

Test Instruments Used by *Journal of Music Therapy* Authors from 1984–1997

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Issues of the Journal of Music Therapy from 1984 to 1997 were selected to investigate the application of test instruments in music therapy research. All experimental and descriptive research articles were reviewed to determine if the methodology included test instruments. Other types of measurements—physiological measures, behavioral observations, computerized devices, and self-reports were excluded from the analysis. Test instruments were categorized as either published, unpublished, or researcher-constructed. A test instrument was “published” if, after a search in the “Test Review Locator” of the Buros Mental Measurements Web Site, a reference was found in one or more of the following publications—Mental Measurement Yearbooks, Tests in Print, or Test Critiques. A test was categorized as “unpublished” if the developer was cited in the JMT article but the test was not located in one or more of the above publications. All other test instruments were categorized as researcher-constructed tests designed for the specific study in the article. From 1984–1997, 220 articles were published in JMT. Approximately 83% (n = 183) of the total were experimental or descriptive research studies. Of the 183 articles research studies, 92 (50%) included a test instrument. Reviews of method sections of the 92 articles resulted in a listing of 115 different test instruments. Percentages of researcher-constructed tests, unpublished tests, and published tests were 25%, 35%, and 40% respectively. Lists of tests document the all-encompassing range of client populations and the broad view of human behavior included in the practice of music as therapy. The Journal of Music Therapy, in addition to providing the latest research findings regarding the effectiveness of music as a therapeutic medium, provides an excellent source for updating information about the availability and applicability of test instruments for music therapy clinical practice and training.

The *Journal of Music Therapy* (*JMT*) is a primary source for investigating the scientific foundation of the music therapy profession. Several researchers have analyzed its content since its inception in 1964. Comparison of articles in its precursor, the *Bulletin of the National Association for Music Therapy* (Solomon, 1993), with *JMT* articles during the first 15 years of publication revealed an increase in research studies (Gilbert, 1979; Jellison, 1973). By 1984, research articles comprised 85% of *JMT* content with moderate shifts from descriptive to experimental investigations and venue changes from university to clinical settings (Coddington, 1987; James, 1985). Gfeller (1987) confirmed the increase in databased articles and, after analyzing content, concluded that no single theory was central to the practice of music therapy as defined by the research literature.

The diversity within the empirical approach to music therapy is closely related to the assessment priorities of clinicians. Smith and Lipe (1991), for example, surveyed therapists working with older adults and found that 91% of therapists using assessment tools evaluated nonmusical areas more frequently than music areas. Therapists working with psychiatric adults, adolescents, and children also placed primary emphasis on evaluating changes in nonmusic behaviors (Cassity & Cassity, 1994). An earlier survey (Cassity & Theobald, 1990) clearly documents the nonmusic focus. A relatively small "specialty" group of 80 music therapists working with women and children in domestic violence situations listed a total of 215 nonmusic target behaviors.

Lists of dependent variables, measures, and outcomes in reviews of studies in *Effectiveness of music therapy procedures: Documentation of research and clinical practice* (Furman, 1996) illustrate the magnitude of nonmusic measurement. A total of 233 dependent variables from 92 studies in medical settings revealed 40 response categories captured by a wide range of physiological measures, behavioral observations, and self-report methods (Standley, 1996). A review of 77 physical rehabilitation studies reports 57 nonmusic dependent measures (Staum, 1996). Likewise, a review of 122 special education studies resulted in 87 nonmusic outcomes (Jellison, 1996), including test instrument scores. The evaluation of a very specific treatment modality, music, apparently requires an expansive list of responses from the broadest possible perspective of human behavior. An equally expansive list of measurement alternatives is inferred.

