



Article

What do we do? Music therapy and assessment: Considerations for 21st century practice

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ABSTRACT

Assessment is a process well-recognised as an essential basis for any music therapy work. However, very little has been published focusing specifically on the theory, practice, and research of assessment in the music therapy profession. Rather, information is fragmented (Sabbatella 2004) and inconsistent. This article offers an overview of documented concepts and deduced definitions in a clinical context, based on the author's own research and reflection. It expands upon the author's oral presentation of the same title (Churchill 2014), summarising part of her Master's research thesis (Churchill 2012).

KEYWORDS

music therapy; assessment

Victoria Churchill completed her Masters of Music Therapy at the University of Melbourne (Australia) in 2012. Partial results of her research thesis around assessment were expanded upon in a presentation at the British Association for Music Therapy National Conference (2014), from which this article is based. Victoria currently works primarily with adults with severe to profound multiple disabilities, in day facilities and homes throughout the Melbourne region. She is also looking to begin a PhD on music therapy assessment.

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INTRODUCTION

Assessment is widely acknowledged as a fundamental process in music therapy. However, it seems to be an area neglected in professional publications. Whilst often mentioned, there is a lack of specificity, cohesion and general clarity. Until the most recent chapter by Wheeler (2013), there were no established definitions or even a clear distinction between clinical 'assessment' and 'evaluation' (see also comments by Baxter et al. 2007; Wheeler 2013; Wigram 2002, as cited by Pavlicevic, Ansdell, Procter & Hickey 2009). Prior to this, and even in practice today, many terms have been used interchangeably, according to geographical,

historical, treatment and philosophical contexts, describing a number of processes with numerous approaches.

In 2012, I (the author) completed a Master's thesis project focusing on music therapy, assessment, and persons with severe to profound multiple disabilities (Churchill 2012). It soon became clear that to provide adequate context for the research, it was necessary to create theoretical constructs based on understandings from experience and current literature. This also meant reconsidering assessment in the context of music therapy. The resulting definitions, distinctions and discussions are presented in this article, offering an overview of considerations and perspectives

regarding music therapy and assessment most relevant to the profession in the 21st Century.

DEFINITIONS AND DISTINCTIONS

When comparing clinical evaluation and assessment in a music therapy context, the content and format of associated sessions, tools, and presentation of outcomes may appear the same or similar (Bruscia 1987). However, there is a fundamental difference in purpose behind both processes (Bruscia 1988). The author has developed the following definitions and distinctions, based on research and reflection:

Evaluation

Evaluation, in the context of this paper, refers to 'clinical evaluation' as a process which is conducted throughout, or at the endpoint of a therapeutic programme; its fundamental purpose is to determine change and/or effectiveness (see Baxter et al. 2007; Bruscia 1987; Gfeller & Davis 2008; Isenberg-Grzeda 1988; Kirkland 2013; Wheeler 2013). According to Kirkland (2013), clinical evaluation also offers an opportunity for therapists to reflect on their interventions and methods, revise goals and objectives, and engage in peer consultations. This means it is a retrospective process, literally 'evaluating' what has happened in order to inform decisions relating to continuation or closure of therapy with a particular client or group of clients. 'Clinical evaluation' is also used here as separate from 'service evaluation' (Tsirir, Pavlicevic & Farrant 2014), i.e. evaluation of the service and its professional quality.

Assessment

On the other hand, assessment is the 'starting point' for effective therapy (Knoll 2012; Wheeler 2013). Its purpose is to determine suitability of the proposed intervention, facilitate treatment planning, and provide a baseline for evaluation (see Borczon 2004; Bruscia 1987; Kirkland 2013; Miller 2014; Wheeler 2013). It is a process of gathering musical and non-musical data, to establish the current level of function, responses, and preferences of an individual or group and, in turn, to inform development of an appropriate therapeutic programme (see Adler et al. 2006; Baxter et al. 2007; Borczon 2004; Bruscia 1987, 1988; Cole 2002; Feder & Feder 1998; Gfeller & Davis 2008; Isenberg-Grzeda 1988; Knoll 2012; Langan 2009; Schmidt Peters 2000; Wheeler 2013; Wheeler,

Schultis & Polen 2005; Wigram 1999).

