Outcome measures in music therapy

A resource developed by the Nordoff Robbins research team

Edited by Charlotte Cripps, Giorgos Tsiris & Neta Spiro
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Welcome

Welcome to the Outcome Measures in Music Therapy resource. Developed by the Nordoff Robbins research team, this resource provides information about outcome measures developed in the field of music therapy.

Though assessment has been integral to music therapy practice since the early 1960s (Wheeler, 2013), the drive to use outcome measures in music therapy research and practice has increased in recent years. This has been encouraged by various changes in the field including the development of evidence-based practice, funding expectations, as well as the expectation that the use of such measures and tools can contribute to the understanding about the effects and effectiveness of interventions (for a recent discussion of assessment tools, see Lipe, 2015).

Some outcome measures developed for external related professions have been applied to music therapy. The Cohen-Mansfield Agitation Inventory (CMAI), for example, is often used in studies on music therapy and dementia care (see examples in Vink et al., 2003). Such measures are useful as they clearly speak to an audience beyond music therapists and may fit well with the extra-musical processes involved in music therapy. However, since they are not developed specifically for music therapy, they may not assess aspects uniquely relevant to music therapy practice.

At the same time, many measures have been developed for assessment of outcome in music therapy and this resource focuses on these. Some of the measures included were developed for particular client groups or settings, such as “clients with disorders of consciousness” (Magee, 2007), and others have been more broadly conceived, such as “children undergoing music therapy” (MacKeith, Burns & Lindeck, 2011).

Identifying the most suitable outcome measure for a given music therapy client group or setting can, in many situations, be a difficult process and there are many possible reasons why music therapists may not use assessment tools. Some examples of obstacles and considerations include: the format of data collection; the nature of the tasks for assessment (e.g. an emphasis on behavioural tasks that do not seem to be related to the musical relationship between clients and therapist) (Loewy, 2000); the relationship of the tool to each therapist’s philosophical perspectives, client group and work site requirements (Isenberg-Grzeda, 1988). In addition, the limited awareness of existing tools and measures can often be the initial and main difficulty in identifying and using outcome measures. Searching online, in published research papers and books can be a time consuming and, at times, complex task. This is where we hope this resource helps: it provides a systematic overview of outcome measures in music therapy.

To our knowledge, this is the only resource collating information about music therapy specific outcome measures that is freely available online (www.nordoff-robbins.org.uk). There are of course many debates about whether, how and when outcome measures, such as those collated in this resource, are appropriate, relevant or useful (e.g. DeNora, 2006; DeNora & Ansdel, 2014; Wigram & Gold, 2012). Here we make no judgement about how well-regarded or useful these outcome measures might be. Our aim is to make practitioners and researchers aware of what is available in the field, so that the relevance and usefulness of such measures can be judged according to the context in which they might be used. The method of information collection and the rationale behind it, as well as the overall structure and scope of this resource, are explicated in the following introductory section.

As ever many people have influenced the development of this resource. In particular, we express our appreciation to Camilla Farrant and other members of the Nordoff Robbins research team. We also thank the many music therapists, conversations with whom contributed to the identification of the need for such a resource.

We hope you find the Outcome Measures in Music Therapy useful in identifying suitable outcome measures for your practice and research. We envisage that we will periodically update this resource. If you have any suggestions for amendments, updates or additions to this resource, please don’t hesitate to contact us: research@nordoff-robbins.org.uk

On behalf of the Nordoff Robbins research team,

Dr Neta Spiro
Head of Research, Nordoff Robbins, London, UK

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1 These measures include some assessment measures too. The difference between outcome and assessment measures is explained in the introductory section. Given the focus of this resource we use the term ‘outcome measures’ to refer to both types of measures.
Introduction

This introductory section provides the rationale and background work behind the development of the Outcome Measures in Music Therapy. After some terminology-related clarifications, we describe the overall structure and content of the resource. We then explain the method through which information was collected (including inclusion and exclusion criteria). In closing, we provide some general observations and reflections on the content of this resource.

A note on terminology

Outcome or assessment measures are relevant for assessing or comparing a person’s functioning, symptoms or presenting features when they participate in a treatment or therapy.

A measure is a tool that can be used at three time periods during the treatment or therapy process (for a concise description in the context of arts therapies see Miller, 2014):

- at, or before, the start of therapy (initial assessment);
- during therapy (following the process of therapy);
- at, or after, the end of therapy (often referred to as outcome assessment).

Measurements during the latter two time periods are often used to detect change in comparison with the initial assessment.

Measures are often referred to as ‘assessment measures’ (e.g. Miller, 2014) or ‘outcome measures’ (e.g. MacKeith, Burns & Lindeck, 2011) and the same measures may be used for both purposes.

The terms ‘music therapy’, ‘outcome’, ‘assessment’ and ‘measure’ have many meanings in many contexts. In developing this resource, we were initially interested in outcome assessment measures (i.e. tools that help observe and test for change). During the search, however, several measures emerged that had more than one purpose. In particular, some measures looked both at outcome assessment and needs assessment. To represent the range we therefore included three kinds of tools: outcome assessment, needs assessment and those that are for both purposes. Measures created solely to assess eligibility for music therapy are not the focus of this resource and mentioned only in Part III as explained below.

What does this resource include?

Information about 33 music therapy outcome measures is presented in this resource. Following an overview of key information for all measures, more detailed information is presented. However, we do not provide access to the actual measures themselves.

This resource is structured in three main parts:

- Part I: Overview
- Part II: Outcome measures
- Part III: Reference lists of other outcome measures

Part I: Overview

This part provides an overview of the following information about each outcome measure:

- Outcome measure
- Abbreviation
- Original source
- Client group
- Age group
- Setting
- Purpose
- Data collection method
- Presenting features/behaviours

The outcome measures are grouped into ten categories according to the population or setting for which they were developed. No pre-defined categories were imposed.

1. Autism, developmental and learning disabilities
2. Children receiving music therapy
3. Child protection: families at risk
4. Disorders of consciousness
5. Geriatric and dementia
6. Hospice
7. Hospital
8. Mental health
9. Physical rehabilitation
10. Special needs

Within each category, outcome measures are listed in alphabetical order. We assign each measure to one category following the information in references used as sources of information. Therefore, measures only appear once in the resource though they may be applicable in different categories. This results in a conservative representation of the client groups for which each measure may be relevant. For example, the Nordoff-Robbins scales (Nordoff & Robbins, 1977, 2007) and the Improvisational Assessment Profiles (Bruscia, 1987) were developed for and with specific client groups, but are now used more broadly.

Part II: Outcome measures

In alignment with the ten categories of the overview, Part II provides fuller information about each of the outcome measures. Table 1 outlines the kinds of information given in each case.

Conventions about how to describe such measures are varied and the terminology used is inconsistent. We therefore use authors’ own descriptions unless we do not have access to the original source in which case we use the wording appearing in other sources. We have also changed some wording that would perhaps not be considered appropriate today (see, for example, Wasserman et al., 1973).

The amount of detail that we could find about each measure varied. Full references of sources for each category of information are provided in ‘References used as sources for information’.
Table 1: Kinds of information and descriptions of measures

<table>
<thead>
<tr>
<th>Information</th>
<th>Description of entries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome measure</td>
<td>Name of outcome measure as used by the authors in the original source(s).</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Abbreviation of outcome measure used by the authors in the original source(s), otherwise left blank.</td>
</tr>
<tr>
<td>Original source</td>
<td>The initial paper that introduces the measure by the author(s) of the measure itself.</td>
</tr>
<tr>
<td>Client group</td>
<td>As specified in the sources used. Where possible and relevant, we also state which client group was used for piloting or testing a measure.</td>
</tr>
<tr>
<td>Age group</td>
<td>As specified in the sources used. Where possible and relevant, we also state which age group was used for piloting or testing a measure.</td>
</tr>
<tr>
<td>Setting</td>
<td>When explicitly stated or specified in the sources, the setting where a measure was piloted is included. We write ‘not specific’ when authors describe the measure to be useful for a variety of settings.</td>
</tr>
<tr>
<td>Assessment type</td>
<td>In general, outcome measures aim to do some kind of assessment. For the purpose of this resource, two options are included: ‘needs assessment’ or ‘outcome assessment’.</td>
</tr>
<tr>
<td></td>
<td>‘Needs assessment’: these measures are designed for the particular purpose of assessing client needs (as a screening and usually prior to formal music therapy to inform next steps of music therapeutic intervention).</td>
</tr>
<tr>
<td></td>
<td>‘Outcome assessment’: these measures assess the client for any other purpose (e.g. to monitor progress, test for change or “effect” of music therapy).</td>
</tr>
<tr>
<td></td>
<td>In some cases, authors primarily suggest that a measure is relevant for needs assessment but also comment about monitoring change over time. Likewise, some authors primarily describe a measure as relevant to outcome assessment and also comment that it can be useful for treatment planning. In such cases, the assessment type of these measures is labelled as ‘outcome/needs assessment’.</td>
</tr>
<tr>
<td></td>
<td>In all cases, we interpret the information provided in the sources and assign the labels we see as most appropriate.</td>
</tr>
<tr>
<td>Purpose</td>
<td>Gives a brief summary of the function of each outcome measure. For example: “[...] to assess the quality of relationships and thus helps to evaluate the work of music therapy” (Schumacher &amp; Calvet-Kruppa, 1999, p.188).</td>
</tr>
<tr>
<td>Data collection method</td>
<td>This refers to method of collecting information such as behavioural checklists, rating scales and grids.</td>
</tr>
</tbody>
</table>
Part III: Reference lists of other outcome measures

This part provides three different sets of reference lists of additional outcome measures:

- References list 1: Music therapy outcome measures: limited access

This list provides eight additional music therapy outcome measures for which we were unable to access a sufficient level of information for inclusion in Parts I and II.