Music therapists perceive assessment to be an important part of

professional training. Competencies such as “interpret and utilize the assessment findings of others,” “adapt assessment procedures to separate client characteristics,” and “demonstrate knowledge of specific assessment devices” received higher scores than others such as “demonstrate knowledge of commonly used psychotropic drugs,” or “citing information from clinical papers in music therapy” in a survey of therapists by Taylor (1987). Therapists’ responses to an “ideal” curriculum (Petrie, 1989) included three assessment-related competencies: (a) the student will understand and demonstrate the techniques of assessing emotional, psychological, and environmental variables as they affect the client (ranked 54 of 85 competencies), (b) the student will explain the means of assessing nonmusic objectives of a client (ranked 40), and (c) the student will discuss available assessment tools pertinent to specific disability areas (ranked 80). The proposed music therapy “Professional Competencies” list (AMTA, 1996) also includes items such as “identifying clients’ needs, as assessed by primary caregiver, i.e., physician, psychologist, physical therapist, etc.,” “interpreting and utilizing the assessment findings of other disciplines,” and “identifying clients’ therapeutic needs through an analysis and interpretation of assessment data” (pp. 52–67). Maranto and Bruscia’s data (as cited in Jensen & McKinney, 1990) about perceptions of origins for acquiring music therapy competencies included client assessment. Educators and clinical training directors agreed that assessment is most efficiently *taught* in both academic and internship settings. Client assessment, however, was not included in the list of competency areas *learned* in either setting. In fact, clinicians reported that client assessment was learned “on the job,” not during formal training. Although survey data are always interpreted in light of perceptual frameworks behind questions, characteristics of respondents, and implicit definitions of content, there are apparent discrepancies between perceptions about “what is important,” “what is taught,” and “what is learned” regarding assessment in music therapy training.

In any event, music therapists include assessment as an integral component of the clinical process. In fact, several therapists have delineated and critiqued tests developed in other disciplines that are applicable to music therapy objectives for populations such as the hearing impaired (Gfeller, 1988) and the elderly (Brotons, Koger, & Pickett-Cooper, 1997). Other therapists have developed

assessments for specific populations including the developmentally disabled (Orsmond & Miller, 1995), the elderly (Lipe, 1995; York, 1994), and psychiatric adults (Heaney, 1992; Thaut, 1989). Earlier assessments developed by music therapists were reviewed by Isenberg-Grezda (1988) who concluded that “not all music therapy assessment instruments and methods are defined and delimited on the basis of the same parameters” (p. 160). She perceived diversity as a professional strength and suggested that assessments developed by music therapists must “contribute new information” about clients and “not reside within the realm of musical behaviors, per se” (p. 166).

Categories for assessment include physiological measures, self-reports, behavioral observations, computerized devices, and test instruments. Although the first four categories are relatively straightforward, the fifth one—test instruments—is somewhat problematical. An accepted definition of testing—“administering a particular set of questions to an individual or group of individuals to obtain a score” (Salvia & Ysseldyke, 1998)—is, by necessity, very broad (p. 6). Formalized variations of “sets of questions” have caused a proliferation of published tests in the last 20 years, which in turn, makes test selection a difficult process. The evaluation of available test instruments and the development of new ones require knowledge and understanding of psychometric principles. Equally important, or perhaps most importantly, the relationship between functional clinical or research objectives and test scores is often illusive. These problems are compounded by the fact that music therapists are trained to work with several different client populations with teams of professional colleagues who share information within an interdisciplinary approach. Which tests are being used with which populations? Who selects the tests? How are test results assimilated into goal-setting and intervention evaluations? These questions, although “clinical” in nature, are related to identical questions regarding the use of test instruments in research.

A relatively straightforward method for determining the availability and applicability of test instruments includes reviewing experimental and descriptive research articles published in peer-review journals. Grashel (1996) categorized test instruments used by *Journal of Research in Music Education* authors from 1980–1989 as either published music, published nonmusic, unpublished music, unpublished nonmusic or researcher-constructed tests. As ex-

pected, the majority of instruments measured music responses. The overwhelming majority also consisted of researcher-constructed tests used in single studies. He suggests that tests and measurements are "the business" of all music educators, not just those involved in teaching and research. Parallels to the music therapy profession are obvious in that the scientific foundation for any field is dependent upon its data collection methods. What proportion of the database for music therapy includes test instruments? What proportions of the test instruments are published, unpublished, or researcher-constructed? What proportion measures nonmusic responses? How are test instruments used and with what populations? These questions provided the impetus for reviewing methodologies in *JMT* research articles to determine the role of test instruments in music therapy research.

Method

Issues of *JMT* from 1984 to 1997 were selected in order to update the most recent documentation regarding the publication of research articles while investigating the role of test instruments in music therapy research. Articles were categorized as experimental research, descriptive research, or "other" (such as literature reviews, philosophical, and historical research articles). Method sections in all experimental and descriptive research articles were reviewed to determine if and how test instruments were used. The review excluded other types of measurements such as physiological measures, behavioral observations, computerized devices, and self-reports.

