

Book Reviews

Kern, P., & Humpal, M. (Eds.) (2012). *Early childhood music therapy and autism spectrum disorders: Developing potential in young children and their families*. London, UK & Philadelphia, PA: Jessica Kingsley Publishers. 304 pages. ISBN 9781849052412 (paper) \$39.95. ISBN 9780857004857 (electronic).

Kern and Humpal have provided a detailed explanation of the use of music therapy in treatment of children on the Autism Spectrum both in terms of coordination of care and support of music therapy as an emerging evidence based practice within the educational system. Petra Kern, PhD, MT-DMtG, MT-BC, MTA, has drawn from her extensive clinical and research experience with a focus on young children with Autism Spectrum Disorders. In 2008, Dr. Kern received the Research/Publications Award of the American Music Therapy Association for studies with young children with Autism Spectrum Disorders. Marcia Humpal, MEd, MT-BC has clinical experience in her private practice which she started upon retirement from the Cuyahoga County Board of Developmental Disabilities in Cleveland, Ohio. She coedited *Effective Clinical Practice in Music Therapy: Early Childhood and School Age Educational Settings*. Drawing from this wealth of experience, Kern and Humpal have presented a resource for music therapists, parents, and any member of an educational treatment team. The book is presented in the following five parts: Part 1. Introduction and Research; Part 2. Assessment and Goals; Part 3. Treatment Approaches; Part 4. Collaboration and Consultation; and Part 5. Selected Resources. Complete with case vignettes and examples of music interventions with transcribed songs, and including a series of Learning Questions at the end of each chapter, this book would be an excellent addition to curriculum at either the undergraduate or the graduate level.

It is often a struggle to keep abreast of the research; therefore, the reader will find Part 1 to be very helpful. The most up to date research is compiled in Part 1, including a description of Autism Spectrum Disorder (ASD) by Kern in Chapter 1, an examination of what qualifies a treatment as being an evidence-based practice, and the implications for music therapy in Chapter 2, and a new Meta-Analysis by Jennifer Whipple "Music Therapy as an Effective Treatment for Young Children with Autism Spectrum Disorder" (2012, p. 58–73) published here for the first time in Chapter 3. Chapter 2 includes a detailed explanation of the terms "evidence based" and "emerging practice." This writer has heard school administrators use the term "emerging practice" to support the denial of music therapy services. The outcome of the meta-analysis by Whipple is that music therapy as a highly effective

treatment for which this writer was pleased to see given the ongoing debate within the public school setting about the need and efficacy of music therapy. It does reveal that there is a need for more research particularly in light of the typically small sample sizes but this meta-analysis does a good job of comparing and assessing the existing research in a fair and favorable light and in a way that lends itself to presentation to school administration. The study also reveals that although there is a need for reproduction of previous research, the current literature is all positive.

In Part 2, Chapter 4 describes various assessment models including a rationale for assessment, description of the assessors, role of the music therapist in the assessment process, and an emphasis on the need for strong assessment that not only determines qualification for services but also drives the establishment of appropriate goals. A four-step assessment model is presented along with an overview of the MT-MRB assessment model and the SCERTS model as it is used for generating goals. The reader gets a sense however, of the lack of a standard music therapy assessment tool for ASD. This writer was struck by this particularly in light of the fact that special education administrators often ask what the assessment tool is and have used the lack of a standardized tool to deny the validity of the assessment. There is a need for music therapists to present support for the models they use and that is provided in Kern (2012).

Part 3 gives an overview of the most used evidence-based treatment models. Chapter 5, Applied Behavior Analysis (ABA), is recognized by the National Autism Center as an *Established Treatment*, meaning that it has been extensively researched and shows sufficient evidence to support it as an evidence-based treatment model. Music is presented as both a potential re-enforcer and as a prompt in the behavioral approach. Chapter 6 presents the Social Story, a widely used tool within treatment of autism spectrum disorders as well as other developmental disabilities, and includes several examples of social stories set to music both with original music composed by music therapists and "piggyback" versions where a familiar tune is used with lyrics created from the social story. Chapter 7 presents the Nordoff-Robbins Music Therapy model with emphases on developing communication and social interaction through shared music-making. This chapter identifies shared goals between Music Therapy and other therapy approaches with an emphasis on shared music making and its unique ability to address communication and social skills goals. Work with ASD clients is often behavioral in nature but it is so important, in this writer's opinion, that a combination of a psychoanalytic and behavioral approach be maintained so that the treatment is centered on the whole person. The editor's presentation of

