

Evidence Missing, or Missing Evidence? The Role of the Literature in Defining Neuro-disability and Neurorehabilitation: Commentary on Daveson's 2008 article.

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Worldwide, there has been a steady increase in the amount of clinical work and research being carried out in the area of neurorehabilitation (Gilbertson, 2005a). This may be a reflection of the permanently changing epidemiological profile of people affected by neurological illness and trauma. Alone in the field of traumatic brain injury, 62 references to texts were identified in 2004 and this number has continued to grow. This description of a meta-model in neuro-disability and neurorehabilitation succinctly highlights the demands being made on some music therapists and presents a strategy for responding to these demands. This is certainly a significant contribution in terms of developing a definition of how clinical practice in neuro-disability and neurorehabilitation may be organised in the future. This paper however holds a more fundamental and generic lesson than only this.

At this stage in healthcare provision which is so heavily relying on evidence, and a specific understanding of what is to be considered evidence, this meta-model highlights the importance of literature and the function it plays in relation to models of clinical practice. During the past decade there has been a large increase in the number of publications in the field of neurorehabilitation with children and adults. At least six doctoral studies have been completed on topics related to neurological illness and disease during the past 5 years (Baker, 2004; Gilbertson, 2005a, 2005b; Herkenrath, 2004; Jungblut, 2004; Schmid, 2005).

There is research evidence of changes in the relational aspects of rehabilitation (Gilbertson, 2005b; Gilbertson & Aldridge, 2008; Schmid, 2005), but perhaps this meta-model highlights the importance of how this evidence is communicated and incorporated into clinical practice. The description of the meta-model obviously challenges the ways in which researchers publish and disseminate their work as this will ultimately also demand a consideration of what is accepted as evidence in our "brave new world". Most importantly however, this meta-model highlights large gaps in the existing literature.

For some time there has been an awareness of a significant discrepancy between the literature and actual clinical practice. Trends have been created based on highly biased patterns of publication. Perhaps what this study really makes transparent is the contemporary demand for basic research into music

therapy techniques and methods. Precious time is passing in the biography of music therapy in neurorehabilitation and it is now time to move forward, leaning against the existing studies and models of the late 1990's. This area of the application of music therapy is evolving and to support this growth we should aim to order our activities in a sensible chronology. We need to create an agenda of research that increases our understanding of efficacy of various therapeutic strategies. Studies with clearly focused questions that are researched with appropriate methodologies are needed. This must be our shared agenda for the current phase of development.

As I suggested at the outset, a meta-model may be considered to be a type of *definition*. Like a definition, the meta-model presented here is a guiding structure or process that can be used to inform and lead clinical practice. In his writing about defining music therapy, Bruscia (1998) reminds us:

“We are and we will always be in the process of defining – for the answers to the diverse issues and questions raised here will always vary according to the definer and the context in which the defining takes place. The important point is that the purpose of creating a definition is not to determine once and for all what music therapy is; it is merely to establish a new perspective or approach to conceiving of it, another attempt to answer the basic core questions” (p.17).

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