A test instrument that was reviewed in *Mental Measurement Yearbooks*, *Tests in Print*, or *Test Critiques* was categorized as "published." A publication citation was paired with each located test. A test instrument was categorized as "unpublished" if the developer was cited in the *JMT* article but the test was not located in one or more of the above publications. All other test instruments were categorized as researcher-constructed tests designed for the specific study in the article. Test use, population/setting, and the *JMT* issue and number were also noted. Finally, test instruments used in two or more studies were separated from those used in a single study.

Results

From 1984–1997, 220 articles were published in *JMT*. During this period 183 experimental and descriptive research studies were

published comprising 83% of the total number of articles. Test instruments were used in 92 of the 183 research articles comprising 50% of the research articles. Although some researchers used test-instruments in addition to other measurement alternatives, such as physiological measures, behavioral observations, computerized devices, and self-reports, the majority of the 92 studies used only test instruments. Several, however, used a combination of published, unpublished, and researcher-constructed tests within a single study.

Reviews of method sections of the 92 articles resulted in the listing of 115 different test instruments. Percentage of researcher-constructed tests, unpublished tests, and published tests were 25%, 35%, and 40% respectively. Music responses were tested in 25 of the 115 tests, with the overwhelming majority occurring in the researcher-constructed category. Only 2 of the 46 published tests and 6 of the 40 unpublished tests measured music or music-related responses.

Nine of the published test instruments were cited in two or more articles (see Table 1) and were used primarily by different researchers working with different populations. The time span from first to last use ranged from 3 to 12 years with a mean of 7.5 years. The *State-Trait Anxiety Inventory* was the most frequently used and functioned as a dependent measure by nine researchers with eight different populations. With the exception of the *Global Deterioration Scale*, the four unpublished tests cited in two or more studies (see Table 2) were used repeatedly by the same researchers in follow-up studies.

Lists of test instruments cited in a single study document the availability and applicability of a wide variety of test instruments. Published tests (see Table 3) and unpublished tests (see Table 4) were applied across many different populations to measure predominantly nonmusic responses. Researcher-constructed test instruments (see Table 5) were found across the entire span of publication and, as would be expected, were developed to serve as dependent measures. The majority of researcher-constructed test instruments were constructed to measure music responses for descriptive research in the areas of mental retardation and developmental disabilities.

Discussion

The research base of *JMT* documented in earlier content analyses was maintained during the most recent 14 years. Percentages of

TABLE 1
Published Test Instruments: Two or More Articles

Test	Review	Author	Issue	Application	Population
Image-CA	MMY 9	Rider	22(4)	experimental	spinal cord injury
Vineland Social Maturity Scale	TIP III	Bartlett et al. Kaufman, Scheckart Burleson, Center, Reeves Miller, Orsmond	30(4) 32(4) 26(4) 31(4)	experimental screening screening descriptive	college students mental retardation emotionally handicapped mental retardation hearing impaired
Primary Measures of Music Audiation	MMY 9	Darrow Gfeller, Lansing	24(2) 29(1)	descriptive descriptive	cochlear implant users music therapists
Maslach Burnout Inventory	MMY 11	Oppenheim Brodsky, Sloboda	34(1) 25(2)	experimental	musicians
Peabody Picture Vocabulary Test	MMY 9	Hoskins Groeneweg et al. Miller, Orsmond Orsmond, Miller	25(3) 31(4) 32(3)	experimental screening descriptive	language delayed mental retardation developmentally disabled
Multiple Affect Adjective Checklist	MMY 10	Stratton, Zalanowski Thaut, Davis	26(1) 30(4)	experimental experimental	college college
State and Trait Anxiety Inventory	MMY 9	Stratton, Zalanowski Rider, Floyd, Kirkpatrick Davis, Thaut Gfeller, Logan, Walker Licbman, MacLaren Thaut, Davis	34(2) 22(1) 26(4) 27(1) 28(2) 30(4)	descriptive experimental experimental experimental experimental experimental	college college nurses college dental patients pregnant adolescents college students college students adults
Hamilton Rating Scale for Depression	MMY 13	Brottons Hammer Brodsky, Sloboda Strausser Migliore Paylicevic et al.	31(1) 33(1) 34(1) 34(2) 28(4) 31(2)	experimental experimental experimental experimental descriptive screening	professional musicians chiropractic depression chronic schizophrenia caregivers
Mini-Mental Status Examination	TC 12	Clair, Ebberts Pollack, Namazi Groene York Liipe	34(3) 29(1) 30(3) 31(4) 32(3)	experimental screening experimental descriptive screening	Alzheimer's Alzheimer's Alzheimer's Alzheimer's dementia

