

As a music therapist, I did feel some disappointment that eight out of twelve case studies were written about art therapy, while three were based on music therapy (including one conducted by a GIM therapist) and one on drama therapy. However, this thought left me wondering whether this is due to AT having a stronger history of assessment or the editor's relationship with and knowledge of her own profession. With that in mind, I do believe that the MT profession can draw many tools and resources from art therapy. While music therapists have access to many compilations of case studies such as Bruscia's *Case Studies in Music Therapy* (1991), this text allows the music therapist to draw tools and resources from other creative therapies and strengthen their capacity to assess, evaluate and communicate outcomes. The book left me with new knowledge, empowerment to strengthen my assessment practice, while also leaving a thirst for more learning – everything that Miller intended! This book would be suited to music and arts therapy students, practitioners and educators as the professions move towards strengthening their position in medical and community models of health. *Assessments and Outcomes in the Arts Therapies* has opened a new and very important conversation that will strengthen collaborative relationships between arts therapists, colleagues and the people we work with. I personally look forward to seeing where this conversation goes to next.

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Candlin, S., and Roger, P. (2013). *Communication and Professional Relationships in Healthcare Practice*. Sheffield: Equinox. 202 pages. ISBN:978-1-908049-97-1. Cost: \$45

This practical manual offers insightful and innovative approaches for music therapists and music therapy students wishing to gain greater understanding and skills for facilitating effective discourse and communication in health care contexts. Readers are introduced to typical clinical situations and transcripts of interactions and are asked to consider these using theoretical frameworks. The authors draw on their research and teaching backgrounds, and apply adult learning principles to encourage self-regulated and effective learning. The first three chapters provide a theoretical basis for effective communication, and also offer evaluation techniques. Chapter one introduces the complexities of communication. Theoretical models including a 'total focussed approach' (p. 6) and 'the world communication model' (p. 9) are described, and readers are encouraged to consider these in relation to complex, but typical healthcare situations. Chapter 2 considers management of clinical conversations, introducing conversation analysis to facilitate a structured and goal-orientated approach. This chapter considers opening, closing and turn taking during clinical discussions.

Chapter three introduces the concepts of framing and footing and how these can influence trust and misunderstanding.

The book progresses with applications of theoretical frameworks and concepts presented in the early chapters. Chapter 4 examines empathy, sympathy, and affiliation, and also discusses how face affects interactions requiring understanding and sensitivity. Assertive, aggressive, and submissive behaviour are introduced in chapter 5. Chapter 6 discusses transference, exploring common impressions that speakers, both patients and health care workers, may unconsciously bring to and project during interactions. 'High stakes interactions' (p.91) such as assessments and emotionally charged situations are covered in chapter 7. This chapter introduces metaphor as a means for sensitively directing conversations so that necessary information is conveyed. Chapter 8 explores the complexities of delivering bad news, and offers strategies for managing this so miscommunication is avoided.

Later, the book applies fundamental learning to assist the reader to develop professional and context related communication skills. Chapter 9 introduces discourse coherence and argues that this is a necessary skill for expert healthcare professionals. Following on, chapter 10 explores communication within multidisciplinary health care teams, noting the overlap that exists between roles and the potential difficulties in communication. Chapter 11 continues with discussion about leadership styles, forms of power, and associated ethical dilemmas. Chapter 12 seeks to consolidate the theoretical learning and concepts introduced over the preceding chapters. The 'total situation focussed framework' is introduced and readers are encouraged to apply this in their own clinical situations.

In conclusion, the book suggests that readers will have "integrated knowledge acquired from prior and new learning experiences with... everyday life and professional practice experiences... to develop a new gestalt" (p. 184). However, the learning scenarios illustrated throughout the book are orientated towards 'traditional' health care workers (doctors, nurses, physiotherapists, etc.) and would need to be adapted for music therapy contexts. Many of the scenarios are not likely to occur in music therapy, and of course, the book does not explore the complexities of discourse that is punctuated with musical communication.

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