, the editors noting the complexity of some non-test tools and the time they take to apply, making them perhaps better suited for use in research than in everyday clinical work. This is a practical point of the type I would like to have seen further discussed. The main aim of the chapter is to guide therapists in choosing, understanding and structuring the observations they use to assess their clients if not using standardised tests. The focus is on 1) behaviour observation, 2) tactile and body observations and 3) interaction/communication observations. Other areas of observation may be as important, which the authors acknowledge, dependent on the clinical population and their needs.

The presentation of 16 different existing assessment tools by their developers in the remainder of the book represents a first in the literature. The editor’s intention is to fill the need for such a compendium for music therapists as well as for commissioners and stakeholders. It is most especially in meeting this need that the new book is so valuable. The authors of the individual chapters present an overview of the development, nature, theoretical underpinning, procedures and clinical use of their tools, with information also provided about obtaining the tools and about training in them.

The tools come from both North and South America and from Northern Europe and have been developed for use in a variety of settings. The majority of the tools are population specific. In some cases, the authors suggest their tools may have applications beyond those originally intended. Whilst this may be the case, I think it would have increased the accessibility of the book for the reader trying to work out which tools may be of interest, if the chapters had been grouped together more according to clinical population as I do below, for instance, with the client application identified in the chapter heading.

Three of the tools, those developed by Carpente (Chapter 5), Wigram and Jacobsen (Chapter 9), and Schumacher, Calvet and Reimer (Chapter 10), are designed for use with children and young people with autism and related neurodevelopmental and communication disorders. Bergman’s tool (Chapter 7) is intended to diagnose adults with autism, though its use with children with autism is also being developed. Ferrari’s tool (Chapter 18) has been used to assess children and young people with autism and other pervasive disorders as well as those with pathologies identified by the author as mental weakness (this term being perhaps a little unfortunate in a contemporary text), Down syndrome and
West syndrome. Another tool, that developed by Roberts (Chapter 8), is intended to assess children with special needs more generally (and can also be used for adults). A further tool developed by Moreau (Chapter 6) is intended to assess children and young people in psychiatric settings. The tool developed by Jacobsen (Chapter 14) is used to assess parent-child interaction.

Erkkila and Wosch’s tool (chapter 15), based on the MIDI toolbox, is intended for use with different clinical populations. It has been used to assess music therapy for clients with major depression, with what is identified (again perhaps a little unfortunately) as mental retardation, and with developmental disorders. Storm’s tool (Chapter 16), which focuses on the voice in music therapy, has also been used with adults with major depression though Storm believes there is the potential for its use with other populations. Cassity’s tool (Chapter 17) is used in adult psychiatry.

Hald’s tool (Chapter 13) assesses the interpersonal communication competencies in music of people suffering from acquired brain injury. Lipe’s tool (Chapter 11) assesses cognitive abilities in older adults with dementia, McDermott’s (Chapter 19) also being used with this client group, and York’s tool (Chapter 12) identifies and measures residual music skill in adults with Alzheimer’s disease and other forms of cognitive impairment. Finally, Magee’s tool (Chapter 20) is used to assess awareness in disorders of consciousness.

In summary, this is an excellent and important new contribution to the literature. I would strongly encourage interested readers to purchase the book to discover for themselves the range of approaches taken in developing the tools discussed, with their varied, if often related purposes and procedures.

REFERENCES