TABLE 2
Unpublished Test Instruments: Two or More Articles

Test	Developer/Researcher	JMT Author	Issue	Application	Population
Self-Monitoring Scale	Snyder	James	23(4)	descriptive	chemical dependency
Creative Imagination Scale	Wilson, Barber	James	25(2)	descriptive	chemical dependency
		McKinney	27(1)	experimental	college
Group Activity Leadership Skills Checklist	Standley	McKinney, Tims	32(1)	experimental	college
		Furman, Adamek, Furman	29(1)	experimental	music therapy students
Global Deterioration Scale	Reisberg, Ferris, et al.	Adamek	31(2)	experimental	college
		Groene	30(3)	screening	Alzheimer's
		Brottons	31(3)	screening	Alzheimer's
		Clair, Bernstein, Johnson	32(3)	screening	Alzheimer's
		Brottons, Pickett-Cooper	33(1)	screening	Alzheimer's
		Clair	33(4)	screening	Alzheimer's
		Hanson et al.	33(2)	experimental	Alzheimer's
		Thomas et al.	34(4)	screening	Alzheimer's

TABLE 3
Published Test Instruments: Single Articles

Test	Review	Author	Issue	Application	Population
Work Values Inventory	TIP III	Oppenheim	21 (2)	descriptive	college students
Gesell Developmental Evaluation	MMY 9	James et al.	22 (1)	experimental	mental retardation
Taylor-Johnson Temperament Analysis	MMY 10	Rider, Floyd, Kirkpatrick	22 (1)	experimental	nurses
* Torrance Test of Creativity	MMY 9				
Bruininks-Oseretsky Test of Motor Development	MMY 12	Thaut	22 (3)	screening	gross motor dysfunction
Slosson Intelligence Test	TC VI	Kaufman, Scheckart	22 (4)	screening	mental retardation
AAMD Adaptive Behavior Scale	MMY 9				
Stanford Binet Intelligence Scale	TIP III	Heyer et al.	23 (3)	screening	mental retardation
Wechsler Adult Intelligence Scale	MMY 9				
Gates-McKillop Reading Diagnostic Tests	MMY 9	Staum	24 (3)	experimental	hearing impaired
Expressive One-Word Picture Vocabulary Test	MMY 12	Hoskins	25 (2)	experimental	language delayed
Differential Aptitude Test Battery	MMY 12	Miller & Schyb	26 (1)	experimental	college
Musical Aptitude Profile	MMY 12	Madsen, Darrow	26 (2)	descriptive	visually impaired
Beck Depression Inventory	MMY 13	Pignatiello et al.	26 (3)	screening	college
Sequential Tests of Educational Progress	TC I	Pearsall	26 (4)	experimental	college
Wide Range Achievement Test	MMY 10	Morton, Kershner, Siegel	27 (4)	screening	pre-teen
Vineland Adaptive Behavior Scale	MMY 10	Wentworth	28 (1)	screening	mental retardation
Instrument Timbre Preference Test	MMY 10	Darrow	28 (1)	descriptive	hearing impaired
Clinical Dementia Rating Scale	MMY 11	Pollack	29 (1)	screening	alzheimers
Computerized Assessment of Intelligence of Dysarthric Speech	MMY 10	Cohen, Masse	30 (2)	experimental	neurologically impaired

TABLE 3
Continued

Test	Review	Author	Issue	Application	Population
Global Assessment of Functioning Scale	MMY 11	Cassity & Cassity	31(1)	descriptive	psychiatric
Schedule for Affective Disorders of Schizophrenia	MMY 12	Pavlicevic et al.	31(2)	screening	psychiatric
Scale for Assessment of Negative Symptoms	MMY 12				
Test of Early Reading Ability	TC V	Colwell	31(4)	screening	kindergarten
Disability Factor Scale	TC IX	Darrow, Johnson	31(4)	descriptive	adolescents
State-Trait Anxiety Index for Children	TC I	Robb et al.	32(1)	experimental	pediatric burn patients
Boston Diagnostic Aphasia Examination	TC X	Cohen, Ford	32(1)	screening	aphasia
Aberrant Behavior Checklist	MMY 12	Orsmond, Miller	32(3)	descriptive	developmentally disabled
Developmental Test of Visual-Motor Integration	MMY 12				
Childhood Autism Rating Scale	MMY 11	Buday	32(3)	screening	autism
Vocational Preference Inventory	MMY 10	Allen	33(2)	descriptive	music therapy majors
My Vocational Situation	MMY 10				
General Health Questionnaire	MMY 12	Brodsky, Sloboda	34(1)	experimental	musicians
Derogatis Stress Profile	MMY 13				
Profile of Mood States	MMY 9				
State-Trait Anger Expression Inventory	MMY 13	Gowensmith, Bloom	34(1)	experimental	college
Situational Attitude Scale	TIP III	Gregory	34(2)	descriptive	college

