

FOREWORD

Some dream; some actually get things done. Dr. John Carpente is one of those rare individuals who *gets dreams done*. A no-nonsense, down-to-earth New Yorker and lifelong musician, he has brought both his innate talents as an artist and his tireless supply of empathy, playfulness, and joy to his work with a wide variety of clients (primarily children) to his distinguished career as a model music therapy clinician and scholar. His gifts to humankind have been numerous, not the least of which has been the founding of the internationally renowned Rebecca Center for Music Therapy. Driven by his own passion and recognition of the public need for a music-centered, relationship-based understanding of music therapy, John has constructed—through unflinching labors and consistent openness to mentor and peer input—the foundations of a music therapy assessment model documented in the present manual: *The Individual Music-Centered Assessment Profile for Neurodevelopmental Disorders (IMCAP-ND)*.

Neurodevelopmental disorders (a general category that includes autism spectrum disorders, Williams syndrome, ADD-HD, and so forth) have vexed health care professionals for centuries. Etiologies of these disorders have been attributed to numerous environmental, psycho-emotional, chemical, and genetic factors, accompanied by prescribed treatments based accordingly upon the presumed causes. The best, most recent evidence suggests that neurodevelopmental disorders are rooted within a particular “family” of forms of architecture and/or chemistry within the central nervous system, resulting in atypical sensory processes and emotional experiences, and manifesting as certain characteristic developmental progressions during childhood. These, in turn, constitute atypical patterns of *relating to others*—often in ways that present major challenges to a person’s everyday experience of life, to dynamics involving family or other primary caregivers, and to adjustment in social and academic areas.

Over the years, as the legitimacy of communities consisting of persons diagnosed with neurodevelopmental disorders has begun to receive public acknowledgment, the notion that these atypical ways of experiencing the world should even be considered “disorders” has been challenged. Nonetheless, there is still general agreement that their associated circumstances present a distinct set of obstacles to functioning, and to actualization of individual, human potential. In spite of some relatively new pharmacological treatments that have been tested and utilized, no definitive medical intervention thus far exists. However, various therapeutic approaches for helping to improve opportunities for persons with neurodevelopmental disorders have emerged. Some of these approaches have emphasized modifying components of behavior via skillful stimulus-response patterns as the central purpose of therapy. Others have focused upon developing new possibilities for relating and for experiencing relationship on the level of individualized, human identity. The IMCAP-ND is an embodiment of the latter approach, constituting a music therapy assessment seated squarely within the greater continuum of individualized, relationship-oriented therapies.

In the IMCAP-ND, John has ingeniously formulated a way to assess clients in the manner most congruent with the very modality through which the work takes place: the music. The methodically crafted model anchors the often ineffable, relational experiences embodied within the extemporaneous *musicking* between client and therapist in a series of developmentally based, quantitative scales. At each level, and throughout every facet of the instrument, the role of creative play remains front and center. Music is not relegated to a separate “domain”—rather, it is understood as the experience and act of developmental, relational functioning that is the core basis for the client’s initial referral to therapy (i.e., problems with intentional, spontaneous, affective, interactive relating). The model provides not only measures for administering the

assessment for the purposes of measurement along the various continua of concern, but also a set of guiding principles for conducting the therapeutic work inextricable from the assessment process. In essence, it is a guide for doing quality music therapy, and therefore intrinsically challenges the musical, interpersonal, and clinical integrity of the assessor's skills.

In the IMCAP-ND, music is treated as something that happens by, for, and between people, and as something that is simultaneously the *means* through which a client's possibilities for relating grows, and the *end* or *goal* in therapy, based upon an understanding of music as something that embodies and expresses in one of the most (if not *the* most) comprehensively relational human domains. According to the theoretical underpinnings of the model, a shift in a client's way of relating within the music is, already, a clear and undeniable evidential shift in that client's way of relating in life. Unlike anything previously witnessed within the history of music therapy, the IMCAP-ND grounds this evidence of human transformation within a systematic framework that can effectively transfer in relevant ways across a diversity of health disciplines.

The IMCAP-ND stands upon the shoulders of the prior works of numerous giants who inhabit a pantheon of play-oriented and relationship-oriented neurodevelopmental theorist/practitioners, such as Stanley Greenspan, founder of the DIR[®]/Floortime[™] model, and Paul Nordoff and Clive Robbins, founders of the Nordoff-Robbins Music Therapy model. Major contributions also include the developmental theory of Jean Piaget and the taxonomic classification of improvisational music therapy techniques by Ken Bruscia. The unparalleled virtues in the work of these figures bear witness to the greatness of what John has created in his model.

The IMCAP-ND is a paradigm shift and revolutionary force and will surely transform the very landscape of music therapy assessment. Without question, it will find its way into the

modus operandi of music therapy professionals worldwide who work with people living with neurodevelopmental disorders, who are conducting research in this area, and/or who serve as clinical supervisors or instructors for students learning about this work, all while helping—through its remarkably transparent and accessible nature—to continue building professional bridges with disciplines outside of music therapy. Beyond this, it will rock the very foundations of how the music therapy field, and the public in general, has come to understand people living with neurodevelopmental disorders, as well as the role of music in working them.

It is my sincere belief that we owe John our heartfelt gratitude for his tireless persistence and generosity represented in his gift of this model, which will surely play a pivotal role in making the world a better place. We should applaud him for his efforts, and acknowledge him for his undeniable love for the music therapy field and for humanity. I, for one, thank him for getting this dream done.

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