- References list 2: Music therapy outcome measures (older versions) and eligibility assessment measures

This list includes references to two related eligibility assessment measures and one older version of a music therapy outcome measure.

- References list 3: Outcome assessment measures for music practices

This list includes references to 14 measures designed for use with music activities, but not specifically music therapy. Although these types of measures are beyond the immediate focus of this resource, we provide the references to them as they may be of relevance to music therapy practice and research.

Method of information collection

Information for the development of this resource was collected through online and hand searches of literature (period of information collection: October - November 2015).

Online searches were carried out using the following search terms in all combinations in Google, Google Scholar, Google Books and the online library of City University London: ‘music therapy measure’, ‘music therapy assessment’, ‘music therapy assessment measure’, ‘music therapy outcome’, ‘music therapy outcome measure’, ‘music therapy rating’, ‘music therapy scale’, ‘music therapy rating scale’. Hand searches were carried out using the literature available in the library at the Nordoff Robbins London Centre.

The initial online and hand searches yielded a number of ‘key texts’ (see Table 2) through which a large number of outcome measures were identified. Once the name of a new outcome assessment measure was identified in a key text, the bibliography of the book was searched for full references and, if more information was needed, the specific measure name was searched for in the search engines listed above.

Table 2: Key texts used for the identification of measures

<table>
<thead>
<tr>
<th>Reference</th>
</tr>
</thead>
</table>

Inclusion and exclusion criteria

The material presented in this resource resulted from the process illustrated in Figure 1. Only publications and related information published in English were included. No judgement about the quality or appropriateness of measures was made.

Criteria for inclusion in PART I & II

The key inclusion criterion for a music therapy specific measure (Parts I and II) was terminology. More particularly, measures were included for further inspection if the words ‘music therapy’ and ‘measure’ appeared in the:

- title of the measure, and/or
- title or abstract of a paper describing the measure.
The following were reasons for exclusion from the resource as a whole:

- **Language**: Measures where our only information source was not available in English were excluded.
- **Publication status**: Information found only in unpublished work was not included.

- **Discipline**: The focus was not music or music therapy (e.g. autism diagnosis that was used to compare with a music therapy measure).
- **Process**: There was no music therapy assessment process involved (e.g. service provider checklists that did not relate to a specific music therapy session or activity).
- **Purpose**: The word ‘measure’ was used to mean something different to assessment (e.g. service evaluation).

**Observations and reflections**

Although this resource provides a systematic overview – and no analysis – of outcome measures in music therapy, some brief observations regarding the nature of the collected measures emerge.

Though some measures are relevant to more than one category, the distribution of outcome measures between different client groups or settings is striking. By far, the most common measures are for autism, developmental and learning disabilities (n = 14) while only one measure is explicitly focussed on the hospice setting.

Most music therapy outcome measures identified gather data through therapist observation of client behaviours. These tend to be behaviours that take place during music making, which are considered to have implications for clinically relevant objectives, such as levels of interaction and communicativeness (Nordoff & Robbins, 2007; Raglio et al., 2006; von Moreau et al., 2010), or quality of relationship between client and therapist (Bruscia, 1987; Nordoff & Robbins, 2007; Schumacher & Calvet-Kruppa, 1999). Oldfield (2006), on the other hand, assesses frequency of behaviours symptomatic of autism that occur during music making while Lipe (2004) uses musical listening, verbal, singing and rhythm tasks to assess cognitive functioning in older adults with dementia.

Behaviours observed are often concerned with musical responsiveness, such as perceived rhythmic synchrony (Snow, 2009), musical attention (Carpente, 2013), nonverbal communication skills (Jacobsen & McKinney, 2015), as well as play and creativity (MacKeith, Burns & Lindeck, 2011; Pavlicevic, 1991; Schumacher & Calvet-Kruppa, 2007).

The purpose of measures range from assisting the therapist in planning treatment (n=10), to ascertaining client functionality and/or engagement (n=12), to assessing client-therapist relationship (n=8), tracking progress (n=7), to evaluating the music therapy process (n=6). Each measure may have more than one purpose. A few contribute diagnostic insights by observing musical responses that are characteristic of particular conditions (n=4), such as developmental disorders (Oldfield, 2006) or levels of awareness states in cases of traumatic brain injury (Magee, 2007).

Methods of recording observations are wide-ranging: some measures use extensive behavioural checklists (e.g. Norman, 2012), sometimes with detailed descriptions (e.g. Grant, 1995), others include both rating scales and qualitative ratings (e.g. Snow, 2009), whilst others have grids (e.g. Nordoff & Robbins, 2007) or spatial representations to fill in (e.g. MacKeith, Burns & Lindeck, 2011). Few measures consist solely of narrative description (e.g. Loewy, 2000).

Some measures are rated/coded after sessions as a means of analysis, using video recording of sessions (e.g. Bell et al., 2014; Pavlicevic, 2007; Raglio et al., 2006), whilst others are rated by hand immediately after therapy sessions. For instance, the Music in Dementia Assessment Scales (McDermott, Orrell & Ridder, 2015) use ‘beginning’ and ‘during’ forms that are completed by music therapists immediately after the therapy session, alongside ‘before’ and ‘after’ forms that are filled in by care home staff.

Some measures are task-based and have a specific protocol to administer (e.g. Wells, 1988). Of the measures that are not task-based in this way, observation tends to take place during music therapy sessions, in quite a few cases using free improvisation (e.g. Bruscia, 1987; Nordoff & Robbins, 2007; Pavlicevic, 2007). Only one measure is designed specifically for Guided Imagery and Music (Lipe, 2015).

Looking ahead, this resource can facilitate future explorations of outcome measures and their relationship to the spectrum of contemporary music therapy practice.