the Nordoff-Robbins model does a nice job of revealing how the two can complement one another. Chapter 8 presents the DIR/Floortime Model with considerations and implications for music therapy. It emphasizes the similarities and differences between improvisational music therapy and the Floortime model with a very helpful chart and case scenario on pages 151–154. Chapter 9, “Strategies and Techniques: Making it Happen for Young Children with Autism Spectrum Disorders,” Humpal & Kern (2012, p. 162–180) describes developmentally appropriate practice with an emphasis on the way in which children with ASD learn. It presents strategies for supporting social development, supporting language and communication development, preventing challenging behaviors and how to embed these strategies in music therapy practice with case examples and music scores. Each of these chapters provides examples and explanations of how music therapy can be or has been combined with the model presented. It also includes any studies that have been conducted showing efficacy of the use of Music Therapy within the context of these models making this an excellent resource for any music therapist working within the context of a school setting and within the Individualized Education Program of the special needs child.

Part 4, Collaboration and Consultation, presents Music Therapy intervention and collaboration within the context of an inclusive preschool setting (Chapter 10), within communication and language development (Chapter 11), within sensory processing (Chapter 12), and within family centered practice (Chapter 13). Part 4 concludes with profound insight from the personal perspective of music therapists who are also parents of children living with ASD (Chapter 14). Chapter 10 gives a wonderful example of how a consult and collaboration can be effectively implemented when there is an awareness of music therapy as a treatment model and where there is an openness to consult with a music therapist. This chapter would be very helpful to both preschool programs and elementary school programs where music therapy has not been previously implemented as it provides a step-by-step description of the music therapy intervention process. When music therapy is first suggested within the IEP team, it can be a daunting task to explain music therapy and how it can be implemented to members of the team who may never have seen it in practice. This chapter presents a case vignette beginning with the initial referral, including 10 questions for considering music therapy as an intervention option for ASD followed by the initial interview and assessment, decision making and intervention planning, staff training and continuous support including an example music score, and concluding with final evaluation and termination of the service.

Chapter 11 includes a glossary of basic communication and speech language terms related to ASD. It is necessary for music therapists to be familiar with these terms as they interact with verbal behavioral and speech therapists and write goals and objectives within the IEP and to understand the unique ways in which children living with ASD are affected in the areas of social communication and speech-language development. Table 11.2 provides a summary of speech-language features of young children with ASD (p.

203–204). This chapter goes on to address incorporation of music into communication and language development with children with ASD and touches on research outcomes, using Applied Behavior Analysis /Verbal Behavior in music therapy, Aided Augmentative and Alternative Communication such as picture cards (pecs) or computer devices such as a dynavox or iPad, and collaborating with speech-language pathologists. Table 11.3 gives examples of clinical applications in music therapy based on statements from the literature (p. 210). Chapter 12 considers the issue of sensory processing which in some ways needs its own subsection. Sensory issues are complex and the book provides charts that are helpful for understanding terminology related to sensory systems with suggestions for interventions that families as well as therapists and classroom teachers could implement. The suggestions for music therapists is brief but does stress the need for treatment to be integrated through work with the OT and the need for development of treatment on a case by case basis.

Part 4 also covers family-centered practice (Chapter 13) and insights from parents of children with ASD (Chapter 14). Chapter 13 addresses the lack of in-home services and the need for support so that skills can be generalized to all areas of the child's life. In this writer's opinion, coordination of care with family-based agencies that routinely visit the homes of children with ASD in the form of TSS workers, Behavioral Specialists, and Mobil Therapists, is crucial. The editor's note that children with ASD receive less services based on family-centered practice but this writer is seeing an increase of family-based services for any child whose family indicates they are having significant problems dealing with their child's behavior issues in the home. The authors explain ways in which to use music within the home environment and address communication, emotional regulation, transitions, and joint attention with tips and comments for parents in each section. It was great to read insights from other music therapists who are also parents of children with ASD. As such a parent, it was encouraging and affirming to hear other's accounts of their experiences. Parents want to know that the professionals working with their children understand. Sometimes they don't. This book goes a long way toward remedying that problem.

Part 4 concludes with an excellent list of resources, which this reader will be utilizing for months to come, including websites, online briefs and fact sheets, podcasts and blogs and tools for clinical applications with Apps for iPhone, iPod, and iPad, and an Annotated Bibliography with Selected Research At-a-Glance in Chapters 15 and 16. This book delivers what it says. It is easy to read and each section of the book could stand alone allowing the reader to pick and choose from the five parts of the book as needed making it an excellent addition to any library. It is an excellent resource and an informative tool for anyone wanting a better understanding of the use of music therapy within treatment of children with ASD. It shows what research is available and presents it all in one place for easy access. Having said that, it also shows that there is an ongoing need for more data on the efficacy of music therapy and that there is still work to be done in a time

when the number of diagnosed cases of children with ASD is now 1 in 88.

