I was intrigued by the honesty and openness of these personal narratives written in the first person. Like travelling in a foreign country, reading other people’s perspectives and thoughts can effectively sharpen our awareness of our own culture and the ‘cultural baggage’ that we carry with us. It is refreshing to see race being discussed so openly. There are intimate details of childhood (a therapist of Jewish/Muslim heritage growing up in Iran and studying and working in America); of courtship (interracial relationship between a white Australian therapist and her Japanese partner); of racial discrimination (an African-American therapist having to second-guess whether a job she was granted or a house she was to rent were suddenly unavailable when she showed up in person); and of alienation (a Korean therapist feeling not fitting into either of the major ‘white’ or ‘black’ racial groups with whom she lived and worked in the US). These examples, along with many others in the book, show deep levels of self-exploration. I felt as though I were guiltily reading confidential therapy notes, in which vulnerability emerged from time to time; but these are the stories of respected individuals sharing their journeys of self-awareness, and in so doing, helping music therapists at large to become more cultural competent.

The author has succeeded in inspiring readers to examine their own experiences with racial issues, to learn how to sit in our discomfort in order to learn about others and ourselves, to deepen our understandings and our relationships across racial lines. This is an enjoyable and enlightening read, a valuable contribution to the field.

Reviewer:

Vannie Ip-Winfield, BMus(Thrpy), MMus(MusThrpy), GDipMthHthSc, RMT

Melbourne, Australia

Email: vipwinfield@gmail.com


With the creative arts therapy professions currently moving towards a more integrated approach of therapy, the release of *Assessment and Outcomes in the Arts Therapies: A Person Centred Approach* is somewhat timely. Not only is it becoming essential for arts therapists and other allied health professionals to work more collaboratively; having a language to assess, evaluate and report on this nature of work is fundamental for the survival of our profession/s. Miller clearly defines the intention of this book as addressing the ‘perceived’ constraints that therapists face in using measures and developing a language that can be understood by clients and colleagues alike, while enhancing therapeutic and collaborative outcomes.

Being the first book of its type to synthesise the use of clinical assessment and evaluation across the disciplines of music therapy (MT), art therapy (AT), drama therapy and multi-
modal therapy, Miller invited multiple therapists to share individualised case studies. The book is divided into an overview chapter on arts therapy assessment; six case studies on working with adults; and six case studies dedicated to working with children. The overview allows the reader to acknowledge their existing assessment strategies and the challenges that therapists face in regards to time, communication, and knowledge constraints. Of particular note, I appreciated Miller’s recognition (via Hyland Moon, 2002) of arts therapists need to speak multiple languages with contradictory terminology and value systems. A review of current uses of assessment allows the reader to see what is being used by other arts therapies, including informal assessments, standardised assessments and assessments for specific diagnoses.

While music therapists may be more inclined to read the MT case studies, reading about other therapist’s practice allowed me to deepen my understanding of the assessment process from a global perspective while also grounding my own therapeutic identity. In Part 1 (working with adults), case studies written by art therapists, a music therapist, speech therapists and a Guided Imagery and Music (GIM) therapist explore work with adults presenting with various disabilities and abilities such as Post-Traumatic Stress Disorder symptoms; Parkinson’s Disease; behavioural challenges associated with grief, Major Depression and Generalised Anxiety. In chapter 3 the reader learns about the collaborative efforts of a music therapist working alongside speech therapists in a choral singing group with those experiencing neurological conditions, and their carers. The case presents an in-depth overview of multiple standardised evaluations as well as qualitative interviews and reflection. Contrasting to chapter 3, Chapter 4 and 7 allow the reader to gain knowledge on simple assessment tools that can be used in everyday practice such as the Behaviour Motivational Scale (Durand and Crimmins, 1988), and the Arts Therapy Five-Point-Star Assessment Tool (Gordon-Flower and Flower, 2011), including therapist reflections.

Part 2 (Working with Children) takes the reader through arts therapy assessments and processes with children who present with challenges associated with trauma, Autism Spectrum Disorder (ASD) and Cerebral Palsy. Through two art therapists’ narratives on working with children on the Autistic Spectrum, the reader is introduced to the Individual Open Ended Art Interview (Rubin, 2005), an art therapy assessment tool which allows the therapist to make observations of specific items such as engagement/non-engagement, sensory reactions, use of physical space and time and repetitive or restricted behaviours through a 45-60 minute art therapy session. This assessment tool presented as one that would be simple to implement in everyday assessment sessions. Chapter 12 allows the reader to gain insight into assessment from an integrated model of MT that was informed by developmental, psychodynamic and humanistic philosophies.

Each of the chapters provide a strong focus on client strengths and allow the therapist to share their philosophical orientation, assessment and evaluation processes. The case studies were from ‘real world’ therapy practice and include therapists working in private practice, school systems, community systems and residential homes. This allows the reader to appreciate the skills required for assessment within these areas of practice: collaborations for referrals, shared assessment with other allied health practitioners and communication between clients, families and colleagues. Some of the chapters focused on therapeutic processes, while others shared thorough descriptions of the assessment and evaluation approach. I was particularly drawn to the case studies that highlighted the therapist’s philosophical orientation, as their strong therapeutic identity appeared to strengthen both the assessment process and their use of clinical language.
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 led 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.


Reviewer:
Claire Stephensen MMus Thy BMus RMT NMT
Music Therapist, Belmont Private Hospital, Sing&Grow and Press Play Music Therapy
Email: info@pressplaymt.com


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 healthcare 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.