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PART I: Overview
<table>
<thead>
<tr>
<th>Outcome measure</th>
<th>Abbreviation</th>
<th>Original source</th>
<th>Client group</th>
<th>Age group</th>
<th>Setting</th>
<th>Purpose</th>
<th>Data collection method</th>
<th>Presenting features/behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of the Quality of Relationship Instrument</td>
<td>The AQR Instrument</td>
<td>Schumacher &amp; Calvet-Kruppa (1999)</td>
<td>Autism</td>
<td>Children</td>
<td>Not specific</td>
<td>To assess the quality of relationships and thus help to evaluate the work of music therapy.</td>
<td>Analysis system based on observational ratings of video footage.</td>
<td>Four scales, rated on seven levels of relationship: instrumental quality of relationship (IQR-scale); vocal-pre-speech of relationship (VQR-scale); physical-emotional quality of relationship (PEQR); specific characteristics of the therapeutic quality of relationship (TQR-scale).</td>
</tr>
<tr>
<td>Betz Held Strengths Inventory for Children with Disabilities</td>
<td></td>
<td>Betz &amp; Held (2013)</td>
<td>Disabilities</td>
<td>Children</td>
<td>Not specific</td>
<td>To identify existing strengths of persons affected by multiple disabilities that usually escape the practitioner’s observation. Useful to build treatment plans and manage concurrent assessments.</td>
<td>Observational rating by independent reviewer, based on silent video footage.</td>
<td>Identifies reactions that are “participatory”, where the child responds to the practitioner with activities listed in four categories: sensory-motor, perception, language, and psycho-social.</td>
</tr>
<tr>
<td>Improvisational Assessment Profiles</td>
<td>IAPs</td>
<td>Bruscia (1987)</td>
<td>Learning and severe emotional difficulties (originally). Later expanded to other client populations.</td>
<td>Developmental age of 18 months (minimum).</td>
<td>Usually individual clinical sessions. Dyadic, family or group sessions.</td>
<td>To analyse the relationships a client makes when improvising alone and when with other person(s). To provide therapist with a global perspective on client’s problems and assets.</td>
<td>Microanalysis of video footage.</td>
<td>Six profiles: integration, variability, tension, congruence, salience and autonomy. Each profile is comprised of scales for musical elements.</td>
</tr>
<tr>
<td>Individual Music-Centered Assessment Profile for Neurodevelopmental Disorders</td>
<td>IMCAP-ND</td>
<td>Carpente (2013)</td>
<td>Neurodevelopmental disorders</td>
<td>Not specific. Informed by measures developed for children</td>
<td>Not specific.</td>
<td>Three quantitative scales that assess client’s developmental capacities to engage in relational musical making.</td>
<td>Observational rating.</td>
<td>Scale I: Musical Emotional Assessment Rating Scale (MEARS); Scale II: Musical Cognitive/Perception Scale (MCPS); Scale III: Musical Responsiveness Scale (MRS).</td>
</tr>
<tr>
<td>Music Therapy Assessment</td>
<td></td>
<td>Grant (1995)</td>
<td>Developmental disabilities</td>
<td>Children</td>
<td>Not specific</td>
<td>To identify adaptive behaviours and skills of child. Pinpoints particular behaviours and contributes to intervention strategies, which can be programmed to help meet needs in areas of deficiencies.</td>
<td>Behaviour checklist (descriptor ratings).</td>
<td>Sensorimotor skills; cognitive, auditory/visual perceptual skills; communication skills; social skills.</td>
</tr>
<tr>
<td>Music Therapy Assessment Tool for Adults with Developmental Disabilities (DD)</td>
<td>Music Therapy Assessment Tool</td>
<td>Snow (2009)</td>
<td>Intellectual and developmental disabilities</td>
<td>Adults</td>
<td>Not specified</td>
<td>An assessment tool for music-centred music therapy, which can provide baseline information on participants and allow music therapists to measure and evaluate changes in certain areas of participant functioning.</td>
<td>Observational rating.</td>
<td>Attention; length of playing; interaction; mobility; rhythmic synchrony; following changes; boundary; engagement.</td>
</tr>
<tr>
<td>Music Therapy Checklist</td>
<td>Raglio, Traficante &amp; Oasi (2007)</td>
<td>Pervasive developmental disorders [children]; or psychiatric disorders/dementia [adults].</td>
<td>Children or adults (see ‘client group’).</td>
<td>Not specific.</td>
<td>To evaluate the music therapy process in a single session or during the entire course of treatment.</td>
<td>Observational checklist.</td>
<td>Nonverbal communication; countenance; verbal communication; sonorous musical communication.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Music Therapy Coding Scheme</td>
<td>MTCS Raglio, Traficante &amp; Oasi (2006)</td>
<td>Pervasive developmental disorders.</td>
<td>Children [developed with].</td>
<td>Not specified.</td>
<td>A coding system for observation and monitoring of changes in the interactive behaviour between patient and therapist during music therapy sessions.</td>
<td>Coding scheme applied to video recordings (via software).</td>
<td>Nonverbal communication; countenance; verbal communication; sonorous musical communication.</td>
<td></td>
</tr>
<tr>
<td>Music Therapy Diagnostic Assessment</td>
<td>MTDA Oldfield (2006)</td>
<td>Autism/autistic spectrum; attention deficit disorder; emotional difficulties; language/learning difficulties.</td>
<td>Children.</td>
<td>One to one music therapy.</td>
<td>To diagnose behaviours symptomatic of a wide variety of difficulties (autism, attention deficit disorder, Tourette’s syndrome etc.), using music.</td>
<td>Observational behaviour checklist with scoring categories.</td>
<td>Behaviour checklist focusing on a range of presenting features/behaviours, such as independent playing; facial/physical engagement; spontaneous/creative suggestion making; unusual interest in structure or shapes of instruments; self-absorbed behaviour.</td>
<td></td>
</tr>
<tr>
<td>Music Therapy Evaluation Scale</td>
<td>Wasserman et al. (1973)</td>
<td>Learning and emotional difficulties. (Developed with those who have a history of psychosis.)</td>
<td>Adults.</td>
<td>Hospitals, schools and institutional settings [potential use].</td>
<td>To quantitatively identify any changes in musical aptitudes and social behaviour, which might occur during the course of a music therapy program administered over a relatively short period of time.</td>
<td>Observational rating (Independent observer).</td>
<td>Musical aptitudes and social behaviour (for rhythm group, singing group, and vocal dynamics group).</td>
<td></td>
</tr>
<tr>
<td>Nordoff-Robbins Scale II: Musical Communicativeness</td>
<td>Nordoff &amp; Robbins (1977)</td>
<td>Autism (originally); subsequently evolved for a variety of conditions and severities of disability.</td>
<td>Children.</td>
<td>Not specific.</td>
<td>To identify levels of musical communicativeness, which underpins Nordoff-Robbins music therapy work.</td>
<td>Observational rating.</td>
<td>Communicativeness, with three modes of activity: instrumental, vocal, and body movement.</td>
<td></td>
</tr>
<tr>
<td>Nordoff-Robbins Scale III: Musicing: Forms of Activity, Stages and Qualities of Engagement</td>
<td>Nordoff &amp; Robbins (1977)</td>
<td>Autism (originally); subsequently evolved for a variety of conditions and severities of disability.</td>
<td>Children.</td>
<td>Not specific.</td>
<td>To consider the complexity of musical form in client responses and the stage or quality of engagement expressed in those responses.</td>
<td>Observational rating.</td>
<td>Basic beat tempo range (instrumental coactivity); rhythmic forms (instrumental coactivity); expressive components (instrumental coactivity); melodic form (singing).</td>
<td></td>
</tr>
</tbody>
</table>
### Children receiving music therapy

<table>
<thead>
<tr>
<th>Outcome measure</th>
<th>Abbreviation</th>
<th>Original source</th>
<th>Client group</th>
<th>Age group</th>
<th>Setting</th>
<th>Purpose</th>
<th>Data collection method</th>
<th>Presenting features/behaviours</th>
</tr>
</thead>
</table>

### Child protection: families at risk

<table>
<thead>
<tr>
<th>Outcome measure</th>
<th>Abbreviation</th>
<th>Original source</th>
<th>Client group</th>
<th>Age group</th>
<th>Setting</th>
<th>Purpose</th>
<th>Data collection method</th>
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</tr>
</thead>
</table>

### Disorders of consciousness

<table>
<thead>
<tr>
<th>Outcome measure</th>
<th>Abbreviation</th>
<th>Original source</th>
<th>Client group</th>
<th>Age group</th>
<th>Setting</th>
<th>Purpose</th>
<th>Data collection method</th>
<th>Presenting features/behaviours</th>
</tr>
</thead>
</table>

### Geriatric and dementia

<table>
<thead>
<tr>
<th>Outcome measure</th>
<th>Abbreviation</th>
<th>Original source</th>
<th>Client group</th>
<th>Age group</th>
<th>Setting</th>
<th>Purpose</th>
<th>Data collection method</th>
<th>Presenting features/behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geriatric Music Therapy Clinical Assessment</td>
<td>Hintz (2000)</td>
<td>Geriatric clients (including clients in long-term care and rehabilitation care; cognitive and/or physical deficits).</td>
<td>Older adults.</td>
<td></td>
<td>To assess client abilities, needs, and functioning levels for purposes of description, prescription, and evaluation.</td>
<td>Task based</td>
<td>Expressive musical skills, receptive musical skills, behavioural/psychosocial skills, motor skills, and cognitive/memory skills.</td>
<td></td>
</tr>
</tbody>
</table>
### Music in Dementia Assessment Scales

**MiDAS**

McDermott et al. (2014)

Dementia (moderate to severe).

Older adults.

Designed and tested in care home setting.

To provide a measure of engagement with musical experience and offer insight into who is likely to benefit on other outcomes such as quality of life or reduction in psychiatric symptoms.

Observational rating.

Five visual analogue scale (VAS) items: interest, response, initiation, involvement, and enjoyment.

### Music Therapy Assessment

**Norman (2012)**

Nursing home residents.

Older adults (70+).

Nursing homes.

To contribute to the overall picture of the resident's functioning level and determine whether live music experience is motivating for the resident and therefore whether s/he should be involved in music therapy sessions.

Observational checklist.

Musical skills and preferences; communication/social interaction; cognitive/motor skills; affective response.

### Hospice

**Hospice Music Therapy Assessment**

Maue-Johnson & Tanguay (2006)

Terminal illness.

Adults.

Hospice.

To identify current level of functioning and to obtain relevant information required for formulating an appropriate plan of care.

Review, interview and observation.

Six areas of patient functioning: physical, cognitive, communicative, psychological/emotional, social, and spiritual.

### Hospital

**Pediatric Inpatient Music Therapy Assessment Form**

Douglass (2006)

Hospitalised music therapy recipients.

Children.

Hospitals.

To identify patient needs, communicate rationale for music therapy treatment, and guide the choice of objectives and the ongoing evaluation of treatment benefits.

Assessment form. Includes observational rating.

Background information; referral information; physiological information; physical/motor skills; cognitive skills; social emotional behaviours; communication skills; musical behaviours (includes recommendations for music therapy).

### Mental health

**Beech Brook Music Therapy Assessment**

Layman, Hussey & Laing (2002)

Severe emotional disturbances.

Children.

Child treatment centre.

To evaluate change/progress and guide treatment planning.

Observational rating.