Assessment and evaluation

Both assessment and evaluation may be described as either formal or informal, depending on the degree of pre-determined structure. The associated process or tool may also be described as brief or comprehensive, relating to the range and detail of aspects considered. It is also important to note that both assessment and evaluation are different from therapists' continual observations and responses, although the latter will of course inform the former.

Further distinctions may be made between an initial or ongoing assessment, the former carried out over one or a few sessions prior to development and introduction of a therapeutic programme, the latter conducted as part of initial sessions over a prolonged period of time, according to associated results. Similarly, a clinical evaluation may also be described as initial (first of multiple), ongoing (continuous, either periodic or consistent), or final (concluding). A tool may be used in assessment and evaluation processes to assist the gathering of information, and a report written detailing outcomes, perhaps with recommendations for future therapy (Borczone 2004).

Finally, it is important to note that an assessment conducted within a music therapy context is not necessarily a 'music therapy assessment', in accordance with the author's previous definitions and explanations. Whilst both assessment within music therapy and music therapy assessment utilise music and relevant professional techniques, the former is most likely conducted for diagnostic or other informative purposes, perhaps within a transdisciplinary framework. Assessment is, of course, just as valuable for music therapists and colleagues of other professions. However, a music therapy assessment, as previously described, is conducted specifically for the development of a music therapy programme.

DEVELOPING AN ASSESSMENT TOOL

There are numerous influences on the development of an assessment tool in any profession, though perhaps even more so in music therapy. The format and content of tools will be particularly affected by: the theoretical stance and practical approach of the therapists involved, context of practice, and the needs/abilities of the individuals supported (see Adler et al. 2006; Cole 2002; Gantt 2000; Gfeller &

Davis 2008; Isenberg-Grzeda 1988; Knoll 2012; Schmidt Peters 2000). Various considerations and guidelines have been documented (for example, by Borczon 2004; Gantt 2000; Isenberg-Grzeda 1988; Knoll 2012) Cole (2002) has published a particularly comprehensive handbook for music therapy assessment.

Although each tool developed is different – as is every therapist, setting and individual – fortunately there are some fundamentals. Perhaps, most importantly, tools are intended to facilitate the gathering of relevant information specific to and utilising the unique elements of the music therapy context, in a manner that is respectful to those assessed, as well as concise, appropriate to the setting, and meaningful to other professionals (see Gantt 2000; Isenberg-Grzeda 1988; Pavlicevic et al. 2009). There should also be clear relevance to the therapeutic needs of the individual or group (Gfeller & Davis 2008). The Australian Music Therapy Association (2008) also specifies that ethnicity and cultural background should be accounted for. The most comprehensive guide I have found for incorporating this into tool creation and assessment/evaluation processes was *The Multicultural Music Therapy Handbook* (Chase 2003).

STANDARDISATION

Searching databases, archives, and physical texts, and consulting with leading researchers, I found no published research to date directly related to the analysis, formulation, or standardisation of music therapy assessment. It also seems that no published music therapy assessment tools have been standardised or externally validated (as previously noted by Baxter et al. (2007) and Pavlicevic et al. (2009)). However, standardisation has long been debated within the music therapy profession, as previously noted by Baxter et al. (2007) and Grant (1995). Connected with an increasing push for evidence-based practice (Pavlicevic et al. 2009; Wigram et al. 2002), the primary supportive argument is essentiality for professional recognition, comparison, credibility, and integrity (Baxter et al. 2007; Bruscia 1988; Grant 1995; Wigram et al. 2002). In addition, Miller (2014) rightly notes a correlation with increased professional demand for assessments and outcomes from music therapists' employers.

