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Tony Wigram’s Contributions to the Assessment

of Children with Autism and Multiple Disabilities.

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Assessment in music therapy was of great concern to Tony Wigram throughout his career, and he emphasised again and again the need for the development of rigorous and standardized assessment tools (Wigram, 1999; 2000; 2002; & 2007; Wigram & Gold, 2005). His extensive clinical background and experience supported this focus, initially at Harperbury, a hospital for children, adolescent, and adults with developmental disabilities, and later at Harper House Children´s Service, a hospital department for difficult-to-diagnose children. Tony’s interaction with doctors, psychiatrists, psychologists, pediatrics, speech & language therapists, physiotherapist, and occupational therapists led to his precision in identifying the special needs of his clients and in specifying how music therapy treatment could address these needs.

Tony focused on clinical assessment throughout his career and was an advocate for including assessment as an academic discipline within music therapy. To that end, Tony provided a useful and clear overview of the varieties of music therapy assessments (fig. 1).

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|  | **Purposes** | **Function** |
| A | Diagnostic assessment | To obtain evidence to support a diagnostic hypothesis |
| B | General assessment of client | To identify the general needs of the client from a holistic perspective and recommend relevant intervention |
| C | Assessment of music therapy intervention | To obtain evidence supporting the value of music therapy as an intervention |
| D | Assessment prior to treatment | To determine in the first two-three session a therapeutic intervention relevant to the client. |
| E | Assessment of effectiveness of treatment | To evaluate over time the effectiveness of music therapy |

Fig. 1. Overview of the variety in music therapy assessment models (Wigram, et al. 2002, p. 247)

In both his clinical work and his writings, Tony used music as a nonverbal and social interplay with his clients, and his work at Harper House specially focused on the use of music therapy as a means of distinguishing children with Autism Spectrum Disorder (ASD) from other severe communication disabilities.

”From my experience, children with autism or Asperger’s syndrome demonstrate their pathology in their music in a way that sets them apart from children with language disorders, who look autistic” (Wigram, 1999).

Tony believed that, when compared to standardized tests for intelligence and cognitive functioning, music therapy assessment allowed a more flexible approach to exploring the creative potential of the child, and for assessing areas of nonverbal communication and social engagement – areas where these children have some of their most profound difficulties (Wigram & Gold, 2005).

He further stated that evaluation and interpretation of both qualitative and quantitative data offered additional, relevant information besides social engagement. Analysis of musical improvisation could help identify, compare, interpret and reach conclusions about a child´s personality, pathology, and presentation (Wigram & Gold, 2005, p. 537).

Wigram’s method of music therapy assessment consisted of 1-3 sessions, in which he alternated approaches to observe the reactions of the child. His way of consciously, subtly and amusingly varying his improvisations with children to learn about their personalities and special needs really was his trademark method. He could go from playing in a very structured manner to playing with slightly less structure and learn much from the child’s reaction. He could imitate the child’s expression and thereby invite the child to imitate him as well (Wigram, 1995; 1999). All aspects of his assessment process were executed with humor, sensitivity and an enormous respect for the child. Tony’s assessment method is vividly described both in text and video excerpts by the case example of Joel, a 7 year old boy with a possible diagnosis within the autistic spectrum (Wigram et al. 2002; Ridder et al. 2010).

In analyzing the child’s musical improvisation, Tony’s assessement was based on Bruscia’s (1987) comprehensive Improvisational Assessment Profiles (IAP). Out of the six profiles in the IAP, Tony applied two profiles; Autonomy and Variability, in assessing children on the autism spectrum. These profiles were particularly useful in distinguishing between children with Autism Spectrum Disabilities (ASD) and children with other severe communication disorders. The focus on assessing autonomy in the child’s improvisation enabled a close look at interpersonal events, the readiness of the child to interact with others, and his or her turn-taking, sharing and behavior as a musical partner. The assessment of variability in the improvisation could illustrate the child’s intrapersonal capacity, especially for creativity, whereby a rigid or repetitive way of playing could indicate a possible diagnosis on the autistic spectrum. In using these profiles and focusing on the frequency of specific musical events, Tony created a tool that was both applicable in clinical work as well as useful in research. He was knowledgeable of the procedures of Event Based Analysis (EBA) and provided clear and structured guidelines and presentation formats (Wigram, 2007, p.218). For clinical purposes he emphasised the importance of keeping data to a minimum and selecting profiles and improvisational material based on relevance and essentiality. He also stressed the need to consider the diagnostic questions, therapeutic relevance, and individual needs of the client (Wigram, 2007, p.216). He suggested that the analysis of several music improvisations could provide sufficient recurring characteristics of the client to establish consistency of evidence (Wigram 2007, p. 225). By using descriptive statistics, Tony believed that it was possible to qualitatively and quantitatively describe central tendencies in the client’s play (Wigram, 2001). By using descriptive statistics, Tony believed that it was possible to qualitatively and quantitatively describe central tendencies in the client’s play (Wigram, 2001; 2004).

Throughout his career as a music therapy clinician, supervisor, and researcher, assessment in all its forms remained important to Tony. In 2007, he and Thomas Wosch collected, edited and compared 20 well-established music therapy assessment and microanalysis methods (Wigram & Wosch, 2007). He contributed to the field of music therapy assessment not only with a large amount of literature, reports, and papers, but also with his highly valued presentations and teaching in many parts of the world. Tony traveled much in order to fulfill his altruistic urge to help and guide music therapy students of many kinds.

In his last years, Wigram supervised several PhD studies concerning music therapy assessment of different populations, including voice assessment within a psychiatric setting, communication and social skills assessment within rehabilitation, and the assessment of parent-child interactions within a family care setting. Tony’s knowledge, skills and clinical experience together with his respectful, caring and supportive guiding and teaching are unique and irreplaceable. He has indeed inspired us to continue to place assessment high on the list of important topics in music therapy for the future..

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