Behavioural/social functioning; emotional responsiveness; language and communication abilities; musical skills.
<table>
<thead>
<tr>
<th>Title</th>
<th>Author/Year</th>
<th>Population/Setting</th>
<th>Purpose</th>
<th>Data collection method</th>
<th>Presenting features/behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music Therapy Assessment for Disturbed Adolescents</td>
<td>Wells (1988)</td>
<td>Young adolescents. Psychiatry.</td>
<td>To observe emerging patterns of communication and to test hypotheses regarding the patient’s areas of conflict, providing meaningful diagnostic data and useful alternatives in the treatment of patients.</td>
<td>Task based</td>
<td>Level of anxiety; decision making; reality orientation; abstracting ability; self-image; emotional constriction; music ability; frustration tolerance; thought process; abstracting ability; attention span; ego boundaries.</td>
</tr>
<tr>
<td>Music Interaction Rating Scale (MIR(S))</td>
<td>Pavlicevic (1991)</td>
<td>Adults. Not specific. Chronic schizophrenia.</td>
<td>To observe emerging patterns of communication and to test hypotheses regarding the patient’s areas of conflict, providing meaningful diagnostic data and useful alternatives in the treatment of patients.</td>
<td>Observational rating/ microanalysis of video footage.</td>
<td>Client's performance; therapist's response; quality of client’s response; musical interaction; shared musical content; clinical adjustment.</td>
</tr>
<tr>
<td>Music Therapy Assessment for Emotionally Disturbed Children</td>
<td>Goodman (1989)</td>
<td>Children. Transitional bed and psychiatric outpatient units [trial carried out at].</td>
<td>To observe emerging patterns of communication and to test hypotheses regarding the patient’s areas of conflict, providing meaningful diagnostic data and useful alternatives in the treatment of patients.</td>
<td>Observational rating/ microanalysis of video footage.</td>
<td>Client's performance; therapist's response; quality of client’s response; musical interaction; shared musical content; clinical adjustment.</td>
</tr>
<tr>
<td>13 Areas of Inquiry</td>
<td>Loewy (2000)</td>
<td>Children and teens; children and parents.</td>
<td>To observe emerging patterns of communication and to test hypotheses regarding the patient’s areas of conflict, providing meaningful diagnostic data and useful alternatives in the treatment of patients.</td>
<td>Observational rating/ microanalysis of video footage.</td>
<td>Client's performance; therapist's response; quality of client’s response; musical interaction; shared musical content; clinical adjustment.</td>
</tr>
</tbody>
</table>

### Physical rehabilitation

<table>
<thead>
<tr>
<th>Outcome measure</th>
<th>Abbreviation</th>
<th>Original source</th>
<th>Client group</th>
<th>Age group</th>
<th>Setting</th>
<th>Purpose</th>
<th>Data collection method</th>
<th>Presenting features/behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Music Therapy Physiological Measures Test</td>
<td>MTPMT</td>
<td>Sutton (1984)</td>
<td>Physical rehabilitation. Adults [tested with].</td>
<td>Not specific.</td>
<td>To observe emerging patterns of communication and to test hypotheses regarding the patient’s areas of conflict, providing meaningful diagnostic data and useful alternatives in the treatment of patients.</td>
<td>Task based.</td>
<td>The client’s motion ability and motion ranges required to make a reasonably audible sound on each instrument.</td>
<td></td>
</tr>
</tbody>
</table>
### Special needs

<table>
<thead>
<tr>
<th>Outcome measure</th>
<th>Abbreviation</th>
<th>Original source</th>
<th>Client group</th>
<th>Age group</th>
<th>Setting</th>
<th>Purpose</th>
<th>Data collection method</th>
<th>Presenting features/behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individualized Music Therapy Assessment Profile</td>
<td>IMTAP</td>
<td>Baxter et al. (2007)</td>
<td>Various, including individuals with multiple severe physical disabilities, communication disorders, autism, severe emotional disturbances, social impairments and learning disabilities.</td>
<td>Paediatric and adolescent.</td>
<td>Paediatric and adolescent settings.</td>
<td>To provide detailed information on client abilities and impairments, as well as numerical results for progress tracking over time and identification of needs.</td>
<td>Observational scoring system.</td>
<td>Gross motor, fine motor, oral motor, sensory, receptive communication/auditory perception, expressive communication, cognitive, social, emotional and musicality.</td>
</tr>
<tr>
<td>Music Therapy Special Education Assessment Tool</td>
<td>Langan (2009)</td>
<td>Special needs.</td>
<td>Children.</td>
<td>Special education.</td>
<td>To evaluate the music therapeutic process and progress in relation to special education settings and curriculum.</td>
<td>Observational rating.</td>
<td>Capacity to: communicate with others (through musical sounds)/participate in musical dialogue; initiate musically, experiment and improvise; respond musically to stimulus; move in response to music; interact socially; express emotion; listen to a range of music; make decisions.</td>
<td></td>
</tr>
</tbody>
</table>
PART II: Outcome measures
Autism, developmental and learning disabilities
Assessment of the Quality of Relationship Instrument

**Outcome measure**
Assessment of the Quality of Relationship Instrument

**Abbreviation**
The AQR-instrument

**Original source**

**Data collection method**
Analysis system based on observational ratings of video footage.

**Presenting features/behaviours**
Four scales, rated on seven levels of relationship: instrumental quality of relationship (IQR-scale); vocal-pre-speech of relationship (VQR-scale); physical-emotional quality of relationship (PEQR); specific characteristics of the therapeutic quality of relationship (TQR-scale).

**Design process**
Not specified. Co-authored by a music therapist and a developmental psychologist.

**Validation (original source)**
Not specified.

**Validation method (original source)**
- 

**Validation (sources following original)**
Yes (Schumacher, Calvet & Stallmann, 2005).

**Bibliography**


*Additional references*

*Additional information*
-
Betz Held Strengths Inventory for Children with Disabilities

Outcome measure
Betz Held Strengths Inventory for Children with Disabilities

Abbreviation
-

Original source

Client group
Disabilities.

Age group
Children.

Setting
Not specific.

Assessment type
Needs assessment.

Purpose
To identify existing strengths of persons affected by multiple disabilities that usually escape the practitioner’s observation. Useful to build treatment plans and manage concurrent assessments.

Data collection method
Observational rating by independent reviewer, based on silent video footage.

Presenting features/behaviours
Identifies reactions that are “participatory”, where the child responds to the practitioner with activities listed in the four categories: sensory-motor, perception, language, and psycho-social. Each category offers a range of seven to 12 participatory activities. Child responses to cues are documented on a score. The cues are categorised: 1) sound and vibration 2) singing/talking, 3) movement/dance, 4) play with instruments/toys, and 5) play with rhythmic material for tactile stimulation.

Design process
Based on Piaget’s developmental theory: developmental benchmarks expanded to include subtle facial expressions. Developed using video observations of 250 children. Behaviours of 600 more children were measured against the inventory to see whether the benchmarks could be generalised, leading to 35 strengths behaviours.

Validation (original source)
Not specified. Authors comment: “While the inventory has been field tested extensively, the authors hope that practitioners will compare strength profiles to further boost inter-rater reliability” (Betz & Held, 2013).

Validation method (original source)
-

Validation (sources following original)
None found.

Bibliography

References used as sources for information

Additional references
-

Additional information
The authors do not take the term ‘practitioner’ to exclusively mean music therapists. The tool is also intended for use by other professionals such as rehabilitation, occupational, physical, speech and language and art therapists, as well as special education teachers.

The inventory consists of three parts: 1) the assessment tool and process, 2) the results summary, and 3) the assessment report consisting of the analytical interpretation of the results as well as recommendations outlining a strengths based treatment plan.
Improvisational Assessment Profiles

**Outcome measure**
Improvisational Assessment Profiles

**Abbreviation**
IAPs

**Original source**

**Client group**
Learning and severe emotional difficulties (originally). Later expanded to other client populations.

**Age group**
Developmental age of 18 months (minimum).

**Setting**
Usually individual clinical sessions. Can be in dyadic, family or group sessions.

**Assessment type**
Outcome assessment.

**Purpose**
To analyse the relationships a client makes when improvising alone and when with other person(s). To provide therapist with a global perspective on client’s problems and assets.

**Data collection method**
Systematic observational scoring (based on video footage).

**Presenting features/behaviours**
Six profiles: integration, variability, tension, congruence, salience and autonomy. Each profile is comprised of scales for musical elements.

**Design process**
Formulated based upon ten years of clinical practice and observation.

**Validation (original source)**
Not specified.

**Validation method (original source)**
-

**Validation (sources following original)**
None found.

**Bibliography**

*References used as sources for information*


*Additional references*


*Additional information*

An improvisation does not necessarily require analysis according to every profile and scale. Varying numbers of the six original profiles have been used: Wigram (1999, 2004) uses the variability and autonomy profiles; Wosch (2002) uses the autonomy profile; Gardstrom (2004) uses the six profiles.
Individual Music-Centered Assessment Profile for Neurodevelopmental Disorders

Outcome measure
Individual Music-Centered Assessment Profile for Neurodevelopmental Disorders

Abbreviation
IMCAP-ND

Original source

Client group
Neurodevelopmental disorders.

Age group
Not specific. Informed by measures developed for children.

Setting
Not specific.

Assessment type
Outcome assessment.

Purpose
Three quantitative scales that assess client’s developmental capacities to engage in relational musical making. Used for clinical-musical guidance for therapist; pre- and post test measure to evaluate client progress, on either a short- or long-term basis.

Data collection method
Observational rating.

Presenting features/behaviours
Scale I: Musical Emotional Assessment Rating Scale (MEARS): musical attention, musical affect, adaption to musical-play, musical engagement, musical interrelatedness.

Scale II: Musical Cognitive/Perception Scale (MCPS) assesses ability to react, focus, recall, follow, and initiate: rhythm, melody, dynamic, phrase, timbre.

Scale III: Musical Responsiveness Scale (MRS) assesses client’s preferences, efficiency, and ability to self-regulate in musical play.

Five-point scoring system for frequency of response, level of support needed, and medium of client response.

Design process

Validation (original source)
Not specified.

Validation method (original source)
-

Validation (sources following original)
None found.