Fundamental to standardisation, though, are reliability and validity testing (Langan 2009; Schmidt Peters 2000; Wheeler et al. 2005), and norm- and criterion-referencing (Wheeler et al.

2005). These aspects are generally associated with quantitative methods (Wheeler et al. 2005), rather than the empirical practice music therapy traditionally draws from (Wigram 1999; Wigram et al. 2002) (for further information regarding standardisation and reliability and validity, see Bruscia 1988; Feder & Feder 1998; Wheeler 2013). Furthermore, it is relatively common for music therapists to create new tools, or adapt or utilise those of peers or colleagues of other professions, ensuring processes and tools specific to their working context (Adler et al. 2006; Baxter et al. 2007; Isenberg-Grzeda 1988; Langan 2009; Schmidt Peters 2000). This makes further difficulties in applying the aforementioned standardisation concepts, especially considering the great variance according to therapeutic and practice contexts, including diverse individual and cultural differences as well as each therapist's theoretical stance and practical approach (see Isenberg-Grzeda 1988; Langan 2009; Schmidt Peters 2000; Wigram 1999; Wigram et al. 2002). It also means the format and content of assessment processes and tools vary widely within the profession – as noted by Langan (2009), tools are generally site-specific, and therefore used by few practitioners and researchers – and are thus harder to generalise or standardise (see also: Adler et al. 2006; Cole 2002; Gantt 2000; Gfeller & Davis 2008; Isenberg-Grzeda 1988; Knoll 2012; Schmidt Peters 2000).

Additionally, music therapists consulted as part of my original research (Churchill 2012) found in some contexts that to use a formalised process or tool was considered impractical or even discouraged by employers. This was related to pressures of workload, offering of only short-term interventions, and so on. Other therapists did use a formal process and tool, but found it necessary to continually adapt for best practice, with different approaches required according to reasons of referral (Churchill 2012). And finally, it is very difficult to document musical and non-musical responses unique to music therapy in a manner meaningful to our major employers and other professions (Feder & Feder 1998). Quite simply, music therapy is an intervention not easily measured by statistical means (Langan 2009).

These are just some of the possible reasons why the music therapy profession has not yet successfully embraced standardisation. However, Baker (2008) noted that there is a need for tools to be systematically developed and appraised. This could certainly meet the needs correlating to evidence-based practice and the demand for

assessments and outcomes from our employers. Alternative methods for establishing reliability and validity have also been suggested by Bruscia (1988), James (1986) and Wigram (1999). I also concluded my research by suggesting that published guidelines for specific populations and therapeutic contexts may be more beneficial than a formalised or standardised tool, based on informal conversations with music therapists and my own experiences (Churchill 2012). This correlates somewhat with Wheeler's (2013) discussion of the need for protocols.

However, just because standardisation is a challenge for our profession does not mean it is impossible. Indeed, I was most fortunate in having an informal discussion with a music therapist who was in the process of finalising a standardised music therapy assessment tool specific to working with persons experiencing Huntington's Disease (personal communication, the First British Association for Music Therapy Conference, February 22, 2014). This is very exciting research that could significantly influence our professional perspectives around assessment processes and tools for populations with high needs in the future.

CONCLUSION

This article presents an overview of considerations and perspectives regarding music therapy and assessment most relevant to our professional practice in the 21st Century. Definitions, distinctions, and discussions around standardisation are presented based on my understandings from literature and professional experience. A lack of consistency and cohesion across publications to date is also identified.

It is still essential that present and future music therapists do establish a unified understanding of assessment in music therapy, and continue to document their processes and tools. To do so will benefit shared knowledge and learning within our profession, as well as the understanding and recognition of music therapy for current and potential major stakeholders. In the author's opinion, this is just one of many ways to ensure music therapists are together and moving forward as a profession through the 21st Century.

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