Note. * Indentation of a test title indicates multiple tests by the same author.

TABLE 4
Unpublished Test Instruments: Single Articles

Test	Developer/Researcher	Author	Issue	Application	Population
Test of Rhythmic Responsiveness	Kaplan	Darrow	21 (2)	descriptive	hearing impaired
* Auditory Numbers Test	Erber				
Children's Auditory Test	Erber, Alencewicz				
Assessment of Research Knowledge	Hedden	Madsen, Furman	21 (4)	descriptive	college
Music Interaction Scale	Nelson	Asmus, Galloway	22 (1)	experimental	music therapy students
Circadian Type Questionnaire	Folkard et al.	Rider, Floyd, Kirkpatrick	22 (2)	experimental	nurses
Diagnostic Assessment of Music Related Expression and Behavior Classification and Progress Record (OT)	Boone	Cofrancesco	22 (3)	experimental	stroke
Musical-Perception Assessment of Cognitive Development	Brunstrom				
Oral Function in Feeding	Rider	Jones	23 (3)	descriptive	mental retardation
Giffin-Trust-Differential Questionnaire	Stratton	Ayres	24 (1)	experimental	severely handicapped
Prisoner's Dilemma Game	Giffin & Patton	Anshel, Kipper	25 (3)	experimental	adults
Leon Inventory of Kindergarten Entering Skills	Luce & Raffia				
Abbreviated Internal External Locus of Control Scale		Madsen, Smith, Feeman	25 (3)	experimental	special education
Walker Test (Visual Imagery)	Valecha, Ostrom	James	25 (4)	experimental	chemical dependency
Depression Adjective Checklist	Walker	Madsen, Darrow	26 (2)	descriptive	visually impaired
Developmental Therapy Objectives Rating Form	Wood	Pignatiello et al.	26 (3)	experimental	college
Rhythmic Competency Test	Weikart	Hairston	27 (3)	experimental	autism, mental retardation
		Migliore	28 (4)	descriptive	depression

TABLE 4
Continued

Test	Developer/Researcher	Author	Issue	Application	Population
Iowa Phoneme and Sentence Test Vocal Range Check Form	Kuhn et al.	Gfeller, Lansing Moore, Staum, Brottons	29(1) 29(4)	screening descriptive	cochlear implant users older adults
Dysarthria Rehabilitation Brief Psychiatric Rating Scale Age Group Evaluation and Description Inventory	Tonkovich et al. Overall, Gorham	Cohen Pavlicevic et al.	30(2) 31(2)	experimental screening	neurologically impaired psychiatric adults
Marlowe-Crowne Social Desirability Scale	Crowne, Marlowe	Darrow et al.	31(2)	experimental	teenage, older adults
California Ethnocentrism Scale	Adonson et al.	McKinney, Tims	32(1)	experimental	college
Black Ethnocentrism Scale	Chang, Retter	Topozada	32(2)	descriptive	music therapists
Severe Impairment Battery	Saxton et al.	Lipe	32(3)	descriptive	dementia
Brief Cognitive Ratings Scale	Reisberg et al.	Brottons, Pickett- Cooper	33(1)	experimental	alzheimers
Disruptive Behavior Rating Scales	Mungas et al.	Iwanago, Ikeda, Iwaki	33(3)	experimental	college
Hevner Adjective Checklist	Hevner				
Activation-Deactivation Adjective Checklist	Thayer	Gowensmith, Bloom	34(1)	experimental	college
Group Cohesiveness Scale	Yalom	Cordobes	34(1)	experimental	HIV, depressed
Boundary Ambiguity Scale for Caregivers of Patients with Dementia	Boss et al.	Clair, Ebberts	34(3)	experimental	caregivers
Montgomery and Borgatta Burden Scale	Montgomery et al. Watson et al.				
Positive and Negative Affect Scale	Cohen, Mansfield	Thomas, Heitman et al.	34(4)	experimental	dementia

Note. *Indention of a test title indicates multiple tests by the same author.