Bibliography

References used as sources for information


Additional references


Additional information
A music-centred assessment tool which is informed by Nordoff-Robbins music therapy practice.
# Music Therapy Assessment

**Outcome measure**
Music Therapy Assessment

**Abbreviation**
-

**Original source**

**Client group**
Developmental disabilities.

**Age group**
Children.

**Setting**
Not specific.

**Assessment type**
Needs assessment.

**Purpose**
To evaluate children’s adaptive behaviours and skills from which intervention strategies can be programmed to help meet needs in areas of deficiencies.

**Data collection method**
Behaviour checklist (descriptor ratings).

**Presenting features/behaviours**
Sensorimotor skills; cognitive, auditory/visual perceptual skills; communication skills; social skills.

**Design process**
Not specified.

**Validation (original source)**
Not specified.

**Validation method (original source)**
-

**Validation (sources following original)**
None found.

**Bibliography**

*References used as sources for information*
Music Therapy Assessment Tool for Adults with Developmental Disabilities

**Outcome measure**
Music Therapy Assessment Tool for Adults with Developmental Disabilities (DD)

**Abbreviation**
Music Therapy Assessment Tool

**Original source**

**Client group**
Intellectual and developmental disabilities.

**Age group**
Adults.

**Setting**
Not specified.

**Assessment type**
Outcome assessment.

**Purpose**
An assessment tool for music-centred music therapy, which can provide baseline information on participants and allow music therapists to measure and evaluate changes in certain areas of participant functioning.

**Data collection method**
Observational rating.

**Presenting features/behaviours**
Attention; length of playing; interaction; mobility; rhythmic synchrony; following changes; boundary; engagement.

**Design process**
Pilot study.

**Validation (original source)**
Yes.

**Validation method (original source)**
Repeated test-retest for interrater reliability.

**Validation (sources following original)**
None found.

**Bibliography**

References used as sources for information

Additional information
Includes Likert and qualitative ratings.
## Music Therapy Checklist

**Outcome measure**

Music Therapy Checklist

**Abbreviation**

-

**Original source**


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**Client group**

Pervasive developmental disorders [children]; or psychiatric disorders/dementia [adults].

**Age group**

Children or adults (see ‘Client group’).

**Setting**

Not specific.

---

**Assessment type**

Outcome assessment.

### Purpose

To evaluate the music therapy process in a single session or during the entire course of treatment.

### Data collection method

Observational checklist.

### Presenting features/behaviours

Nonverbal communication; countenance; verbal communication; sonorous musical communication.

### Design process

A checklist derived from a selection of behaviours in the Music Therapy Coding Scheme (Raglio, Traficante & Oasi, 2006).

### Validation (original source)

Yes: Results showed a moderate decrease in interrater reliability in comparison to the longer Music Therapy Coding Scheme: “an acceptable cost of increasing usability” (Raglio, Traficante & Oasi, 2007, p.879).

### Validation method (original source)

Interrater agreement; comparison to the Music Therapy Coding Scheme (Raglio, Traficante & Oasi, 2006).

### Validation (sources following original)

None found.

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**Bibliography**

References used as sources for information


Additional references


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Additional information

The checklist is derived from the Music Therapy Coding Scheme.
Music Therapy Coding Scheme

Outcome measure
Music Therapy Coding Scheme

Abbreviation
MTCS

Original source

Data collection method
Coding scheme applied to video recordings (via software).

Presenting features/behaviours
Nonverbal communication; countenance; verbal communication; sonorous musical communication.

Design process
Not specified. Developed from psychodynamic framework.

Validation (original source)
Yes.

Validation method (original source)
Reliability indexes/agreement between video raters.

Validation (sources following original)
None found.

Assessment type
Outcome assessment.

Bibliography

References used as sources for information


Additional references
- - -

Additional information
Name of coding scheme software: The Observer Video-Pro 5.0.
Music Therapy Diagnostic Assessment

**Outcome measure**
Music Therapy Diagnostic Assessment

**Abbreviation**
MTDA

**Original source**

**Client group**
Autism/autistic spectrum; attention deficit disorder; emotional/difficulties; language/learning difficulties.

**Age group**
Children.

**Setting**
One to one music therapy.

**Assessment type**
Needs assessment.

**Purpose**
To diagnose behaviours symptomatic of a wide variety of difficulties (autism, attention deficit disorder, Tourette’s syndrome etc.), using music.

**Data collection method**
Observational behaviour checklist with scoring categories from 0 to 2, where 0 = “none of this behaviour was noticed”; 1 = “some of this behaviour was noticed”; 2 = “a lot of this behaviour was noticed”.

**Presenting features/behaviours**
Independent playing; facial/physical engagement; spontaneous/creative suggestion making; unusual interest in structure or shapes of instruments; self-absorbed behaviour; unusual/repetitive sound making; difficulties making up shared stories; obsessive/repetitive types of playing or patterns in stories, difficulties having playful or humorous exchanges with adult; wanting to be on his/her own terms; communicative response to therapist singing.

**Design process**
Question formulation based on clinical experience.

**Validation (original source)**
Inconclusive: 72% agreement between Autistic Diagnostic Observation Schedule (ADOS) and Music Therapy Diagnostic Assessment (MTDA) in terms of diagnostic categorisations. Yet significant differences in total scores.

**Validation method (original source)**
Research study comparing Autistic Diagnostic Observation Schedule (ADOS; see Lord et al., 1989) and Music Therapy Diagnostic Assessment (MTDA).

**Validation (sources following original)**
None found.

**Bibliography**

**References used as sources for information**

**Additional references**

**Additional information**
Consists of two assessment sessions with a structure of eight to nine musical activities.

Assessment here is in the form of a music therapy protocol that can facilitate diagnostic insights. A scoring system for this method was developed to compare of MTDA to the ADOS tool (Lord et al., 1989).
Music Therapy Evaluation Scale

Outcome measure
Music Therapy Evaluation Scale

Abbreviation
-

Original source

Client group
Learning and emotional difficulties. Developed with those who have a history of psychosis.

Age group
Adults.

Setting
Hospitals, schools and institutional settings [potential use].

Assessment type
Outcome assessment.

Purpose
To quantitatively identify any changes in musical aptitudes and social behaviour, which might occur during the course of a music therapy program administered over a relatively short period of time.

Data collection method
Observational rating (independent observer).

Presenting features/behaviours
The Music Therapy Evaluation Scale consists of three component scales: Part I-a (Rhythm Group), Part I-b (Singing Group), and Part I-c (Vocal Dynamics Group). These scales sample many different types of musical skills, measuring musical aptitudes and social behaviour. Items are rated on a four-point scale (rating descriptors provided).

Design process
Pilot study.

Validation (original source)
Yes.

Validation method (original source)
Interrater reliability.

Validation (sources following original)
None found.

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References used as sources for information

Additional references
-

Additional information
The three component scales (rhythm, singing and vocal dynamics) do not require any special records or equipment, and may be used in any type of music group or class. The term ‘musical aptitude’, as defined by these scales, refers to the participants’ ability to use musical instruments, to produce both spoken and sung sounds, and to discriminate different vocal and instrumental pitches, tempi, dynamics and rhythms. ‘Social behaviour’ refers to the participants’ willingness to take part in the group music activities, the quality of their participation, their attitudes toward the group leader, and the acceptance of responsibility for leading some musical activities. The emotional quality of the response is also evaluated.

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5 The measure was not designed specifically for these settings but is relevant for them. Wasserman et al. (1973, p.69) comment that the measure has “potential for use in hospitals, schools and institutional settings, for evaluating the status of musical aptitude and social behaviour of patients and students, and for assessing changes which are observed in the course of music therapy.”
# Nordoff-Robbins Scale I: Child-Therapist(s) Relationship in Coactive Musical Experience

## Outcome measure
Nordoff-Robbins Scale I: Child-Therapist(s) Relationship in Coactive Musical Experience

## Abbreviation
- 

## Original source

## Client group
Initially developed for autism; subsequently “evolved for a wide variety of diagnostic conditions and severities of disability” (Nordoff & Robbins, 2007, p.368).

## Age group
Children.

## Setting
Not specific.

## Assessment type
Outcome assessment.

## Purpose
To identify observable behaviours that help to define the developmental level of the client-therapist relationship.

## Data collection method
Observational rating.

## Presenting features/behaviours
Qualities of participation and of resistiveness. Rated on seven levels.

## Design process
Developed from a study of improvisational music therapy with 52 children who present a range of disabilities.

Influenced by the scales developed by Ruttenberg et al. (1966) for evaluating autistic children and changes in behaviour in therapeutic day-care milieu: applied to the same areas of behaviour in music therapy. Music therapy data were reviewed, subjected to comparative analysis, and progressively incorporated.

An extensive revision of all three Nordoff-Robbins scales began in 1992. Scale I and Scale II were reduced to seven levels (Nordoff & Robbins, 2007).

## Validation (original source)
No.

## Validation method (original source)
-

## Validation (sources following original)
Yes (Mahoney, 2010).

## Bibliography

### References used as sources for information


### Additional references

### Additional information
Originally called: Child Therapist Relationship in Musical Activity (Nordoff & Robbins, 1977), this scale was renamed in the revised edition of the book *Creative Music Therapy* (Nordoff & Robbins, 2007).
Nordoff-Robbins Scale II: Musical Communicativeness

**Outcome measure**
Nordoff-Robbins Scale II: Musical Communicativeness

**Abbreviation**
-

**Original source**

**Client group**
Initially developed for autism: subsequently “evolved for a wide variety of diagnostic conditions and severities of disability” (Nordoff & Robbins, 2007, p.368).