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Dickinson, S. C., Odell-Miller, H., & Adlam, J. (Eds.). (2012). *Forensic music therapy: A treatment for men and women in secure hospital settings*. Jessica Kingsley Publishers, 258 pages. ISBN: 1849052522 \$36.95.

Forensic Music Therapy: A Treatment for Men & Women in Secure Hospital Settings is an endeavor to explain an area of study that is not yet popular in the research of music therapy. This book is the beginning to understanding where music therapy fits in the forensic setting. It's an illuminating read that is divided into sections which provides the reader with an outline to follow. These sections are: Part I: The institutional setting, Part II: Clinical, and Part III: Research. Contained within the pages are guidelines to administer music therapy, how to effectively collaborate with a multi-disciplinary team, the importance of supervision, case study examples, the struggles of working in a difficult setting and how to resolve these challenges, as well as the models of music therapy that can be practiced. In addition to this information, the editors included exceptional appendixes that work together with the chapters. In an attempt to examine the sections of the book, the reviewer has similarly divided this book review into subcategories.

Part I: The Institutional Setting

Chapters 1–4 focus on the dynamics of supervision and management in a secure forensic unit. It is crucial to understand this prior to reading the rest of the book. The reviewer found it very beneficial that the authors delved into the challenges therapists face when working in a high secure hospital (HSH) and explained how to address these challenges. Patients admitted to a HSH are determined to be dangerous towards others, thus their lifestyle is restricted and observed. Clients may have a history of violent behavior such as murder, abuse, or rape. It may be difficult for the public to understand why someone would want to provide therapy for these individuals. The patients may also feel this confusion as to why someone wants to help them. As a therapist, this could bring up emotions of rejection, hesitation, and fear. It is important, therefore, to be aware of transference and counter-transference, and to seek supervision regularly. Patients are not the only ones who are restricted; therapists also have restricted use of materials and they need to plan their therapy sessions according to the regulations and safety rules of the facility. It is not unusual for a therapist to be exposed to disturbing stories. The reviewer feels it is essential to have extended education that provides the therapist with appropriate verbal and listening skills to handle these types of challenges. The authors of *Forensic Music Therapy* support this and encourage those working in the forensic field to seek out supervision.

Supervision was a key factor in the book. It is easy for clinicians and care givers to experience burn out in this high-stress environment. Supervision may ease the symptoms and effects of burn out. The treatment team works together to communicate the challenges and triumphs of individual patients. By working together, the patient experiences better treatment and safety.

Providing therapy in a forensic hospital is a unique and relatively unfamiliar territory. There are key characteristics that need to be understood. Security measures are of the utmost importance. To prevent escapes, hand-made weapons, and to encourage healthy therapeutic relationships, three safety barriers must be implemented: physical, procedural, and relational safety. There are advantages and disadvantages to the institutional setting. Patients often experience loss of freedom and identity. For clients, there are not many opportunities to socialize with people living outside of the walls or to experience the things staff does on a daily basis outside of work. However, having such a secure and limited environment maintains a regular structure many of the residents need in order to function. The role of the treatment team is to address some of these patient challenges, as well as to treat a mental disorder using medication, and various therapies. It is important to point out that this book emphasized the role of the multidisciplinary team and the role of the music therapist within the team. The reader felt it is notable to commend the authors on explaining how important it is for the staff of a facility to have support for each other. As stated on page 63, it can be challenging for staff to visualize patients as people with a potential for change. There are various difficulties nurses, social workers, psychiatrists, psychologists, and therapists face when employed at a secure unit. Social barriers, language differences, disabilities, and education often present even more challenges therapist work to overcome. The authors realize the impact music therapy techniques may have on the aforementioned challenges.

Music therapists also follow an ethical code to do no harm and make no judgments, but they also face personal challenges in knowing their patient has committed a crime. It is just as important for music therapists to receive support and supervision. Chapter 2 is a brilliant section that discusses supervision in detail. The authors have experiences that offer unique insight into the role of supervision, and include case vignettes on that topic. Supervision allows the music therapist to work through difficult personal experiences or reactions to the therapy process. It also allows the sharing of therapeutic sessions in order to gain understanding of improvisations and song discussions within therapy. The reader, and earlier literature, agrees with the authors that supervision has the opportunity to heighten the therapeutic process (p. 56).

Although important, the reader felt that information on political influences, finances, and government acts were too heavy for the book. The environment and the politics were examples taken from the United Kingdom, so this topic was difficult for the reader to apply considering she practices in the United States. The reader suggests writing a separate article or book on these issues for the benefit of therapists in different countries. There can be a correlation drawn between the financial cutbacks experienced by many forensic hospitals.