TABLE 5
Unpublished Researcher-Constructed Test Instruments

Test	Author	Issue	Application	Population
Numbers Matching Test	Gregoire	21(3)	experimental	mental retardation
Sound Perception Test	Flowers	21(3)	descriptive	mental retardation
Music Therapy Physiological Measures Test	Sutton	21(4)	descriptive	vocational rehabilitation
Emotional Disturbance Rating Scale	Myers	22(1)	descriptive	mental retardation, psychiatric
* Vocal Range/Pitch Matching Test				
Pitch Discrimination Test	Grant, Share	22(2)	descriptive	mental retardation
Rhythm Perception Test	Grant, LeCroy	23(1)	experimental	mental retardation
Music/Activity Therapy Intake Assessment	Braswell et al.	23(3)	descriptive	psychiatric
Pitch Discrimination Test	Ford	25(1)	descriptive	hearing impaired
Following Directions	Spencer	25(1)	experimental	mental retardation
Improvised Musical Play	Gunsberg	25(4)	descriptive	developmentally delayed
Music Therapy Effect Scales	Thaut	26(3)	experimental	psychiatric prisoners
Desired/Felt Control Scale	Gfeller, Logan, Walker	27(1)	experimental	dental patients
MT Intern Assessment	Grant	27(3)	descriptive	music therapy interns
Dichotic Digits Test	Morton, Kershner, Siegel	27(4)	experimental	pre-teen
Functional Music Skills Checklist	DiGiammarino	27(4)	descriptive	mental retardation
Phonetic Nonsense Words	Madsen	28(4)	experimental	first grade students
Patient Evaluation of Treatment	Heaney	29(2)	descriptive	adult psychiatric
Checklist of Communicative Responses/Acts	Edgerton	31(1)	experimental	autistic children
Music Interaction Rating for Schizophrenia	Pavicevic et al.	31(2)	experimental	psychiatric adults
Social and Music Behavior Importance Scale	Jellison, Duke	31(3)	descriptive	student teachers, teachers
Residual Music Skills Test	York	31(4)	descriptive	alzheimers
Music Assessment Protocol	Lipe	32(3)	descriptive	dementia
Values List	Smeijsters et al.	32(3)	descriptive	depression
Predominant Behaviors Category List	Malone	33(1)	experimental	pediatric patients
Music Major Satisfaction Questionnaire	Allen	33(2)	descriptive	music therapy majors
Patient Self-Rating Scale	Walters	33(4)	experimental	pre-surgery adults
Appraisal of Music Performer's Stress	Brodsky, Sloboda	34(1)	experimental	musicians
Music Performer's Stress Survey				

Note. *Indention of a test title indicates multiple tests by the same author.

research articles before and after 1984 are virtually the same. A relatively large percentage of the studies included test instruments, but no single category of tests (published, unpublished, researcher-constructed) appeared to dominate. The reviewed articles as a whole, in fact, illustrate the empirical nature of the practice of music therapy previously observed by Gfeller (1987) and Isenberg-Grzeda (1988). In addition, they document the all-encompassing range of client populations and the incredibly broad view of human behavior that defines the practice of music as therapy, as well as the resourcefulness of researchers in using appropriate measurement alternatives in pertinent investigations.

The majority of test instruments were either published or cited in nonmusic research literature, which suggests a well-documented database for music therapy research. Some authors described adaptations of content or methods to facilitate subject responses, particularly if a test instrument was not originally designed to facilitate persons with disabilities. A few of the authors described minor changes in published or research-based checklists and rating scales to include music or music-therapy related items in instruments originally designed with nonmusic content. In fact, full descriptions of evaluation methods and test content in the articles provide replicable information for future research.

The interdisciplinary approach to music therapy and music therapy training precludes familiarity with assessment materials used in other disciplines. The research base of the *Journal of Music Therapy*, while primarily reporting findings regarding the effectiveness of music as a therapeutic medium, inadvertently provides an excellent source for clinicians and educators to determine the availability and applicability of test instruments for music therapy practice and training.

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