**Age group**
Children.

**Setting**
Not specific: improvisational music therapy

**Assessment type**
Outcome assessment.

**Purpose**
To identify levels of musical communicativeness, which underpins Nordoff-Robbins music therapy work.

**Data collection method**
Observational rating.

**Presenting features/behaviours**
Communicativeness (rated with seven level scale) with three modes of activity: instrumental, vocal, and body movement.

**Design process**
Developed from a study of improvisational music therapy with 52 children who present a range of disabilities.

Influenced by the scales developed by Ruttenberg et al. (1966) for evaluating autistic children and changes in behaviour in therapeutic day-care milieu: applied to the same areas of behaviour in music therapy. Music therapy data were reviewed, subjected to comparative analysis, and progressively incorporated.

An extensive revision of all three Nordoff-Robbins scales began in 1992. Scale I and Scale II were reduced to seven levels (Nordoff & Robbins, 2007).

**Validation (original source)**
No.

**Validation method (original source)**
-

**Validation (sources following original)**
None found.

**Bibliography**

References used as sources for information


Additional references


Additional information
-

---
Nordoff-Robbins Scale III: Musicing: Forms of Activity, Stages and Qualities of Engagement

Outcome measure
Nordoff-Robbins Scale III: Musicing: Forms of Activity, Stages and Qualities of Engagement

Abbreviation
-

Original source

Client group
Initially developed for autism; subsequently “evolved for a wide variety of diagnostic conditions and severities of disability” (Nordoff & Robbins, 2007, p.368).

Age group
Children.

Setting
Not specific.

Assessment type
Outcome assessment.

Purpose
This scale is a method of scoring that simultaneously considers the complexity of musical form in client responses and the stage or quality of engagement expressed in those responses. It indicates the therapeutic significance of what a client does musically, in reference to the quality of engagement.

Data collection method
Observational ratings.

Presenting features/behaviours
Basic beat tempo range (instrumental coactivity); rhythmic forms (instrumental coactivity); expressive components (instrumental coactivity); melodic form (singing). Ratings of client responses combine the levels of musical complexity and the stage or quality of engagement expressed.

Design process
Developed from a study of improvisational music therapy with 52 children who present a range of disabilities.

Influenced by the scales developed by Ruttenberg et al. (1966) for evaluating autistic children and changes in behaviour in therapeutic day-care milieu. The Ruttenberg et al. (1966) scales included a scale to assess stages of mastery to measure emergence of a child’s autonomous behaviour. The Nordoff Robbins Scale III was developed as a music therapy equivalent.

Validation (original source)
No.

Validation method (original source)
-

Validation (sources following original)
None found.

References used as sources for information


Additional references
13 Categories of Response

Outcome measure
13 Categories of Response

Abbreviation
-

Original source

Client group
Learning disabilities.

Age group
Children.

Setting
Not specific.

Assessment type
Outcome assessment.

Purpose
To investigate the quality and extent of child’s responses during musical improvisation with therapist. The improvisation has potential for diagnostic investigation and for therapy.

Data collection method
Descriptive checklist of responses to improvisational music therapy.

Presenting features/behaviours
1) Complete rhythmic freedom; 2) Unstable rhythmic freedom [(a) psychological; (b) neurological]; 3) Limited rhythmic freedom; 4) Compulsive beating; 5) Disordered beating [(a) impulsive; (b) paralytic; (c) compulsive-confused; (d) emotional-confused]; 6) Evasive beating; 7) Emotional-force beating; 8) Chaotic-creative beating; 9) Piano playing; 10) Responses by singing [(a) self-expressive; (b) corresponsive; (c) tonal or rhythmic responses by children without speech]; 11) Responses to singing; 12) Responses to specific musical idioms; 13) Responses to mood or changes of mood in music.

Design process
Based on observations of work done with 145 children.

Validation (original source)
Not specified.

Validation method (original source)
-

Validation (sources following original)
None found.

Bibliography

References used as sources for information

Additional references
Children receiving music therapy
The Music Therapy Star

**Outcome measure**
The Music Therapy Star

**Abbreviation**
-

**Original source**

**Client group**
Music therapy participants.

**Age group**
Children.

**Setting**
Not specific.

**Assessment type**
Outcome assessment.

**Purpose**
To measure change in children receiving music therapy. First use provides a baseline measure; subsequent uses show progress from that baseline. Results are displayed visually on the Star Chart to provide an accessible summary of change.

**Data collection method**
Observational rating.

**Presenting features/behaviours**
Behavioural ratings before and near end of therapy: Covers five areas relating to outcomes delivered by music therapy: relating; use of voice; attention and awareness; play and creativity; emotional well-being.

**Design process**
The first version of the Outcomes Star was established over a four-year period through an iterative process of consultation, development and testing. Outcome areas were then identified for the music therapy version of the Outcomes Star, followed by review via workshops and post pilot questionnaires.

**Validation (original source)**
Not specified.

**Validation method (original source)**
-

**Validation (sources following original)**

**Bibliography**

References used as sources for information


Additional references
-

Additional information

The Music Therapy Star is part of a family of Outcomes Star Tools. The first version of the Outcomes Star was developed at a London-based homelessness organisation. Subsequently, versions for other sectors were developed, including for music therapy.
Child protection: families at risk
# Assessment of Parenting Competencies – Revised

## Outcome measure
Assessment of Parenting Competencies – Revised

## Abbreviation
APC-R

## Original source

## Client group
Families at risk.

## Age group
Adults.

## Setting
Not specific.

## Assessment type
Outcome/needs assessment.

## Purpose
To assess interaction between parent and child in structured and free musical activities. Useful for clinical work; research; as a screening assessment.

## Data collection method
Observational rating.

## Presenting features/behaviours.
Mutual attunement; nonverbal communication skills; positive response; negative response; parent-child interaction in music.

## Design process
The original Assessment of Parenting Competencies (APC) is a music therapy assessment tool that measures parent-child interaction and parental capacity. The revised version (APC-R) is based on the original APC, with quantifiable scoring added.

## Validation (original source)
Yes.

## Validation method (original source)
Comparison of APC-R scores with standardised tests of parenting competences. Interrater reliability, test-retest reliability, internal consistency, and concurrent validity.

## Validation (sources following original)
None found.

## Bibliography

### References used as sources for information


### Additional information
For original APC, see Jacobsen and Killén (2015).
Disorders of consciousness
**Music Therapy Assessment Tool for Awareness in Disorders of Consciousness**

**Outcome measure**
Music Therapy Assessment Tool for Awareness in Disorders of Consciousness

**Abbreviation**
MATADOC

**Original source**

**Client group**
Disorders of consciousness (DOC).

**Age group**
Adults.

**Setting**
Not specific.

**Assessment type**
Outcome/needs assessment.

**Purpose**
To measure the patient’s behavioural responses to specific auditory information (within the music therapy setting). Contributes to understanding of the patient’s awareness states and assists with treatment planning.

**Data collection method**
Task based.

**Presenting features/behaviours**
Fourteen items that encompass five behavioural domains: motor responses, communication, arousal, and auditory and visual responsiveness.

**Design process**
Developed over 14 years as part of interdisciplinary assessment and treatment of people in low awareness states.

**Validation (original source)**
Yes.

**Validation method (original source)**
Pilot study to examine concurrent validity with the Sensory Modality Assessment and Rehabilitation Technique (SMART) and the Wessex Head Injury Matrix (WHIM) scale.

**Validation (sources following original)**
Yes (Magee et al., 2014; Magee, Ghetti & Moyer, 2015).

**Bibliography**

*References used as sources for information*


**Additional references**


**Additional information**

This measure was formerly known as Music Therapy Assessment Tool for Low Awareness States (MATLAS).
Geriatric and dementia
Geriatric Music Therapy Clinical Assessment

Outcome measure
Geriatric Music Therapy Clinical Assessment

Abbreviation
- 

Original source

Client group
Geriatric clients (including long-term care and rehabilitation clients; cognitive and/or physical deficits).

Age group
Older adults.

Setting
Long-term care and rehabilitation facilities [tool developed in].

Assessment type
Outcome/needs assessment.

Purpose
To assess client abilities, needs, and functioning levels for purposes of description, prescription, and evaluation.

Data collection method
Task based.

Presenting features/behaviours
Expressive musical skills, receptive musical skills, behavioural/psychosocial skills, motor skills, and cognitive/memory skills.

Design process
Based on more than six years of clinical work with geriatric clients in long-term care and rehabilitation settings. Builds upon Bruscia’s (1995) Inventory of General Behaviors and Inventory of Music-Making Behaviors.

Validation (original source)
No. “The topic of music therapy assessment reliability and validity are beyond the scope of this article” (Hintz, 2000, p.36).

Validation method (original source)
-

Validation (sources following original)
None found.

Bibliography

References used as sources for information

Additional references

Additional information

The protocol does not specify which musical experiences are to be used, it allows each music therapist to design his or her own musical tasks and experiences for use in the assessment.
Music-Based Evaluation of Cognitive Functioning

Outcome measure
Music-Based Evaluation of Cognitive Functioning

Abbreviation
MBECF

Original source

Client group
Dementia.

Age group
Older adults.

Setting
Not specific.

Assessment type
Outcome assessment.

Purpose
To assess cognitive functioning in older adults with dementia.

Data collection method
Task based (musical tasks).

Presenting features/behaviours
Responses to specific listening, verbal, singing and rhythm tasks are observed and scored.

Design process
Pilot testing.

Validation (original source)
Yes.

Validation method (original source)
Test-retest reliability; internal consistency; criterion validity.

Validation (sources following original)
Yes (Lipe, York & Jensen, 2007).

Bibliography

Additional references


Additional information
For the Korean version of this measure (K-MBECF), see Moon and Ko (2014).
Music in Dementia Assessment Scales

**Outcome measure**
Music in Dementia Assessment Scales

**Abbreviation**
MiDAS

**Original source**

**Client group**
Dementia (moderate to severe).

**Age group**
Older adults.

**Setting**
Designed and tested in care home settings.

**Assessment type**
Outcome assessment.

**Purpose**
To provide a measure of engagement with musical experience and offer insight into who is likely to benefit in terms of other outcomes such as quality of life or reduction in psychiatric symptoms. Designed to be considerate of the values and views of people with dementia. To be used for routine clinical evaluation or in a qualitative studies.

**Data collection method**
Observational rating.

**Presenting features/behaviours**
Five Visual Analogue Scale (VAS) items: Interest, response, initiation, involvement, and enjoyment. Includes supplementary checklist of six notable reactions (agitation/aggression, withdrawn/low in mood, restless/anxious, relaxed mood, attentive/interested, and cheerful/smiling), as well as space for rater’s comments.

**Design process**
Developed from qualitative data of focus groups and interviews.

**Validation (original source)**
Yes.

**Validation method (original source)**
Interrater reliability; internal consistency; concurrent validity; construct validity.

"Face and content validity has already been established during the MiDAS development through the use of consensus methods, expert and peer consultations, and by collating feedback from therapists and care home staff during the refinement stage of the pilot MiDAS" (McDermott et al., 2014, pp.1013-1014).

**Validation (sources following original)**
Yes (McDermott, Orrell & Ridder, 2015).

**Bibliography**

**References used as sources for information**


**Additional references**

**Additional information**
Measure includes specific forms to be completed by different observers: ‘before’ and ‘after’ forms completed by care home staff; ‘beginning’ and ‘during’ forms completed by music therapists.
Music Therapy Assessment

Outcome measure
Music Therapy Assessment

Abbreviation
-

Original source

Client group
Nursing home residents.

Age group
Older adults (70+).

Setting
Nursing homes.

Assessment type
Needs assessment.

Purpose
Descriptive and prescriptive objectives. Designed to contribute to the overall picture of the resident’s functioning level and determine whether live music experience is motivating for the resident and therefore whether s/he should be involved in music therapy sessions.

Data collection method
Observational checklist.

Presenting features/behaviours
Musical skills and preferences; communication/social interaction; cognitive/motor skills; affective response.

Design process
Checklist formulation.

Validation (original source)
No. “This assessment has not been pilot tested for reliability and validity, and it is not designed for making diagnoses or drawing comparisons between residents” (Norman, 2012, p.12).

Validation method (original source)
-

Validation (sources following original)
None found.

Bibliography

References used as sources for information
Hospice
Hospice Music Therapy Assessment

**Outcome measure**
Hospice Music Therapy Assessment

**Abbreviation**
-

**Original source**

**Client group**
Terminal illness.

**Age group**
Adults.

**Setting**
Hospice.

**Assessment type**
Needs assessment.

**Purpose**
To assist music therapists to achieve a clear and detailed portrayal of hospice patients’ current level of functioning and to obtain relevant information required for formulating an appropriate plan of care.

**Data collection method**
Assessment form (includes checklists). Based on review of medical records; interview with patient and family; observation of patient before and during music therapy.

**Presenting features/behaviours**
Six areas of patient functioning: physical, cognitive, communicative, psychological/emotional, social, and spiritual.

**Design process**
Piloted.

**Validation (original source)**
Not specified.

**Validation method (original source)**
-

**Validation (sources following original)**
None found.

**Bibliography**

*References used as sources for information*
Hospital
Pediatric Inpatient Music Therapy Assessment Form

Outcome measure
Pediatric Inpatient Music Therapy Assessment Form

Abbreviation
PIMTAF

Original source

---

Client group
Hospitalised music therapy recipients.

Age group
Children.

Setting
Hospitals.

---

Assessment type
Outcome/needs assessment.

Purpose
To identify patient needs, communicate rationale for music therapy treatment, and guide the choice of objectives and the ongoing evaluation of treatment benefits.

Data collection method
Assessment form. Includes observational rating.

Presenting features/behaviours
Background information; referral information; physiological information; physical/motor skills; cognitive skills; social emotional behaviours; communication skills; musical behaviours (includes recommendations for music therapy).

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Design process
Perusal of existing assessment tools; drafting, editing, and piloting.

Validation (original source)
Not specified.

Validation method (original source)
Interrater reliability method with two music therapists.

Validation (sources following original)
None found.

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Bibliography

References used as sources for information
Mental health
Beech Brook Music Therapy Assessment

Outcome measure
Beech Brook Music Therapy Assessment

Abbreviation
-

Original source

Client group
Severe emotional disturbances.

Age group
Children.

Setting
Child treatment centre.

Assessment type
Outcome/needs assessment.

Purpose
To evaluate change/progress and guide treatment planning.

Data collection method
Observational rating.

Presenting features/behaviours
Behavioural/social functioning; emotional responsiveness; language and communication abilities; musical skills.

Rated on five-point scale/continuum where defensive/withdrawn behaviour marks one pole and disruptive/intrusive behaviour marks the other pole. The middle of the continuum scores '0 = target behaviour'. Gives sub scores for both poles.

Design process
Each domain of the assessment tool was selected based on 3+ years of referral pattern data at Beech Brook child treatment centre. Pilot study.

Validation (original source)
Yes.

Validation method (original source)
Interrater reliability (second rater).

Validation (sources following original)
None found.

Bibliography


Additional references

Additional information
-
Music Interaction Rating Scale

Outcome measure
Music Interaction Rating Scale

Abbreviation
MIR(S)

Original source

Client group
Chronic schizophrenia.

Age group
Adults.

Setting
Not specific.

Assessment type
Outcome assessment.

Purpose
To evaluate co-improvisation between client and therapist during music therapy sessions. Derived from a music-centred music therapy tradition, with a specific focus on the musical event.

Data collection method
Observational rating/microanalysis of video footage.

Presenting features/behaviours
Six aspects of clinical co-improvisation: client’s performance; therapist’s response; quality of client’s response; musical interaction; shared musical content; clinical adjustment. Musical interaction rated on nine levels.

Design process
Exhaustive microanalysis of co-improvisations recorded from 240 individual music therapy sessions, with re-analysis of excerpts in order to tease out different kinds of interactions in the improvisations. Interrater checks with trained raters.

Validation (original source)
Yes.

Validation method (original source)
Interrater reliability (by trained observers).

Validation (sources following original)
None found.

Bibliography

References used as sources for information

Additional references
Music Therapy Assessment for Disturbed Adolescents

Outcome measure
Music Therapy Assessment for Disturbed Adolescents

Abbreviation
-

Original source

Client group
Emotional disturbances.

Age group
Young adolescents.

Setting
Psychiatry.

Assessment type
Needs assessment.

Purpose
To observe emerging patterns of communication and to test hypotheses regarding the patient’s areas of conflict. It can provide projective, diagnostic data and help to determine the suitability of music therapy as a treatment modality.

Data collection method
Task based.

Presenting features/behaviours
Task 1: Song choice; Task 2: Story to music; Task 3: Instrumental improvisation.
Areas of assessment collectively over the three tasks: level of anxiety; decision making; reality orientation; abstracting ability; self-image; emotional constriction; music ability; frustration tolerance; thought process; abstracting ability; attention span; ego boundaries.

Design process
Not specified.

Validation (original source)
Not specified.

Validation method (original source)
Not specified: “The validity of this procedure would be determined by the systematic implementation of all tasks” (Wells, 1988, p.54).

Validation (sources following original)
None found.

Bibliography

References used as sources for information

Additional references
-

Additional information
-
Music Therapy Assessment for Emotionally Disturbed Children

Outcome measure
Music Therapy Assessment for Emotionally Disturbed Children

Abbreviation
-

Original source

Client group
Emotional disturbances.

Age group
Children.

Setting
Transitional bed and psychiatric outpatient units [trial carried out at].

Assessment type
Outcome/needs assessment.

Purpose
To ascertain musical background; assess developmental appropriateness of social-emotional functioning while in music; assess ability to organise musical experience; follow content of musical behaviour; follow changes in musical behaviour over the course of sessions and the possible meaning of these changes (process-oriented); interpret musical behaviour (in consideration of context); investigate musical response(s) characteristic of a particular pathology.

Data collection method
Behavioural checklist (includes open-ended comments).

Presenting features/behaviours
Natural response choice; musical preference; musical responsiveness; verbal associations; nonverbal reactions; client/therapist interaction.

Design process
Clinical trials.

Validation (original source)
Not specified.

Validation method (original source)
-

Validation (sources following original)
None found.

Bibliography
Music Therapy Rating Scale

Outcome measure
Music Therapy Rating Scale

Abbreviation
MAKS

Original source

Client group
Psychiatric disorders.

Age group
Children and adolescents.

Setting
Psychiatry.

Assessment type
Outcome assessment.

Purpose
To evaluate the musical expression and communication skills that occur during music therapy.

Data collection method
Observational rating. As an interval scaled rating instrument, the scale allows for statistical analysis methods.

Presenting features/behaviours
Expression scale (14 items rate client’s solo musical improvisation). Communication scale (13 items rate client’s musical improvisation with therapist). Items rated on seven levels.

Design process
Survey with music therapy experts; item testing and reduction.

Validation (original source)
Inconclusive: “After excluding the weak items for all total score analyses, the total scores of the Expression scale and the total scores of the Communication scale present sufficient objectivity and reliability. […] The items of form (FG) and structure (ST) did not show sufficient interrater, nor corrected total item correlations” (von Moreau et al., 2010, p.44).

Validation method (original source)
“This scale was validated in 1996 by an initial evaluation process with 52 raters on the basis of 10 video scenes of different adolescent patients in a psychiatric clinic” (von Moreau et al., 2010, p.42).

Validation (sources following original)
Yes (von Moreau et al., 2010).

Bibliography

References used as sources for information


Additional references

Additional information
Results testing for validity with different training conditions suggest that training is necessary for using the scale (von Moreau et al., 2010).
13 Areas of Inquiry

Outcome measure
13 Areas of Inquiry

Abbreviation
-

Original source

Client group
Emotional disturbances.

Age group
Children and teens; children and parents.

Setting
Day treatment clinic; hospital settings; private practice.

Assessment type
Outcome assessment.

Purpose
To provide a method for describing essential components of a music psychotherapy assessment; and to provide a format for introductory themes or issues that may serve as a baseline for the future therapy course.

Data collection method
Descriptive/hermeneutic; use of narrative rather than check lists or charts to represent music therapy experience in clinical work and to interpret its significance.

Presenting features/behaviours
Relationship; dynamics; achievement; cognition.

Components of subgroups:
1) Awareness of self, others and of the moment;
2) Thematic expression; 3) Listening; 4) Performing;
5) Collaboration/relationship; 6) Concentration;

Design process
Hermeneutic panel study of music therapy assessment models and assessment report writing styles.

Validation (original source)
No.

Validation method (original source)
-

Validation (sources following original)
None found.

Bibliography

References used as sources for information


Additional references
-

Additional information
-
Physical rehabilitation
Music Therapy Physiological Measures Test

**Outcome measure**
Music Therapy Physiological Measures Test

**Abbreviation**
MTPMT

**Original source**

**Client group**
Physical rehabilitation.

**Age group**
Adults [tested with].

**Setting**
Not specific.

**Assessment type**
Needs assessment.

**Purpose**
To reveal a client’s functional motion ability in relation to certain music therapy activities. Helpful to music therapists who use musical instruments to facilitate physical rehabilitation.

**Data collection method**
Task based.

**Presenting features/behaviours**
The client’s motion ability and motion ranges (to include hip, knee, ankle, foot, shoulder, elbow, forearm, wrist, thumb and finger motion) required to make a reasonably audible sound on each instrument.

**Design process**
Item selection; rating form development.

**Validation (original source)**
Yes.

**Validation method (original source)**
Scores yielded from MTPMT compared to the routine physical therapy evaluation: validity coefficient.
Test-retest reliability coefficient obtained by repeated administrations.

**Validation (sources following original)**
None found.

**Bibliography**

**References used as sources for information**

**Additional references**
- 

**Additional information**
-
Special needs
Individualized Music Therapy Assessment Profile

**Outcome measure**
Individualized Music Therapy Assessment Profile

**Abbreviation**
IMTAP

**Original source**

**Client group**
Various, including individuals with: multiple severe physical disabilities, communication disorders, autism, severe emotional disturbances, social impairments and learning disabilities.

**Age group**
Paediatric and adolescent.

**Setting**
Paediatric and adolescent settings.

**Assessment type**
Outcome/needs assessment.

**Purpose**
To provide detailed information on client abilities and impairments, as well as numerical results for progress tracking over time and identification of needs.

**Data collection method**
Observational scoring system.

**Presenting features/behaviours**
Gross motor, fine motor, oral motor, sensory, receptive communication/auditory perception, expressive communication, cognitive, social, emotional and musicality. Includes subdomains: a total of 374 separate domains. Rating options: 'never'; 'rarely'; 'inconsistent'; 'consistent'.

**Design process**
Literature review, item development; test items reviewed for development and refinement.

**Validation (original source)**
Not specified.

**Validation method (original source)**

**Validation (sources following original)**
None found.

**Bibliography**

**References used as sources for information**


**Additional references**

**Additional information**
Therapist-planned structured and/or improvisational music therapy interventions can be used. Does not utilise prescribed activities or require the use of a specific music therapy methodology.

Available with software for clinicians to input data from assessments into files.
Music Therapy Communication and Social Interaction Scale – Group

Outcomes

Music Therapy Communication and Social Interaction Scale – Group

Abbreviation

MTCSI

Original source


Client group

Special needs [piloted with].

Age group

Children [piloted with].

Setting

Special education [piloted in].

Assessment type

Outcome assessment.

Purpose

To document and evaluate communicative and socially interactive responses that are elicited during music therapy sessions.

Data collection method

Observational coding (based on video recordings).

Presenting features/behaviours

Engagement: joining in, turn taking, reciprocal musical communication, and reciprocal verbal communication (rated on a three-point scale).

Preengagement (if engagement is absent): attention, vocalisation, and instrument use (rated on a three-point scale).

Preengagement and engagement are evaluated during times between activities, labelled ‘transitions’.

Emotional communication: the overarching term for the constructs of ‘affective responses’ and ‘physical responses’.

Design process

Identifying behaviours; refining via pilot study.

Validation (original source)

None found (original source unpublished).

Validation method (original source)

None found (original source unpublished).

Validation (sources following original)

Interrater reliability tested (Bell et al., 2014): Source following original reports on previous interrater reliability pilot study.

“As a clinical tool, the MTCSI remains in a state of gestation in which it requires further testing and refinement” (Bell et al., 2014, p.63).

Bibliography


Additional references

- 

Additional information

Music Therapy Special Education Assessment Tool

Outcome measure
Music Therapy Special Education Assessment Tool

Abbreviation
-

Original source

Client group
Special needs.

Age group
Children.

Setting
Special education.

Assessment type
Outcome assessment.

Purpose
To evaluate the music therapeutic process and progress in relation to special education settings and curriculum.

Data collection method
Observational rating.

Presenting features/behaviours
Capacity to: communicate with others (through musical sounds)/participate in musical dialogue; initiate musically, experiment and improvise; respond musically to stimulus; move in response to music; interact socially; express emotion; listen to a range of music; make decisions.

Design process
Developed music therapy and educational outcomes influenced by survey to music therapists in special education settings; clinical application/refinement; peer review.

Validation (original source)
No. “The assessment tool is not statistically validated. However, by aligning music therapy outcomes to existing education outcomes, it provides educational validation of the assessment tool” (Langan, 2009).

Validation method (original source)
-

Validation (sources following original)
None found.

Bibliography

References used as sources for information


Additional references
-

Additional information
“The full version of the assessment tool would assist music therapists to integrate into the educational context through explaining music therapy to educationists, and providing data for report writing, assessing or evaluating” (Langan, 2009).

The measure has a second, different format, named the Brief Music Therapy Assessment, which is designed for everyday music therapy application and does not include the education outcomes.
Part III: Reference lists of other outcome measures
## References list 1: Music therapy outcome measures: limited access

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# References list 2: Music therapy outcome measures (older versions) and eligibility assessment measures

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## References list 3: Outcome assessment measures for music practices

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<td>MAA</td>
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<th>Residual Music Skills Test</th>
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<th>Salk-McGill Music Inventory Questionnaire of Music Ability and Interest</th>
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<tr>
<th>Sounds of Intent</th>
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<th>Welch et al. (2009)</th>
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References


This database is an exhaustive and searchable listing of all the publications included in the British Journal of Music Therapy between 1987 and 2011.

This 2011 report was commissioned by Nordoff Robbins research department and written by freelance arts manager Josie Aston following a thorough examination of the Music and Health arena in the UK.

Music and Communication provides the proceedings of the inaugural Nordoff Robbins Plus conference (2013) brought together leading figures from the fields of music therapy and music psychology.

Presenting the Evidence (2nd edition, 2009) provides an up-to-date guide for responding to demands for clinical effectiveness and evidence-based practice.

The International Index of Music Therapy Organisations (IIMTO, 2nd edition, 2014) is an online, open source mailing directory listing a total of 514 organisations from 59 countries around the world.

The Nordoff Robbins Evidence Bank (3rd edition, 2014) is a collection of references to music therapy and music and health research, as well as resources, which are organised into a series of 'accounts'.

The 2nd edition (version 2, October 2015) of The International Index of Music Therapy Organisations (IIMTO) is now available online: www.nordoff-robbins.org.uk Thanks to your and other colleagues' input, this revised and updated version of IIMTO includes a larger number of organisations and its format is further refined to enhance navigation.